MODULE

B

More Understanding and Less Fear

Educational Process

- Create safe opportunities for participants to raise all the fears, concerns, and questions they have about HIV/AIDS
- Assess participants' knowledge level about HIV/AIDS: Find out what they know and what they don't know about HIV and AIDS, beliefs and misconceptions.
- Provide information geared directly to people's fears and misperceptions about getting HIV through casual contact. Provide information to challenge misperceptions and help participants fully understand HIV transmission and make informed decisions about different risk situations (accidents).
- Provide information on progression of the illness and treatment for PLHAs in order to counter views that people who are HIV positive will die immediately.

Provide the information in a practical and participatory learning process which allows people to internalize the information—to discuss it with their peers, connect it to their own ideas and experience and apply it to the situations they regard as risky in their daily lives

- Analyze and challenge incorrect popular beliefs. "Every time you have sex with a woman your viral load goes down." "Sleeping with a virgin cures AIDS." "AIDS is caused by sleeping with a woman who has had a miscarriage."
- Emphasize common sense around hygiene. Example: we would not share razors with other people; and we would not drink from a cup or eat from a plate which has blood on it. This is common sense.
- Emphasize that sex is the main route for HIV. Explain that even though we are discussing non-sexual (casual) contact, people's biggest risk in getting HIV is having unprotected sex. **HIV IS TRANSMITTED MAINLY THROUGH SEX.** If appropriate, ask participants whether persistent belief in casual transmission somehow makes it easier to justify unsafe sex.

MODULE B
More Understanding and Less Fear

ASSESSING KNOWLEDGE LEVELS

EXERCISE 1

OBJECTIVES

Participants will be able to:
Identify what things they know and what they don't know about HIV and AIDS

TIME

1 hour

MATERIALS

HIV/AIDS Quiz (Annex 5)

ACTIVITIES

Warm-up game

ONE STEP FORWARD

Ask participants to stand with their backs against one wall of the training room. Then say—"All those who know the three routes of transmission of HIV and AIDS take one step forward."

Continue this process, adding new statements each time. For each topic raised, ask one person who stepped forward to explain what he knows on that topic.

After a while stop and get participants to discuss how much they know/don't know.

FOUR OPTIONAL METHODS TO ASSESS KNOWLEDGE

Choose one of these exercises only. Use the **Fact Sheets** (Annex) as a resource for answering questions or areas of confusion.

Brainstorming on the Move

Preparation

Put up flipchart paper on different walls of room and put a question at the top of each sheet—a) What is HIV? b) What is AIDS? c) How can you get HIV? d) What are the signs/symptoms of HIV? e) What are the signs/symptoms of AIDS? f) How can you prevent HIV/AIDS? g) How can you live best with HIV?

Ask participants in pairs to walk around and write down: a) what they know about the topic; b) any questions; c) concerns or fears. Then review each sheet and respond to questions, concerns, or misinformation.

All the Things We Want to Know About Aids

Divide into pairs. Hand out 5 blank cards to each pair. Ask pairs to write on each card questions or something they want to know about HIV and AIDS and tape the cards on the wall. Eliminate repetition. Then discuss each of the questions with participants contributing their ideas. Help to sort out fact from misinformation. If any question is unclear to both trainers and participants, ask the group to research this question for homework.

Risk Continuum

Preparation

Write on cards different ways in which HIV may be transmitted (see examples below).

Risk Continuum

Tape up the continuum across the front wall—"HIGH RISK," "LOW RISK," "NO RISK," "DON'T KNOW." Hand out 2-3 cards to each participant (the cards are listed in the box below) and ask participants to tape their cards under the chosen category. Then discuss their choices.

Risk level	Ways in which HIV maybe transmitted
High Risk	Many sexual partners. Sex without condom. Blood transfusion. Using unsterilized needles/razor blades. Dry sex (herbs to make vagina dry)
Low Risk	Mother to child transmission. Breastfeeding. Using condoms.
No Risk	Non-penetrative sex. Kissing. Shaking hands or touching. Cleaning or bathing HIV+ person. Cleaning up spilled blood. Sharing cups. Sharing food. Sharing sheets, towels, clothing. Using toilets. Sleeping in room of HIV+ person. Bites from mosquitoes or fleas.
Don't Know	

MODULE B
More Understanding and Less Fear

ASSESSING FEARS ABOUT HIV/AIDS

EXERCISE 2

OBJECTIVES

Participants will be able to:

- Articulate their fears about HIV/AIDS
- Explain how these fears affect how they respond to PLHAs

TIME

2 hours

ACTIVITIES

Cardstorming

FEARS ABOUT AIDS?

Hand out cards and ask participants to think about their three greatest fears about AIDS. Ask them to record each fear on a card and tape on the wall. Cluster common points.

