Chapter C: Shame and Blame – Stigma & Emotional Violence

Introduction

Because sex is the main route for HIV transmission in India, people assume that people living with HIV contracted the virus through immoral behavior. They think that getting HIV means a person has sinned – and so they shame and blame people living with HIV.

Gender violence also takes the form of shaming and blaming. Women often are mocked and told they are worthless. Women are blamed for being burdens on the family, not following their husbands’ instructions, failing to produce male children, killing their husbands (in the case of widows) and many other things. This emotional abuse is often more painful than physical violence.

This chapter will explore shame and blame – stigma and emotional violence. It will show how shame and blame are connected to our ideas about sex and gender, and how they hurt people living with HIV and women.

If you have AIDS, you die twice. The first thing that kills you is being lonely when everyone discriminates against you, even your family members. The second one is the actual death.

Chapter C: Shame and Blame – Stigma & Emotional Violence

## Modules

C1. We Are All in the Same Boat – Elimination Games
C2. Stigma in the Center (Game)
C3. Things People Say About People Living with HIV, Sex Workers, Truck Drivers, etc.
C4. Judging People – Occupation Cards
C5. People Living with HIV Have Rights and Responsibilities
C6. Blaming Women
C7. Women’s Vulnerability to HIV – Problem Tree
C8. Breaking the “Sex” Ice
C1. We Are All in the Same Boat – Elimination Games

Facilitator’s Note: This is a warm-up exercise to introduce the idea that we are all affected by HIV. It can be based on any competitive game that eliminates players when a person makes a mistake. This form of exclusion is a metaphor for stigma, and will be used to trigger discussion on how it feels to be excluded from the group.

Objective: By the end of this session, participants will recognize that everyone is at risk of getting HIV.

Time: 15 minutes

Steps:

1. WE ARE ALL IN THE SAME BOAT (Game + Discussion): Facilitate the elimination game (example 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 the same direction. Then explain:

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 our starting point here “on the bank.” If, however, I say “IN the bank,” you should not move. If anyone makes a mistake, she/he will be eliminated from the game.

Then start the game. Give the commands quickly. If anyone makes a mistake, ask him/her to leave the game. After a few minutes, stop and debrief.

Other games that can be used include IDLI-DOSA-PURI or SIMON SAYS (see Annex 3 for more game ideas).

2. DEBRIEFING: Ask–

a) Those who were kicked out of the game – how did you feel?

b) Those who were not eliminated – how did you feel?

c) What can we learn from the game about stigma?
Sample Responses:

Those kicked out of game – how did you feel?

Why me? Anger. Confusion. Embarrassment. I felt I had made a little mistake – didn’t know why I was being kicked out. Why can’t you give me another chance? I felt others were laughing at me. I felt all alone. I felt good when others were eliminated – and then I was not alone. I wanted others to fail – then they would feel the same and join me in the “loser” category.

Those who remained in the game – how did you feel?

I felt very nervous. I kept watching others to see if they would make a mistake.

Yes, I did laugh – it was a natural response – it was a very competitive situation and when someone makes a mistake, you laugh to relieve the tension.

What can we learn from the game?

- People laugh when others make a mistake – this is a form of exclusion, and makes the person eliminated (stigmatized) feel bad.
- Laughing at others making mistakes can be interpreted as a form of blaming.
- Laughing at the behavior of others happens naturally or unconsciously – it just comes out. Stigma is like this – often we are unaware that we are doing it. We are only acting out the way we have been socialized.
- It is easy to make a mistake in the game and in real life, e.g. not using a condom or taking risks in our sexual behavior.
- Those who were still in the game were watching and judging other’s behavior – this is just like the way we stigmatize.

3. SUMMARY:

- People may like to laugh at and make fun of others, but one day they may also “fall into the river” – and others will laugh at them. Remember, HIV affects everyone.
- Stigmatizing others makes us feel superior to others. It makes us feel that WE are right and THEY are wrong.
- Yet, as this game shows us, “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. All of us are at risk of getting HIV so there is no point stigmatizing or blaming those who are already affected. We could join them any day!
- Don’t point fingers at anyone. As you point one finger toward others, four fingers are pointing back toward you – you are blaming yourself.
C2. Stigma in the Center (Game)

**Facilitator’s Note:** This exercise is a quick game to introduce the idea of the “shaming and blaming” dimension of stigma. It shows that stigma is not faced only by people with HIV – we are all the center of negative attention at different points in our lives.

