Introduction

When a community accepts an atmosphere of HIV stigma and gender violence, it results in fear, distrust, social disharmony and the spread of HIV:

- People living with HIV will not get tested, or will not disclose their status to their partners – so HIV will continue to be spread;
- People living with HIV will not access HIV and AIDS services – and so they will suffer physically and psychologically;
- Women will not communicate with their husbands about their fears, will not report cases of violence and will become more vulnerable to HIV infection; and
- Families and the community will not provide the support and care that people living with HIV and battered women need.

The main causes of stigma and gender violence are:

- **Ignorance and fear about HIV infection** – not knowing how HIV can spread;
- **Judgmental attitudes** – shaming and blaming others, e.g. saying that all people living with HIV are promiscuous and deserve to die; and
- **Gender inequality** – men want to dominate women and use force to maintain control.

Stigmatizers and violent men need to be shown how harmful their actions are – and how they cause HIV to be spread. We need to create a community in which people are willing to talk openly about HIV and AIDS and gender violence; people are not afraid to get tested for HIV; and women are not afraid to communicate to their husbands and report cases of violence. This chapter will look at strategies for educating and challenging all of us to stop stigma and gender violence.

Some of the earlier modules include ACTION IDEAS – suggestions for practical activities that participants can do at home. For example, after Module A2 participants are asked to take the stigma pictures home and show them to family members and neighbors. Talking with others helps to see what is involved in challenging stigma and gender violence and build up the courage to do it.
The modules in this chapter – MOVING TO ACTION – get participants thinking more deeply about concrete strategies for action. These modules assume that participants have already discussed stigma and violence and are committed to doing something to change things. This chapter helps to:

- **Bring together everything participants have learned** about stigma and violence;
- **Build up commitment to change things** – to stop stigma and gender violence;
- **Focus on what we can do to change** as individuals, groups and communities; and
- **Agree on goals and how to achieve them.**

**Key Messages**

- **We are all responsible for challenging HIV stigma and gender violence.** We can all play a role in educating others and advocating new attitudes and practice.

- **Be a role model.** Apply what you have learned in your own life. Think about the words you use when talking about people living with HIV and women and try to speak and act supportively.

- **Share what you have learned.** Tell others what you have learned to get them talking about stigma and violence and how to change it.

- **Encourage community leaders to speak out** about HIV and AIDS and to condemn stigma and gender violence.

- **Encourage people living with HIV to speak out** to help others understand how it feels to be the object of stigma. Help ensure that their voices are heard.

- **Challenge stigma and violence when you see them in your homes, workplaces and communities.** Speak out, name these problems, and let people know that stigma and violence hurt.

- **Talk openly about AIDS without fear** to help people see that this is not a shameful thing that has to be hidden. Talking openly about AIDS will also empower people living with HIV and help relieve some of their self-stigma.

- **Avoid using stigmatizing words.** Instead of saying “victims” or “sufferers,” use positive words such as “people living with HIV.” Talk about “us,” not “them.”

- **Facilitate discussion with family, friends and neighbors on stigma and violence:** What are the most common forms of stigma and violence in your community? What perpetuates these abuses? What can be done to change things?

- **Develop a protocol** to describe the changes you want to see in your own practices as health care providers.

- **Act against stigma and violence as a community.** Help your community to agree on one or two practical things they can do to do to bring about change.

- **Saying “stigma and gender violence are wrong” is not enough.** Help people move to action – agree on what needs to be done, develop a plan and then implement it.

- **Think big but start small. Act now!** Have a big vision – but start with something small. And don’t wait!
Things You Can Do Yourself

- Watch your own language and avoid stigmatizing words.
- Visit and support people living with HIV and their families.
- Encourage people living with HIV to use available services.

Things You Can Do To Involve Others

- Use informal conversations as opportunities to talk about stigma and violence.
- Use the stigma and violence pictures from this training to get people talking.
- Use real stories to put stigma and violence into a practical context.
- Challenge stigmatizing words when you hear them – get people to think about how their words can hurt.
- Help normalize HIV and AIDS. Get people to regard people living with HIV as “people with an illness,” not “people with bad behavior.”
- Encourage people to talk openly about their fears and concerns about HIV and AIDS, and correct myths and misconceptions.
- Form women’s groups and encourage women to support each other.