FEARS ABOUT AIDS

Getting infected. Dying slowly and painfully. Blame, shame, isolation by others. Shame—people talking about us. The unknown. Infecting my partner. Divorce or separation. Losing friends. Losing jobs. Neglect. A friend getting sick and dying. Loss of hope. No chance to have children. Helplessness. Having to take responsibility if a parent dies. Getting HIV from nursing someone else. Leaving children as orphans. Burden to my parents if I get sick. Getting pregnant and then discovering I am HIV positive. Being scared for my teenage children.

Sharing in Pairs

HOW DO FEARS AFFECT OUR ATTITUDES TO PLHAs?

Divide into pairs. Ask pairs to discuss—"How do your fears affect the way you feel about and treat PLHAs?"

FEARS ABOUT AIDS

I worry about getting HIV from contact with a PLHA during an accident so I am very careful who I sit beside when I am travelling in a bus. I always tell my mother to separate out the dishes used by my sister in law who is sick. I've seen all my brothers die of this illness so I am extra careful about contact with anyone who looks thin.

Summary

Thank participants about being open about their fears and how they affect their attitudes to PLHAs. Explain that these fears are natural and we all have them (they are rooted in basic fears of "contagion"), but that the fears are a major part of stigma. Because of these fears, we instinctively put PLHAs at a distance and this is stigma.

Fear leads to stigma. Fear can stop us being rational and finding out the correct information; or it can lead us to accept incorrect information: thinking that blood will get 'exchanged' and get into our bodies; or thinking that HIV is on top of the skin like a skin disease/fungus and can jump inside; or thinking that a PLHA who is preparing food may have blood on his hands, the blood may get into the food and people may eat the food and get HIV.

MODULE B
More Understanding and Less Fear

FEARS ABOUT NON-SEXUAL (CASUAL) CONTACT

EXERCISE 3

HIGH PRIORITY ACTIVITY

OBJECTIVES

Participants will be able to:

- Name their fears in relation to specific forms of non-sexual contact with PLHAs
- Identify why they think that HIV can be transmitted through those activities

TIME

1 hour

MATERIALS

"QQR" Fact Sheet (Annex 4d)

ACTIVITIES

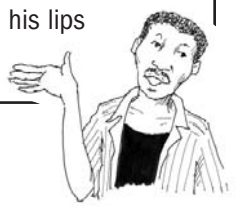
Cardstorm

FEARS ABOUT NON-SEXUAL (CASUAL) CONTACT

Divide into pairs and ask—"What fears do you think people have about non-sexual casual contact with PLHAs at home or at work?" Ask pairs to write single points on cards and tape on the wall. Our aim is to find out **indirectly** what participants' **own** fears are.

EXAMPLE FROM ETHIOPIA TOOLKIT WORKSHOP

- Accidents—PLHA getting cut; coming into contact with PLHA's blood
- Contact with PLHA's blood when I am helping to wash him at home
- While preparing food, PLHA cuts herself by accident—blood gets on food
- Helping to lift the PLHA when s/he has deep sores
- Carrying the body of a dead PLHA to the church or cemetery
- Eating a communal meal in a common pot with PLHA family member
- PLHA holding or playing with children
- Sharing toilets—virus from inside the toilet
- Shaking hands—HIV in sweat
- Sharing utensils—spoons, cups hold HIV virus from infected person
- Kissing when the PLHA has cuts in his mouth or on his lips



Then ask participants to prioritize—"What do you think are the biggest fears?"

Role Play

Then ask each pair to select one of the high priority fears and make a role play to show how people stigmatize because of fear of this form of contact.

Ask pairs to present their plays. After each role play ask:

- "What happened?
- Why do people think those forms of contact will lead to HIV infection?"

EXAMPLE FROM ETHIOPIA TOOLKIT WORKSHOP

Shaking Hands
Friend avoids shaking hands by pulling his hand away. Why? HIV will spread through body contact so I don't want to touch him.

Kissing On Cheek
Person avoids kiss on cheek, using as an excuse "I can't hug you because I have a bad/cold." Why? PLHA may have cuts on the face and I may contract the virus through kissing the cheek.

Injured Person
Person avoids contact with injured person who he suspects is HIV positive. Why? Blood might get on me if I touch him and I would get HIV.

Sharing Toilet
PLHA goes to toilet. Another person avoids using the toilet after him. Fears that HIV can be transmitted through the toilet seat.

Sharing Utensils
PLHA is a family member. Puts plates into a separate pile and writes the name on each plate so that they can be kept separately. Fears that he will be affected through "germs" left on the plate.