This exercise could also be linked to “How It Feels to be Stigmatized” (Module A3).

This exercise is adapted from a game developed by Gill Gordon for the Youth Drama Guide on Sexual and Reproductive Health (International HIV/AIDS Alliance, 2007).

**Objective:** By the end of this session, participants will be able to describe how it feels to be stigmatized, and how it feels to stigmatize others.

**Time:** 1 hour

**Steps:**

1. **STIGMA IN THE CENTER (game and discussion)**
   a) Ask the group to stand in a circle.
   b) Then say, *Those who have ever been stigmatized because they are . . . . . . . should go into the center of the circle.* (Describe a feature that applies to you, the facilitator, e.g., “too short,” so that you also go into the center of the circle.)
   c) Once those “stigmatized” are in the center (along with you), say, *Hug the others who have been stigmatized for being . . . . (too short).* Remember – you are not alone. Now, look at the rest of the group who are standing in the outer circle.
   d) Ask the outer circle – *Have you stigmatized someone for this reason? Why?*
   e) Repeat steps b through d, giving other ways in which a person might be stigmatized. Examples: being fat, having a dark complexion, being a certain caste, being a widow, being single/unmarried, having no children, etc. As the last example, use “being a health worker who works with people living with HIV.”
2. PROCESSING: Ask–

a) What are some other ways that people are stigmatized?

b) How did it feel to be stigmatized?

c) What did you learn from the game?

Sample Responses:


**How did it feel to be stigmatized?** Scared at first. People were looking at me and laughing at me. Feeling targeted, others were pointing fingers at me. I’m happy I was not alone. I didn’t want to go into the center, so I remained quiet.

**Learning:** Stigma does not apply just to people living with HIV. We are all stigmatized in some ways. If we were alone in the circle, it would feel worse. Some of us will hide certain information to avoid being stigmatized.

3. SUMMARY

- We have all experienced stigma for some reason or another.
- Being stigmatized can be frightening and painful.
- Having the support of others can make the experience easier.
- Some of us will hide certain information to avoid being stigmatized.
C3. Things People Say About People Living with HIV, Sex Workers, Truck Drivers, etc.

Facilitator’s Note: This exercise is called “Things People Say about People Living with HIV, Sex Workers, Truck Drivers, etc.” This phrasing allows participants to express their own stigmatizing labels for other groups while attributing them to “the people.”

The aim of the exercise is to understand how hurtful these words can be and how they can affect the morale and health of the person stigmatized. We ask participants, “If you – or your daughter – were called these names, how would you feel?”

The words produced can be strong and abusive, so you should manage this exercise carefully. Select categories that do not apply to the participants. We have already removed the categories “dalits” and “widows,” which we felt were potentially hurtful to participants.

Throughout this exercise you should make it clear that these words are being raised not to insult people, but to show how these stigmatizing words hurt.

The initial warm-up game also requires some sensitive facilitation. Some participants might find it hard to accept certain roles (e.g. sex worker), even in the context of a game. One solution is to assign yourself the role of “sex worker” to help break the ice.

Objectives: By the end of this session, participants will be able to:

a) Identify labels used by people to stigmatize people living with HIV and other stigmatized groups; and

b) See that these words HURT.

Time: 2 hours

Materials and preparation: Set up flipchart stations – blank sheets of flipchart paper on different walls of the room, with the following titles at the top of each sheet: People living with HIV, Sex Workers, Truck Drivers, Lepers, Migrant Workers and Beggars. Provide markers at each station. Then set up chairs in a circle so that each participant has a chair (and no chairs are left empty).

Steps:

1. WARMUP – SWITCHING CHAIRS (game): Have everyone sit in a chair. Allocate roles to each person going around the circle – “Person living with HIV, sex worker, truck driver, leper, migrant worker, beggar” etc. Continue until everyone has been assigned a role. Make sure everyone knows his or her new identity. Then explain how the game works:

   I am the caller and I do not have a chair. When I call out the names of roles, for instance “People living with HIV, sex workers,” all people assigned these roles have to stand up and run to a new chair. I will grab one chair. The person left without a chair becomes the caller, and the game continues.

Tell the new caller that she or he can call out any of the role names – either a single name or several names.