Things to Get the Community Talking About and Acting Against Stigma

- Organize testimonies by people living with HIV or their families about their experience.
- Conduct a language watch, in which school children or youth groups identify stigmatizing words used in the community through a “listening survey.”
- Make a community map of stigma and display it at a community meeting place.
- Do a community walk to identify points of stigma in the health center.
- Use a youth group drama based on real examples as a trigger for discussion.
- Have youth or children draw pictures and use them as a starting point for discussion.
- Hold community meetings to discuss what has been learned from the above methods and make decisions about what the community wants to do (e.g., agreeing on a code of conduct, specific support to HIV-affected families, etc.).
- Organize training workshops on stigma for community and peer group leaders.

Modules

E1. “A Community Free of Stigma and Violence”
E2. Action Planning I
E3. Action Planning II
E4. Mobilizing Community Action Against HIV Stigma and Gender Violence
E5. Ten Steps for Moving to Action
E6. How Have Our Attitudes Changed? (Monitoring)

Auxiliary Skills

E7. How to Support Disclosure by People Living with HIV
E8. Confidentiality
E9. Positive Living
E1. “A Community Free of Stigma & Violence”

Objectives: By the end of this session, participants will be able to:
a) Develop a vision of a community without stigma and violence; and
b) Identify specific initial activities toward that vision.

Time: 2 hours

Steps:
1. A WORLD WHERE THERE IS NO STIGMA AND VIOLENCE (Picture-storm): Divide into pairs and hand out cards. Ask pairs to draw pictures and words describing “a world where there is no stigma and no violence.” If there is time, have them draw a “BEFORE” and “AFTER” picture – the world as it is with stigma and violence; and then the world as it might be without stigma and violence.

2. PROCESSING: Ask–
a) What does the future world look like? What has changed before and after?
b) What can we do to build this kind of world?
c) What are the obstacles? What are the supporting factors?
d) What are the first steps in bringing about change?

Sample Responses:

Future vision
- People living with HIV being accepted and supported. People living with HIV playing an active role in educating others. People with HIV living longer lives.
- Women have equal rights to men. Women are not subjected to violence. Women feel safe in the community and in their own homes. Problems and conflicts are resolved through discussion, not violence.

What can we do to build this world?
- Educate men to live as equals with women and to stop gender violence.
- Educate the community to stop shaming and isolating people living with HIV.
- Get health workers and community leaders to model/promote the new behaviors.
- Increase understanding and reduce fears about HIV and AIDS.
- Get the community to work together in addressing HIV and AIDS.

First steps in bringing about change?
- Change the way health care workers address people living with HIV and battered women.
- Change our own attitudes and language.
- Provide information on how HIV is spread to reduce fears about infection.
- Speak out against stigma and violence toward women and people living with HIV.
- Encourage people living with HIV to use available services, e.g. integrated counseling and testing centers (ICTC), prevention of parent-to-child transmission (PPTCT), etc.
- Get women to report violence to police and get police to treat cases seriously.
- Empower women and people living with HIV with assertiveness skills.
- Provide legal services for women and people living with HIV.
- Encourage people living with HIV to get involved in educating the community on HIV and AIDS.
- Change practices in clinics, e.g., no separate room or seating for people living with HIV.
- Treat cases of battered women as cases of violence, not “accidents.”
E2. Action Planning I

Facilitator’s Note: In this module, health providers apply what they have learned in the training to propose actions they can take in their work contexts. This exercise could work well in a joint workshop with different types of health care providers.

Objectives: By the end of the session, participants will begin developing practical strategies for overcoming HIV stigma and gender violence.

Time: 2 hours

Steps:

1. WHAT DID WE LEARN FROM THE TRAINING? (Small Groups): Divide into groups, by category of health worker (registered medical practitioners [RMPs], traditional birth attendants [TBAs], etc.) if it is a joint workshop. Ask each group to discuss and prepare to report back on what they have learned from the training and how they have applied it in their lives:
   
a) New knowledge and awareness;

b) New attitudes; and

   c) Behavioral changes, both personal and professional.