Processing

Take each example and review WHY people think that HIV can be transmitted in that way. Then review the FACT SHEET and discuss why HIV cannot be transmitted through casual contact.

Option (more participatory)

Divide into groups and assign each group one of the priority situations in which people fear casual contact. Ask the group to use the QQR Fact Sheet to develop a presentation to challenge this misperception.

Summary

Hand out and discuss the Fact Sheet on Quality, Quantity, and Route of transmission (QQR).

MODULE B
More Understanding and Less Fear

FEARS ABOUT CARING FOR PLHAS AT HOME

EXERCISE 4

OBJECTIVES

Participants will be able to:
Identify the places in the home where they fear non-sexual contact with PLHAs

TIME

1 hour

ACTIVITIES

Household Mapping

FEAR AND STIGMA IN THE HOME

Divide the participants into groups.

Group Task

- Make a drawing of a typical house in your community on a flipchart sheet.
- Mark on the drawing "points in the house where people might be scared of getting HIV through non-sexual contact with PLHAs and this leads them to stigmatize (e.g. isolate) PLHAs."

Report back

Ask each group to present their drawing and explain why each area that they have marked makes them scared and results in stigma.

Group work

Divide into the same groups. Ask each group to identify what for them is the biggest fear or concern about casual contact in the home and then explore:

- Why do people think that this activity may lead to HIV infection?
- How do these fears lead to stigma?
- What are the facts which counter this fear or knowledge gap?

EXAMPLE FROM ETHIOPIA TOOKIT WORKSHOP (May 2003)

Bathroom	Small Bedroom		
X1	X3	X4	X5
X2	X6	X7	X8

Kitchen			Main Bedroom
X9	X10	X11	X12
Sitting Room			**Small Bedroom**
X13			

Code: Possible Points of Fear and Stigma in the Household

Bathroom

X1 Fear of getting HIV while helping to wash/clean PLHA

X2 Uses these facilities alone—fear of sharing of facilities

Backroom

X3 Told to stay in the backroom away from visitors

X4 This area is prevented from getting visitors

X5 Family prevents their children from playing with PLHA

X6 No sharing of blankets and clothing

X7 Given separate plate and utensils and asked to eat here alone

X8 Left out of family discussions and decision-making

Kitchen

X9 Prevented from cooking for the family or himself

X10 Fear of accidents/cuts while cutting meat—fear of HIV transmission through blood

X11 Family eats together without PLHA—no sharing of food

Main Bedroom

X12 No sharing of blankets

Sitting Room

X13 Minimal contact with visitors—kept in hiding

MODULE B
More Understanding and Less Fear

LIFE GOES ON!

EXERCISE 5

Myths and misunderstandings about how it is to live with HIV

OBJECTIVES

Participants will be able to:
Have a clearer understanding of the practical realities of living with HIV and AIDS

TIME

1 hour

ACTIVITIES

Cardstorm

MYTHS

Divide into pairs and hand out cards. Ask pairs to write on cards all the things they have heard about the lives of PLHAs after they have learned they are HIV positive—myths, misconceptions, do's and don'ts.

Cluster common points and review the list. Explore the thinking behind the myths and misconceptions, and the effect the myths/misconceptions have on PLHAs. Clarify any questions and uncertainties.

TESTIMONY

Invite a PLHA to come and talk to the group about their own experience—and answer group questions. Ask the PLHA to address some of the myths identified in Step 1.

Case Study

LIFE GOES ON

Divide into groups and hand out a copy of the case study. Ask groups to make a list of things they learned from the case study.

DOROTHY'S STORY

Dorothy is 28 years old. Three years ago she was tested for HIV. She was a member of one of the evangelical churches, which had planned a mass wedding ceremony for its members. All those taking part had to take a test. After her test, Dorothy was simply told that she would not be taking part. She was given no counseling or support. She only guessed that she was positive.

Dorothy did not tell anyone for two months. She stopped going to church and felt very alone.

Then she asked one of her close friends for advice. Her friend suggested that she go to Kara Counseling Centre to check the result. She offered to go with her. Dorothy took the test again, but this time talked for a long time to a counselor. The test came back positive. Dorothy continued to see the counselor, and eventually told her Auntie whom she stays with.

Dorothy joined a skills-training scheme for people living with HIV and learned tailoring skills. Two years later she is running a successful tailoring business. She has married and is expecting her first baby. In her spare time, Dorothy gives talks to schools and workplaces about HIV and AIDS.

MODULE B
More Understanding and Less Fear

WHY PEOPLE DON'T BELIEVE AIDS FACTS

EXERCISE 6

OBJECTIVES

Participants will be able to:
Describe a number of beliefs which affect people's attitudes towards HIV/AIDS

TIME

1 hour

ACTIVITIES

Cardstorm

INTRODUCTION

Divide into pairs and ask pairs to brainstorm beliefs around HIV/AIDS.