Debriefing: Ask – How did it feel to be called a person living with HIV or a sex worker?

Explain that these labels have a strong moral tone. This affects how people would feel about assuming these labels.
2. THINGS PEOPLE SAY ABOUT . . . (Rotational Brainstorm): Divide into six groups based on the roles assigned for the game, and ask each group to go to its flipchart station (e.g., those assigned the “leper” role in the warmup game go to the “leper” station). Ask each group to write on the flipchart all the things people say about those in their assigned group. After two minutes, shout “CHANGE” and ask groups to rotate and add ideas to the list at the next flipchart station. Continue until each group has contributed to all six flipcharts.

Sample Responses:

**THINGS PEOPLE SAY ABOUT . . .**


**Truck drivers:** Promiscuous. HIV carriers. Multiple sex partners. Sex crazy.

**Lepers:** Sinners. Untouchable. Keep separate from community.

**Migrant laborers:** Coolie. Homeless. Dirty. Always roaming. HIV carriers.


3. REPORT BACK. Bring the group into a semi-circle and ask one person to read the words in each of the lists. Then discuss:

a) How would you feel if you were called these names?

b) What would you do if you were called these names?

Sample Responses:

**How would you feel if you were called these names?**


**What would you do if you were called these names?**

I would hide so I wouldn’t have to face this kind of rejection.

I would lose confidence and stay away from people.
4. SUMMARIZE:

- We are socialized or conditioned to judge other people. We judge people based on assumptions about their behavior.

- **Sex is a taboo** – it is regarded as something shameful that we should not talk about. So people who have sex frequently are assumed to be shameful.

- **People living with HIV, sex workers, and truck drivers** often are labeled as sexually immoral. They are called “promiscuous,” “sinners,” “irresponsible.”

- **Migrant laborers, lepers and beggars also** are judged with insulting words – “dirty,” “untouchable,” “HIV carriers,” etc.

- People affected by HIV stigma, e.g. sex workers, are often **already stigmatized before they get HIV**. They have the least power to resist or challenge stigma.

- **When we stigmatize, we stop dealing with people as human beings.** Using mocking or belittling words gives us a feeling of power and superiority and we forget people’s humanity.

- **We attribute characteristics to a group and everyone who belongs to that group.** We assume that all members of the group have the same characteristics, e.g. all truck drivers are promiscuous.

- All of these labels are **generalizations** that have no validity – we simply assume that “the other people” are “dirty, lazy, promiscuous.”

- **Stigmatizing words are like a knife** – they have tremendous power to hurt, to humiliate and to destroy people’s self-esteem.

- **So how should we treat people living with HIV?** We should give them: a) respect and affection; b) support and encouragement; and c) space, place and recognition in society. If we treat people living with HIV well, their increased sense of self-worth will help them to live a longer and better life. But if we treat them badly, they will die quickly – not from the illness alone, but from the shame, isolation and rejection they feel. And if we treat them badly, they will remain quiet about their status – which will result in HIV being passed to others.

- **Why do we condemn some groups and accept others?** You may disagree with the behavior of some people, but that does not give you the right to belittle them. Try to put yourself in the shoes of other people – how would you feel if you were called these names? You must try to empathize as though they were your son or daughter.
C4. Judging People – Occupation Cards

Objective: By the end of this session, participants will be able to analyze why we judge people unfairly according to occupation.

Time: 1–2 hours

Materials and preparation: Write the names of the six categories – HIGH BLAME, LOW BLAME, NO BLAME, HIGH RISK, LOW RISK and NO RISK – on cards, and tape the cards to the wall. Tape the Occupation Cards (Picture Set F) to a different wall.

Steps:

1. JUDGING PEOPLE (Picture study in pairs): Divide group into pairs. Ask each pair to select one occupation card and discuss:
   a) Who is this person in the picture?
   b) How would you or the community judge this person (high blame, low blame or no blame)? Why?
   c) What risk does this person have of getting HIV (high risk, low risk or no risk)? Why?