Sample Responses:

Knowledge:
- HIV is not a dreadful disease – it is manageable.
- How HIV is transmitted and not transmitted, and our misconceptions answered.
- People living with HIV face stigma everywhere – home, market, clinic and workplace.
- Women face more stigma than men – and also face gender violence.
- How violence makes women more vulnerable to getting HIV or sexually transmitted infections (STIs).
- People living with HIV have rights and responsibilities.

Attitudes:
- Should treat HIV patients with respect and affection.
- Should recognize that gender violence is wrong.
- Gender violence is not a family problem, it is a social problem that we should all try to deal with.

Behavior change – personal
- No longer isolate people living with HIV. We support and encourage them.
- Share our learning with family members, neighbors, women’s groups, etc.

Behavior change – professional
- Refer women suspected to have HIV to ICTC and PPTCT.
- Use new syringes for every patient, and gloves while dressing wounds of all patients.
- Tell HIV patients that HIV is a manageable disease and give them courage.

Counsel and treat women who have been beaten by their husbands.
- Encourage people living with HIV to join a support group.
2. REPORT BACK: Ask each group to give a report.

3. JOINT ACTION PLANNING: Ask each group to develop an action plan for working together to reduce HIV stigma and gender violence.

Sample responses:

- Joint village meetings and rallies to raise community awareness.
- Encourage all health workers to follow the code of conduct.
- If any health worker identifies a major problem involving stigma and discrimination, she or he will report to the whole group, and the group will provide support to solve the problem.
- Challenge any health worker who discriminates against an HIV patient.
- Form village committees to reduce stigma and gender violence.

4. REPORT BACK: Ask each group to give a report.
E3. Action Planning II

Facilitator’s Note: This module starts by getting health workers to name and propose solutions to specific forms of stigma or gender violence within their workplace. It then asks participants to develop strategies for challenging HIV stigma and gender violence as individuals. Like module E2, this exercise could work well in a joint workshop with different types of health care providers.

Objectives: By the end of the session, participants will further develop practical strategies (which they started working on in module E2) for overcoming stigma and gender violence.

Time: 2 hours

Steps:

1. SOLUTIONS AS HEALTH PROVIDERS (Small Groups): Divide into groups, by category of health care provider if it is a joint workshop. Ask each group to discuss--
   a) What forms of stigma or violence do you see in your own context/institution?
   b) Which of these forms of stigma or violence are the biggest problems in your context?
   c) What are some possible solutions to these problems? Identify two or three new things you would like to do to put an end to HIV stigma and gender violence.

2. REPORT BACK: Ask each group to give a report.
Sample Responses:

### PRIMARY HEALTH CENTER OR COMMUNITY HEALTH CENTER

**Forms of stigma**
- Force HIV patients to sit in a separate area or on a separate bench.
- Avoid touching patients and minimize contact when checking symptoms.
- Excessive use of gloves when examining HIV-positive patients.
- Delegate the task of delivering the babies of HIV-positive mothers to junior nurses.
- Avoid dressing the wounds of HIV patients. Give the dressing to the patients and tell them to do it themselves.
- Break confidentiality – gossip about people living with HIV to patients or community.
- Judgmental – blame people living with HIV for getting infected through promiscuous behavior.
- No proper counseling, comfort, encouragement or reassurance.
- Reject clients suspected to have HIV.
- Stigmatize staff who work in departments (e.g. ICTC) that focus on HIV.

**Strategies to combat stigma and gender violence**
- Stop separating HIV patients within the wards or putting them on separate benches.
- Avoid stigmatizing or coded language for people with HIV.
- Do not violate confidentiality.
- Learn skills to handle patients with sensitivity. Treat all patients with respect.
- Provide counseling and encouragement and tell people living with HIV how they can live a positive life through early treatment of opportunistic infections, healthy diet, etc.
- Tell them about antiretroviral (ARV) therapy and how to access ARV drugs.
- Deal with cases of battered women in a new way – provide counseling, support and advice on how to report cases of violence.