Task Groups

Divide into task groups. Ask each group to select one of the beliefs and try to explain it.

- Where does this belief come from?
- What are some of the reasons or thinking behind the belief?

EXAMPLES OF POPULAR BELIEFS

- Condoms transmit HIV
- Using contraceptives such as the pill or loop can prevent a woman from getting HIV.
- HIV is caused by sleeping with a woman who has had a miscarriage.
- HIV is caused by witchcraft.
- The partner who falls sick first is the person who got infected with HIV first—who "brought HIV into the family."
- Sex with a virgin/young girl cleanses you of HIV.
- Every time you have sex with another person your viral load goes down.
- If one partner is HIV positive, the other must also be HIV positive.
- Holy water can cure you of AIDS (Ethiopia).

FACTORS AFFECTING BELIEFS

Day to day experience and survival learning. Common sense understanding of other illnesses. Teachings of the family, clan, tribe, church. Ideas from our peers. Facts learned at school. Media messages. Popular beliefs and sayings. Level of trust in AIDS educators or health workers.

Cardstorm

FACTORS AFFECTING OUR BELIEFS

Hand out cards and ask participants to write: "What factors affect what we believe about diseases such as HIV/AIDS?"

Cardstorm

FACTS WE DON'T BELIEVE

Divide into pairs to discuss:

- What do you know already about how HIV is transmitted?
- Which of those facts do you misbelieve and why?
- Who gives you information on AIDS? Do you trust people who give you information on AIDS? Do you trust their information? If not why not?
  (Probe for traditional beliefs which would make people distrust what they get through AIDS educators or health workers.)

Reasons why people may not trust factual information provided on AIDS

- Educators give contradictory, confusing, or incomplete information
- Audience may not believe educator because of own beliefs, life experience, knowledge

Traditional beliefs which make people distrust facts on HIV/AIDS

- Faith groups—no sex before marriage
- Religious groups—virus is the result of sin
- White people brought AIDS to Africa
- HIV is in the condom
- God is punishing you so there is no cure
- Muslims don't get HIV

MODULE

C

Sex, Morality, Shame and Blame

Many diseases are associated with shame and blame. Because HIV is sexually transmitted it is heavily associated with sex and "bad behavior" on the part of the affected individuals. In the stigma research study[1] many people reported that they believe that people living with HIV get it through sexual activity that goes against the social norms or religious teachings. The link between sex, religion and stigma is also crucial where there is strong belief that HIV is a punishment from God.

This module aims to tackle the difficult subjects of sex and morality in our daily lives and explore these issues in relation to HIV-related stigma.

[1] Disentangling HIV and AIDS stigma in Ethiopia, Tanzania and Zambia, ICRW, 2003.

MODULE C
Sex, Morality, Shame and Blame

WE ARE ALL IN THE SAME BOAT

EXERCISE 1

Warm-up game

OBJECTIVES

Participants will be able to:
Recognize that all people are at risk of getting HIV so there is no point stigmatizing those who already have HIV

TIME

15 minutes

ACTIVITIES

Game and Discussion

WE ARE ALL IN THE SAME BOAT

Facilitate the game described below.
Then discuss, "What does the game mean?"

GAME

"In the river, On the bank"

Ask players to stand in a line all facing same direction. Then explain the game.

"Where you are standing is the bank. When I say, "In the river", you should take one step forward. If, however, I say "On the river", you should not move.

When I then say, "On the bank", you should take one step back to the starting point "On the bank". If, however, I say "In the bank", you should not move. If anyone makes a mistake, they will be eliminated from the game."

Start the game. Give the commands quickly. If anyone makes a mistake, ask them to leave the game. After a few minutes, stop and debrief.

ZAMBIAN SAYINGS

"Whatever misfortune befalls me, tomorrow it may be YOU! Your friend's misfortune can become your misfortune.
(Chaona muzaka chapita mawa chili pa iwe).

Your funeral is my funeral. When I have a funeral, you will come to comfort me. We will take care of each other's burdens."
(Malilo nikulilana)

Debriefing

Note that everyone laughed when the first person made a mistake. Ask the person who made the mistake—"How did that make you feel?" *[embarrassed, angry, stigmatized, the laughter made me feel bad!....]*

Then explain that this game shows us that "We are all in the same boat." There is no separation between "us and them." We are all facing and living with this epidemic together. We are all affected—we have all taken risks at one time in our lives and many of us still do and we all have family members and friends who have died of AIDS. Lots of people like to laugh at, blame and judge others, but one day they may also "fall into the river"— and others will laugh at them. **Remember:** HIV affects everyone.