Sample Responses:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Blame</th>
<th>HIV risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truck driver</td>
<td>High. Travels extensively. Away from family.</td>
<td>High. Lots of sex without condoms.</td>
</tr>
<tr>
<td>Barber</td>
<td>High. Low caste – low respect. Seen as dirty profession.</td>
<td>Low. However, uses same knife for everyone so could help to spread HIV.</td>
</tr>
<tr>
<td>Washerman</td>
<td>Medium. Low caste – low respect.</td>
<td>Low.</td>
</tr>
<tr>
<td>Police</td>
<td>High. Corrupt. Use money for sex workers.</td>
<td>High. Sex with many partners</td>
</tr>
<tr>
<td>Teacher</td>
<td>Low. Respect because he teaches the children.</td>
<td>Low.</td>
</tr>
<tr>
<td>Doctor</td>
<td>Low. Respect him because he treats patients.</td>
<td>Low.</td>
</tr>
</tbody>
</table>

2. REPORT BACK: Ask each pair to hold up its picture and give a report.

3. PROCESSING – ask:
   a) How does the community judge people?
   b) What assumptions do we make about people?
   c) If you were shamed and blamed like this, how would you react?
Sample Responses:

**How does the community judge/what assumptions do we make?**

- The doctor and teacher were given a positive rating because of their occupation – viewed to be sexually responsible and role models in society.
- The others were shamed and blamed because a) they were assumed to have many sexual partners, or b) they are from a low caste.
- Mobility was the main factor in determining who was considered to be in the high-risk group. Mobile workers included sex workers, truck drivers, migrant laborers, masons, fishermen and mechanics. These workers are morally condemned because they are assumed to be sexually promiscuous.
- **Double stigma:** Some groups of people are already stigmatized for coming from a certain caste, e.g., sweepers, fishermen, rickshaw pullers, agricultural laborers. These groups face double stigma if they are assumed to be promiscuous.

**How would this shaming make you react?**

Feel bad and lose one’s sense of self-worth. Affects willingness to disclose and get tested. Because of the fear of stigma, people are not willing to disclose their status to others. If they disclose their status, they know they will be stigmatized – this is why they keep things hidden.

4. **SUMMARY: It is not WHO you are, but WHAT you do!**

- We make judgments or assumptions about other people’s behavior based on their occupation or their perceived sexual behavior – but without knowing them personally. In making these assumptions we often generalize, e.g., saying that all people in a certain occupation are promiscuous. This, of course, is wrong: you may be a truck driver, but this does not mean that you are promiscuous.
- We stigmatize or condemn people without knowing their actual behavior. We often believe or assume the WORST about other people. For example, women who work as dancers are assumed to be sexually active because of their occupation, but this assumption may be wrong.
- We say people from low castes should not be given respect, yet people in these groups make important contributions to our society. They should be accepted and respected, not stigmatized for coming from a lower caste.
- Stigmatizing others through shame and blame is not acceptable. We are all at risk of getting HIV, so we should stop judging other people. We are all sexual beings. We are all vulnerable.
- Tape the cards for high-risk groups (e.g. sex workers, truck drivers) on the wall and explain: 
  
  *There are an estimated 53 million people in India living with HIV, including 200,000 sex workers and 175,000 truckers. This means 52,620,000 people who are not sex workers or truckers have HIV. HIV is now affecting the general population, not just high-risk groups.* We cannot continue to blame sex workers and truckers as if they are the only people with HIV – they are only a small fraction of those with HIV.
- Stop blaming people living with HIV and help to normalize HIV and AIDS. Get people to regard people living with HIV as people with an illness, not people guilty of bad behavior.
EXTRA PROCESSING ON JUDGING – IF YOU HAVE TIME

Facilitator’s Note: These additional exercises will help participants bridge general discussion about how “the community” judges others to their own more personal experiences with judging and being judged.

1. HOW DO WE JUDGE? (Buzz Groups): Divide into pairs and ask each pair to discuss:
   
   HOW are people living with HIV judged? What are they blamed for?
   
   Sample Responses:
   

2. WHY DO WE JUDGE? (Buzz Groups): Divide into pairs and ask each pair to discuss:
   
   Look at your own judging behavior and consider, “WHY do I judge others?”
   
   Sample Responses:
   
   Why do I judge others?
   ■ Helps to make me feel better or superior.
   ■ Helps to increase my power and control over others.
   ■ Helps to keep me separate from others.
   ■ By judging others I can maintain the status quo in the community.
   ■ Projection of my own fears – I judge in others things I don’t like about myself.
   ■ My religion teaches me to judge, to point out the sin in others.