### REGISTERED MEDICAL PRACTITIONERS

**Forms of stigma**
- Minimize contact when checking symptoms.
- Force patients who are living with HIV to sit in a separate area.
- Judgmental.
- No proper counseling of people living with HIV or battered women.
- Gossip about people living with HIV and women.
- Refuse to treat patients with HIV.
- Refer people living with HIV to private testing centers to get commission.
- Charge extra fees to treat people living with HIV.

**Strategies to combat stigma and gender violence**
- Provide counseling and support to people living with HIV and battered women. Be reassuring.
- Tell people living with HIV how they can get tested.
- Tell women how they can report cases of abuse.
- Advise people living with HIV on how to access other services.
- Encourage clients living with HIV to disclose to a trusted family member or friend.
- Provide basic information on ARVs.
- Help people living with HIV focus on positive living.
- Help the family focus on the health situation and avoid “shaming and blaming.”
- Help family accept they have a health problem and accept responsibility to care for the relative living with HIV.
- Provide basic information on HIV and AIDS and clear up misconceptions.

### TRADITIONAL BIRTH ATTENDANTS

**Forms of stigma**
- Avoid doing deliveries for women suspected to have HIV.
- Do nothing to counsel women who have been beaten.

**Strategies to combat stigma and gender violence**
- Refer pregnant women to ICTC for counseling and testing.
- Be more supportive of people living with HIV.
- Counsel and support women who have been beaten and help them take up their cases.
3. INDIVIDUAL ACTION (Buzz Groups): Divide into pairs, mixing different types of health provider in each pair, and ask: What can you do as an individual to get people thinking and talking about stigma and gender violence?

4. REPORT BACK (Round Robin).

Sample Responses:

- Change our own attitudes and language toward people living with HIV and women – stop blaming and using words such as “promiscuous.”
- Be a good role model. Show in words and actions that we are no longer stigmatizing people living with HIV or condoning gender violence.
- Educate others on how stigma and gender violence feel and why they are wrong.
- Speak out against stigma and violence toward women.
- Get the community to name stigma and gender violence as problems.
- Encourage people to talk openly about their fears and concerns about HIV and AIDS.
- Provide up-to-date information about HIV and AIDS so that people no longer fear casual contact and isolate people living with HIV.
- Stop family members from isolating family members with HIV within the home.
- Stop men from abusing women (physical, emotional, sexual or economic).
- Treat positive people and women like you treat other people – no difference!
- Offer kindness, support, comfort and good listening to people living with HIV and battered women.
- Encourage people living with HIV to use available services, such as antiretroviral treatment, preventing parent-to-child transmission and medical care.
- Encourage women to report violence and get the police to treat cases seriously.
- Empower women and people living with HIV with assertiveness skills.
- Encourage people living with HIV to be involved in family and community gatherings.
- Treat cases of battered women as cases of violence, not “accidents.”
- Show the stigma and violence pictures and discuss them with neighbors.
- Use stories about people living with HIV or battered women for discussion.
5. CODE OF PRACTICE (Brainstorm): Ask the group to brainstorm a list of DOs and DON’Ts – a code of practice to stop stigma and gender violence.

Sample Responses:

<table>
<thead>
<tr>
<th>DO</th>
<th>DON’T</th>
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</thead>
<tbody>
<tr>
<td>Speak out about stigma and violence when they occur.</td>
<td>Judge or condemn people living with HIV or women.</td>
</tr>
<tr>
<td>Let people know that stigma and violence hurt.</td>
<td>Use stigmatizing words.</td>
</tr>
<tr>
<td>Encourage people to talk openly about their fears and concerns about HIV.</td>
<td>Isolate or reject people living with HIV.</td>
</tr>
<tr>
<td>Correct myths/misperceptions about AIDS.</td>
<td>Assume people living with HIV can do nothing.</td>
</tr>
<tr>
<td>Provide a caring ear to people living with HIV and to women.</td>
<td>Tell people living with HIV they should not have sex, not have children, not do things.</td>
</tr>
<tr>
<td>Visit people living with HIV and abused women at home.</td>
<td>Say husbands have a right to beat wives.</td>
</tr>
<tr>
<td>Encourage people living with HIV to use AIDS services.</td>
<td>Tell women to solve problems at home.</td>
</tr>
<tr>
<td>Get women to report cases of violence.</td>
<td>Say women should keep gender violence secret.</td>
</tr>
</tbody>
</table>
E4. Mobilizing Community Action Against HIV Stigma and Gender Violence