All of us are at risk of getting HIV so there is no point in stigmatizing or blaming those who are already affected. We could join them any day!

MODULE C
Sex, Morality, Shame and Blame

THINGS PEOPLE SAY

EXERCISE 2

OBJECTIVES

Participants will be able to:

- Identify labels used by people to stigmatize PLHAs and other stigmatized groups
- See that these words hurt

TIME

2 hours

ACTIVITIES

Warm Up

SWITCHING CHAIRS GAME

Set up chairs beforehand in a circle or square around the walls of the room. Allocate roles to each person going round the circle—"PLHA, Sex Worker, Teenage Girl, Gay Man, Street Child, Widows." Continue until everyone has been assigned a role. Then explain how the game works.

I am the **caller** and I do not have a chair. When I call out two roles, "PLHAs" and "Sex Workers," all the "PLHAs" and "Sex Workers" have to stand up and run to find a new chair. I will try to grab a chair. The person left without a chair becomes the caller - and the game continues. The **caller** may also shout **"revolution"**—and when this happens, everyone has to stand up and run to find a new chair.

Then shout: "PLHAs and Sex Workers" and get the "PLHAs" and "Sex Workers" to run to a new chair. This starts the game.

Debriefing

Ask: "How did it feel to be called a PLHA or sex worker?"

Rotational Brainstorm

THINGS PEOPLE SAY ABOUT

Divide into six groups based on the roles assigned for the game- all the sex workers together, all the street kids in one group, etc. Ask each group to go to its flipchart station. Hand out markers and ask each group to write on the flipchart all the things people

say about those in the group." After two minutes, shout "Change" and ask groups to rotate. Continue until groups have contributed to all five flipcharts and end up back at their original list.

SOME EXAMPLES OF THINGS PEOPLE SAY ABOUT

PLHAs

Promiscuous. Sinners. Put their hands where they shouldn't. Naughty. Careless. Reckless. Cursed. Not lucky. Bewitched. Useless. Foolish. They didn't listen. Good for nothing. Deserve to die. It's their own fault. Punished by God. Death sentence. Walking dead. Walking skeleton. Submarine. Already dead—we are just waiting for the funeral. Who cares if they die. Good riddance. No future. Life has ended. Hard to take care of. Say goodbye to your mother. A burden. Waste lots of money. Candle in the wind. You can get infected by touching them.

Sex Workers

Immoral. Evil. Sinners. Promiscuous. No shame. Sandras. Lazy to work. Irresponsible. Steal husbands. Break marriages. Sex maniacs. Don't practice safe sex. Don't respect their bodies. Sexually expired. Selling your bottom to feed your mouth. Making money by lying down. Poor—need money. Business. Want money for things they need. Burden to family and society. Drain on national resources. Spread AIDS and STDs.

Teenage Girls

Naughty. Mischievous. Like money and gifts. Fashion conscious. Sluts. Sex objects. T-bone meat. Love sex. Cheap to get. Give them money and they are yours. Depend on anyone. Medicine for AIDS. Fresh from the farm. Husband stealers. Hard working.

Gay Men

Immoral. Sinners. Unacceptable. Abnormal. Sex maniacs. Sick in the mind. Misfits. Insane. Need therapy. No feelings for the opposite sex. Sexual organs don't function. It's a phase—need to grow out of the phase. Don't want to change because of the fast money they can earn. Spread HIV because they are HIV carriers. Will erode our morals. Should not get married. Should not be allowed to adopt children. Should be castrated. Should be segregated. Take them far away and dump them.

Street Kids

Beggars. Rogues. Thugs. Homeless. No manners. Rejects from poor families. No respect for people. Stubborn. Dirty and stink—they don't bathe. Eat dirty foods. Sleep anywhere. Steal money or grab food. Lazy. Don't want to go to school. Glue sniffers. Nasty. Violent. Murderers. Rapists. Illiteracy. Sex workers. Make our streets dirty. Disturb our peace. Parents died of AIDS. Abusive language. Pretend to be street kids but they have homes. Abused. Illegitimate. They need love and positive support.

Widows

Husband killers. HIV carriers. Husband stealers. Dangerous—source of evil and trouble. Witches. Evil people.

Report back: Gallery Review

Walk as a group around the room looking briefly at each of the flipcharts. At each flipchart ask:

- How do you, "the Orphans" (PLHAs/etc), feel if you are called these names? (Ask those who were assigned this label to react to these names.)
- In what situations do these comments hurt the most?
- What are the judgements or assumptions behind some of these labels?

Group Work

IMAGES OF PLHAs AND CONSEQUENCES

Review the lists of characteristics (see above). Ask groups to discuss:

- If these images of PLHAs are commonly believed, what are the consequences for PLHAs?
- What are the effects of these images?
- If the effects are negative, what can we do to help change these effects?