3. WHEN DOES JUDGING HURT? (Buzz Groups): Explain that we all judge – it is a normal human activity and we all do it. Then divide into pairs and ask each pair to discuss:
   
   When does judging HURT people?
   
   Sample Responses:
   
   Judging HURTS when it:
   

4. HOW TO BREAK OUR JUDGING HABITS (Buzz Groups): Explain that we all have a habit of judging others. Divide into pairs and ask each pair to discuss:
   
   a) In what situations do you shame and blame others?
   
   b) What can you do to change this habit?
5. SUMMARY:

- Stigmatizing others makes us feel superior to others. It makes us feel that WE are right and THEY are wrong. Yet we may be vulnerable to judging and stigma ourselves.

- We should aim to accept rather than judge or condemn others. For example, we may not agree with the lifestyle of a sex worker, but we should not reject or condemn her.

- Whether or not we agree with other people, we do not have the right to judge them. We should treat them as human beings. To stigmatize is to wipe out a person’s humanity and treat him or her as having no value.

- We should treat those living with HIV as people with an illness, not people guilty of bad behavior.
C5. People Living with HIV Have Rights and Responsibilities

Facilitator’s Note: This module looks at how the rights of people living with HIV are violated. People with HIV are kicked out of jobs and accommodation, have to leave their families, and get separated from their children. We suggest you use Module B7 on “Sexual Rights” before you do this module. B7 introduces the concept of “rights.”

We also suggest you invite a representative from the Network of People Living with HIV in your area to join you for this session.

Objectives: By the end of the session participants will be able to:

a) Recognize that people living with HIV and AIDS have rights and responsibilities;
b) Recognize that the rights of people living with HIV and AIDS often are denied; and
c) Agree on how the family and community can reaffirm those rights.

Time: 1 hour

Steps:

1. RIGHTS AND RESPONSIBILITIES OF PEOPLE LIVING WITH HIV: Divide into two groups and ask each group to brainstorm two lists – RIGHTS and RESPONSIBILITIES of people living with HIV.

Ask each group to present its lists. Then discuss–

a) Which rights should families provide?
b) Which rights should society provide?
c) What are the effects on people living with HIV of being denied these rights?
d) What happens if people living with HIV are unable to meet their responsibilities?
e) How can we as health workers help to ensure these rights and responsibilities are met?

Sample Responses:

<table>
<thead>
<tr>
<th>Rights</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be open to advice. Help out in the house when you can. Avoid infecting others. Help make income when you are well. Talk to other family members about protecting themselves. Practice safe sex.</td>
<td></td>
</tr>
</tbody>
</table>
2. SUMMARY:

- We need to recognize that people living with HIV have rights, including the right to have sex, the right to get married, the right to have work and the right to have friends.

- If we do not give people living with HIV their rights, the result will be depression, loss of health, financial loss and people dying early.

- If people living with HIV are denied their rights, they may not be able to meet their responsibilities, including the responsibility to help protect others from infection.

- We need to ensure that people living with HIV are involved in making decisions about their lives, even when they get sick. They are still capable.

- People living with HIV need to understand the stresses of their illness on a family. These stresses mean that all their needs may not always be met.

**Action Ideas:**

Talk at home with other family members about their ideas on rights and responsibilities.
C6. Blaming Women

Facilitator’s Note: This exercise is designed to show how women are more stigmatized than men. It should be used after the Life Cycle Exercise (A9), which identifies the different forms of stigma faced by women.

Objective: By the end of the session, participants will be able to recognize that women face greater stigma than men do, and that this stigma increases the impact of HIV on women’s lives.

Time: 1 hour

Steps:

1. CAUSES OF STIGMA TOWARD WOMEN (Brainstorm): Ask participants to brainstorm the causes of stigma faced by women. Record each “cause” on a card and tape on the wall.

Sample Responses:

- Viewed as inferior.
- Being a burden on the family.
- Having no children – being “barren” (assumed that it is the woman’s fault).
- Having only girl children – associated with tensions around dowry.
- Not raising children properly.
- Being a widow – surviving her husband.

Ask – What is the effect of all of this stigma and emotional violence on women?

2. WHO GETS BLAMED FOR BRINGING HIV HOME – THE MAN OR WOMAN? Ask participants to read the following case study.

A woman lost her son through AIDS. When she discovered what had happened, she at first blamed her son’s wife. She accused her daughter-in-law of killing her son and kicked the young woman out of her house. Later, when she learned more about HIV and AIDS, she took her daughter-in-law back and began to take her for regular checkups at the hospital.

Discuss–

a) What happened in the story?

b) Why did the woman blame her daughter-in-law?

c) What happens when AIDS enters the home? Who is more likely to get blamed – the wife or the husband? Why?

5. SUMMARY:

- Women, who are already stigmatized for being women, are more vulnerable to HIV stigma – they are more likely to be blamed for bringing HIV into the household.

- A woman is more likely to be chased from the household, sent back to her own family or abandoned when sick.

- Women are also more vulnerable to violence when they disclose they are living with HIV.

- Women living with HIV are vulnerable to poverty resulting from separation or divorce and property grabbing.
C7. Women’s Vulnerability to HIV – Problem Tree

Objective: By the end of the session, participants will be able to explain why women are particularly vulnerable to getting HIV.

In this exercise, participants write points on cards and tape them on the wall diagram to make a “problem tree,” showing effects (branches) and causes (roots) of women’s vulnerability to HIV.

Time: 1 hour

Materials and preparation: Draw a large tree diagram on flipchart paper, with the “Effects” and “Causes” labeled at appropriate levels (see below). Write one example of the type of response expected at each level on a card and tape the cards at their respective levels.

Problem tree drawn by participants in pilot workshop.
You will also need copies of Fact Sheet 1a – Why Women Are More Vulnerable to HIV – to discuss and hand out to participants.

**Steps:**

1. **CARD-STORMING:** Divide into pairs. Hand out cards and markers. Ask pairs to write individual points on the effects and causes of women’s vulnerability to HIV – one point per card – and then tape them at the appropriate level of the tree.

**Sample Responses:**

<table>
<thead>
<tr>
<th><strong>Effects</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women are blamed for infecting their husbands. Gender violence. Women kicked out of their homes. Women getting sick and seeking treatment. Women transmitting HIV to their babies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Causes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender inequality. Lack of control over sexual decision-making. Fear of violence prevents women from negotiating safe sex and protecting themselves against HIV. Marriage is a risk factor – women cannot refuse to have sex with their husbands, even if they know husbands are having sex with other women. Acceptability of men having other sexual partners. Sexual violence – forced sex in marriage or rape in the community. Women’s lack of knowledge that they are at risk. Biological vulnerability – women get HIV and STIs during sex twice as easily as men. Poverty – women forced into survival sex work.</td>
</tr>
</tbody>
</table>

2. **DEBRIEFING:** Review one level at a time. Cluster common points and eliminate repetition. Ask participants to add to the diagram by digging deeper to explore additional roots or additional effects.

3. **PROCESSING – Causes and Solutions:**
   a) *Which root causes can we address? What can we do?*
   b) *How can we address the effects?*

4. **SUMMARY:** Give a summary of the main points in the fact sheet.
C8. Breaking the “Sex” Ice

**Facilitator’s Note:** Many of us have been socialized to avoid talking about sex, yet this talk is important if we are to change the impact of HIV.

**Objective:** By the end of the session, participants will be able to explain how comfortable they are in talking about sex and related issues with different people.

**Time:** 1 hour

**Steps:**

1. **ASSESSMENT DIAGRAM:** Ask each participant to make the diagram below, showing their level of comfort in talking about various topics to different categories of people.

   **Sample Responses:** (Responses given by traditional birth attendants [TBAs] during the pilot workshop)

<table>
<thead>
<tr>
<th>Relation</th>
<th>Violence</th>
<th>Stigma</th>
<th>Sex</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>50%</td>
<td>25%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Brother</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Sister</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Daughter</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Son</td>
<td>50%</td>
<td>100%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Father</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Mother</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Friend</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Neighbors</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
</tbody>
</table>

2. **DEBRIEF:** Review and discuss the results:
   a) **What did we learn?**
   b) **Which relationships are particularly difficult?**
   c) **What stops us from talking about these things?**

3. **SUMMARY:**

To educate our children and others about HIV and AIDS, we will need to be able to talk with them about sex, including safe sex and the use of condoms. We will need to become more comfortable with these topics. Some of us find it difficult to talk to our daughters or – especially – our sons on these issues, but we will need to learn how.

If we are to become more effective in our own relationships, we will need to be able to negotiate with our marriage partners. We will need to learn how to talk about sex and our sexual needs.