Image	Effects	How to Change
Promiscuous. Sinners. Foolish. Careless/reckless	Judged, blamed, and condemned by society	Advocate to others that we are "all in the same boat" —that we all put ourselves at risk at times in our lives
Useless. No longer productive. Waiting to die. Burden.	Treated as no longer able to contribute.	Educate society that PLHAs can contribute. Empower PLHAs to lead full, active lives. Create opportunities for PLHAs to use talents
Dangerous: they can infect other people through touch	Isolated and excluded and "quarantined"	Educate people about HIV transmission so they stop fearing casual contact with PLHAs

"We are not victims, we are not patients, and we are not sufferers. These names are both derogatory and disempowering. We are people living with HIV. We laugh, we cry, we dance, we sing, we play, we argue, we pay tax, we are parents and children. We belong to families. We are all in communities. Above all these things we are part of human nature. That is the second challenge: destigmatizing ourselves and HIV/AIDS."

Thanduxolo Doro,
speaking at the First National Summit for People Living with HIV/AIDS, held at the Eskom Conference Centre in Midrand, South Africa, October 2002.

Source: SafAIDS.

MODULE C
Sex, Morality, Shame and Blame

DOUBLE STANDARDS

EXERCISE 3

OBJECTIVES

Participants will be able to:

- Explain the meaning and give examples of double standards in their lives
- Explain what can be done to reduce double standards in our communities

TIME

30 minutes

MATERIALS

Cards

ACTIVITIES

Cardstorm

INTRODUCTION

Divide into pairs and ask pairs to write on cards "What are some examples of double standards that we see around us?"

GAME

- We stigmatize others for "promiscuous" behavior which we are doing ourselves.
- We tell others to "Abstain, Be faithful and Condomize" and then go out and have unsafe sex with someone else's spouse.
- Pastor who preaches about sex and sin and then has an affair with his parishioner.
- The extended family advises a man to divorce his wife if she is HIV positive, but if the husband is HIV positive, they expect the wife to look after her husband.

Stick cards on wall and ask one of the participants to read through and summarize.

Reflection

Ask participants to sit on their own and think of a time in their lives when they didn't "practice what they preach." After 5 minutes ask them to find a partner and discuss: "Why is there often a big gap between what we say and what we do?"

Summary

- Some people use double standards to stigmatize others
- Sometimes people who stigmatize others are hiding something or are fearful about something in their own life

MODULE C
Sex, Morality, Shame and Blame

JUDGING CHARACTERS

EXERCISE 4

OBJECTIVES

Participants will be able to:
Identify the effects of stigma on different players and institutions

TIME

1 hour

MATERIALS

Character cards, e.g., farmer, soldier, sex worker, housewife, businessman.

Three categories along the wall—HIGH RISK, LOW RISK, NO RISK

ACTIVITIES

Character Cards

SELECTION

Ask each person to select a character. In pairs, discuss the lifestyle of your character with your partner:

- What do they do for a living?
- Your perceived HIV risk status of this person and why

Sharing

Ask each participant to introduce their character—what they do and their perceived health risk—and then put the picture under one category.

Changes

Invite other participants to make any changes and explain why.

Discussion

- 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 people?
- How do we judge/misjudge people? How do we resist judging people?

EXAMPLES (FROM ETHIOPIA NGO WORKSHOP, March 2002)

Businessmen: Difference between businessmen who travel and those who remain at home. Mobile businessmen—high risk—free to have many partners in the towns on their route. Businessmen are often in positions of power—they may abuse their power in order to have sex with employees.

Soldiers: High risk. "Mobile men with money." Lots of freedom. Many partners. Long separation from regular partners. Negative behavior: forcing women to have sex.

Farmers: High risk. Illiterate and limited access to information about AIDS. Go to town to sell their crop - afterwards have drink in bar and have sex. No strong sanctions about this behavior

Drunkards: High risk. Because of heavy drinking, engage in sex with many partners and/or unsafe sex (i.e. without condoms), or maybe they are too drunk to have sex!

Female Students: High risk. Vulnerable to sexual demands by "sugar daddies", teachers and businessmen. Some dress/walk in a provocative way to get attention.

Children: May be high risk - vulnerable to sexual abuse or rape. Youth want to experiment with sex.

Story + Cardstorming

JUDGING OTHERS

Ask participants (in pairs) to read the story below and write down their immediate thoughts, feelings and gut reactions. Tape all the cards on the wall and ask participants to read them.

Discuss

- Do we judge people "who should know better" (counselors, nurses, doctors, etc.) more harshly?
- Research about stigma found that nurses were more stigmatized if they got HIV and often wanted to hide their status for as long as possible. Why do you think this is?

Reflection

JUDGING OURSELVES

Ask participants to spend 10 minutes alone and reflect about: What have you done in your life that is culturally unacceptable? What judgments could be made against you by others? How would they make you feel?

Sharing

Ask participants to pair up with someone they feel comfortable with. Discuss how it felt to do the reflection (NOT the "unacceptable behavior," but the feelings).
Option: Come into a large group for sharing.

Summary

- We are all capable of misjudging people based on their occupation, dress, age or gender.
- We make assumptions about people—and this is a source of stigma. Example: barmaid is assumed to be sexually active because she works in a bar but this assumption may be wrong.
- We have all done things in our lives which others would "judge badly."

Stigmatization involves

- **Judging or blaming** people.
- The judging is based on **assumptions** about people's sexual behavior.
- As humans we often believe or assume the WORST about other people.
- We assume that certain categories of people because of their occupation are at risk: sex workers, truck drivers, soldiers, or mobile businessmen.
- **We are all at risk**—so we should stop judging others
- HIV is not limited to groups or occupations—it is in every community

Source: *Adapted by Dr. Gad Kilonzo from The Fleet of Hope (Bernard Joinet and Thedore Mugolola, 1994).*

"Let he who is without sin cast the first stone.

MODULE C
Sex, Morality, Shame and Blame

BREAKING THE "SEX" ICE

EXERCISE 5

OBJECTIVES

Participants will be able to:

- Talk more openly about sex and their feelings about sex and sin
- Recognize that the view that "SEX = SIN" is one of the roots of stigma

TIME

1-2 hours

ACTIVITIES

Cardstorm

BREAKING THE "SEX" ICE 1 — (OUR IMAGES OF SEX)

Put up the word "SEX" on a card at the centre of the wall. Hand out cards and markers to participants and ask them to write the first things they think of when they hear the word "sex" and tape on the wall around the central card.

EXAMPLE

Sin Love

Intimacy SEX Immoral

Forbidden Fun

Debrief

Ask: "What does this tell us about how people think about sex?"

Gender Group Discussion

BREAKING THE "SEX" ICE 2 — WHY DO WOMEN OR MEN HAVE SEX?

Divide into same sex groups. Ask groups to do a quick brainstorm on two questions and record on flipchart.

- Why do women have sex?
- Why do men have sex?

Put up the flipcharts (the women's lists and the men's lists alongside each other) and compare the views of women and men.

Discuss

- Some of the reasons will be similar, some may be very different. What does this tell us about attitudes to sex?
- How are men and women different?
- Do the answers show any links to sin?

Cardstorm in pairs

GOOD (SINLESS) SEX vs BAD (SINFUL) SEX

Hand out cards to pairs and ask them to write examples of the "good" sex and "bad" sex. One example per card. Tape the cards on the wall in two columns beside each other. Example below.

Good (Sinless Sex)	Bad (Sinful) Sex
Sex with one's spouse	Sex with sex worker
Sex for procreation	Sex for pleasure
Sex after you get married	Sex before you get married
Sex in a bed	Sex in the bush
Sex at night	Sex any time of the day
Sex without a condom	Sex with a condom
Sex with the opposite sex	Sex with the same sex (gay sex)

Summary

Although we are aware of these judgments, many of us do have "sinful" sex, even though we may keep it hidden. Sometimes this links to the "double standards." Sometimes we feel ashamed. Not being able to discuss sex more openly may lead to people taking more risks. These judgments about sex and sin can fuel stigma against PLHAs.

When PLHAs get sick, some people say that "they cannot hide anymore"—they are exposed. In Zambia a common word for PLHAs is *"Kanayaka"* which has many meanings, such as "the light is on," "you can be seen," "the warning light shows you are finishing," etc. These attitudes often link to the way we feel about sex, that it should be hidden, secret, not discussed. Thus the shame of HIV/AIDS is that your past sexual behavior can now be seen.

Embarrassment is an Opportunistic Infection

I am embarrassed to talk about SEX
So I avoid talking to my children
I giggle and laugh nervously
Whenever the word SEX is mentioned
I am too embarrassed to look up

In the age of HIV/AIDS
My embarrassment continues
About SEX, AIDS and CONDOMS
I am even afraid to read about the disease
I am so embarrassed

Now I am at a loss
My daughter, my son
My husband and I have AIDS
We have never talked about SEX and AIDS
Even when we knew better
We were too embarrassed
Too embarrassed to protect ourselves
Too embarrassed to keep DEATH at bay

Now I am too embarrassed
To let anyone know about us
My family and AIDS
Then one day
My mother opened my eyes
She said "Your family is not dying of AIDS
It is dying of embarrassment,
A deadly OPPORTUNISTIC INFECTION"

Today we are no longer sick with embarrassment
We know better
That no one ever died of embarrassment
But DAILY a loved one dies of AIDS

By Mwaganu wa Kaggia

MODULE C
Sex, Morality, Shame and Blame

WHERE DID YOU GET IT?

EXERCISE 6

OBJECTIVES

Participants will be able to:

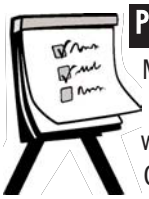
- See that asking PLHAs "where did you get it" can be judging or stigmatizing
- Analyze why people always ask this question when they meet PLHAs
- Explain how this question makes PLHAs feel
- Formulate arguments to counter this type of question when it occurs

TIME

30 minutes

MATERIALS

Character Cards.
Finger Pointing Pictures (A2 & A3)



PREPARATION

Make up a simple song or chant with the words "WHERE DID YOU GET IT?" in English or a local language. Ask participants to help you.

ACTIVITIES

Game and Song

INTRODUCTION

Explain that this session will look at why the first thing people always ask PLHAs is "Where did you get it!"

Introduce the song or chant and get everyone singing/chanting it, walking around in a circle. Then ask people to stop and explain the game.

Pass the object (masking tape) around the circle. When the leader claps, the person holding the object at that time has to step into the center of the circle. The whole group points their fingers at him/her and chants 3 times, **"Where did you get it?"** The person in the centre responds to the same beat as the chant—**"I got it from my husband."** Record on flipchart and continue the game.

Buzz Groups

WHY DO WE ASK THIS QUESTION?

- How did you feel when asked this question with everyone pointing fingers?
- Why do we ask this question: "Where did you get it?"
- Does the answer make a difference to how we respond to that person?

Report back

Help the group to see that:

- This question is judging—we want to know how people have "sinned."
- The question makes PLHAs feel bad or condemned.

ACTION IDEA

Try out these new ways of challenging stigma, in your community whenever you hear or see someone stigmatizing.

- Maybe it reassures us if we find out that the person got it by doing something that we have not done!

Stop-Start Drama

HOW TO COUNTER THIS RESPONSE

Discuss

"How can we counter this stigmatizing behavior when it occurs in a social situation?" Play it out—a few actors in the circle. Discuss after each drama and invite others to take over the roles and try out different ways of challenging this behavior.

MODULE C
Sex, Morality, Shame and Blame

CARRYING CONDOMS CARRIES STIGMA

EXERCISE 7

OBJECTIVES

Participants will be able to:

- Understand how carrying condoms carries stigma
- Think about different ways to challenge this form of stigma when talking about HIIV/AIDS

TIME

1 hour

MATERIALS

Package of condoms

ACTIVITIES

Cardstorm

WHY ARE CONDOMS STIGMATIZED?

Tape a condom pack on the wall. Divide into pairs and ask - "Why do condoms carry stigma?" Ask pairs to write their points on cards and tape on the wall. Discuss.

Role Playing

ASSESSING CONDOM USE

Ask the group if anyone has a condom with them. Tell them you need one for the next exercise. Check out if people are free to ask each other, feel embarrassed etc.

- Divide into small groups and hand out the role-play scenarios below. Ask participants to prepare a role-play to show the whole group.

Use “Stop-start Drama” to explore the issues at a deeper level. Make your own scenarios to fit your group.

GAME

Dropping condoms (1): A mother asks her son to borrow some money. As he brings out his wallet, a packet of condoms falls out.

Dropping condoms (2): A Father asks his daughter to borrow some money. As she brings out her purse, she drops a packet of condoms.

Girlfriend and boyfriend are talking about having sex for the first time. The girl brings out a packet of condoms.

Two male friends chatting together about HIV/AIDS in their country. One starts to discuss using condoms.

A group of girl friends chatting together at home. One is very religious. One brings out a packet of condoms.

Husband and wife have recently tested HIV positive. They discuss their future. The husband brings out a packet of condoms.

HAGOS STORY

We had all met the girl my son was going out with. When he was packing to go to university, he accidentally dropped a packet of condoms out of his bag in front of me. He seemed embarrassed, but I just picked them up and handed them back to him. I told him I was glad he was practicing safe sex. (Because of my job, I have taught him about gender issues and sex education and condoms). I felt proud of him.

Ethiopia 2003

Discuss

- How can we challenge the stigma around condoms?
- How can we show support for the idea that they show someone is being responsible?

Summary

- Condoms link to sex and so to sin and assumptions about someone's behavior and carry stigma.
- We need to change things so that condoms are linked to being responsible.