Facilitator’s Note: This module grew out of some of the activities health workers carried out on their own following the pilot training. Participants realized that to have the greatest impact, they would need to change the overall environment – to get the whole community to address the problem of stigma.

This module discusses ways that health workers can plan and organize community mobilization campaigns on HIV stigma and gender violence.

Do not push the health workers to organize this kind of campaign before they are ready. Let the decision to organize community action emerge out of the discussion, so they own it.

Objective: By the end of the session, participants will have developed a strategy for involving the community in discussions on HIV stigma and gender violence.

Time: 1 hour

Steps:

1. WHY COMMUNITY MOBILIZATION? (Story): This is the real story of one TBA who took action against stigma and discrimination in her own village.

   Two years before the training I knew of a family in my village who had a household member with HIV. The husband was very sick, with vomiting, diarrhea, and rashes all over his body, and he was getting treatment from RMPs and doctors. Villagers used to look down on him and curse him, saying he was a bad man for getting infected by sex workers. His family was also stigmatized. His son had to sit alone in the school classroom and was not allowed to eat with other students. No one visited the family, and neighbors used to complain about water from the bathroom passing in front of their houses, fearing they would get HIV. The wife worked alone in the fields – no one offered to help. The local teashop kept a special cup just for the wife.

   During the training, I learned to overcome my fear about HIV. I learned that one could not get HIV through sharing food or talking with people living with HIV. I also learned that it was wrong to stigmatize people living with HIV. I decided to visit the husband. I found him all alone – no one visited him. He seemed very angry, so I counseled him and went with him to the government hospital, where he took an HIV test that confirmed he was HIV-positive. These results were a bitter disappointment. He had already spent lots of money on medication and this was the final blow. He could no longer bear the stigma, and four days later committed suicide.

   Just before he died, I went to the school to stop the stigma toward his son. I talked to the teachers and the students about isolating the boy and making him feel bad. After this visit they treated him better – just like other children.

   I also took the wife for testing and counseling at the ICTC. Her HIV test result was positive.

   After the husband died, no one came forward to perform the death rituals, so I performed some of these rites. I told the relatives that this disease would not affect them through touch, and they then came to help with the rites. I also took the four children to be tested. Luckily their results were all negative.
I met with one RMP from the same village and we decided to raise the issue of stigma with the whole community. We first talked to the sarpanch and explained how the stigma had resulted in suicide. He agreed to help organize a community meeting. We decided to hold it on a Sunday, when everyone could attend. The RMP talked to the other RMPs at one of their association meetings and they all agreed to help. We prepared invitation cards and invited everyone to attend – teachers, children, women, youth members, angawadi workers and village elders. One other TBA and I mobilized the women and teenage girls, and the RMP mobilized the men.

We held separate meetings for the two language groups in our village – Telugu and Oriya. The meetings were held at the center of the village and more than 100 people attended each meeting, including the man’s wife. I talked about how I had lost my fear of HIV. Several RMPs also talked about HIV and AIDS, how HIV is spreading, how HIV is not transmitted through casual contact and how stigma is fueling the epidemic. The RMPs also explained the code of conduct they had prepared to guide their own treatment of people living with HIV. We talked about how the family had been stigmatized, and how this had resulted in suicide. The villagers agreed that this kind of stigmatization should stop.

The community now has stopped isolating and condemning this family. Some neighbors visit the home, and children visit to watch TV and play with the children. Some neighbors help the wife with agricultural work and they have stopped keeping a separate glass in the tea shop.

2. DEBRIEFING: Ask–

a) What happened in the story?

b) How did the TBAs and RMPs organize the community meeting?

c) How can we, as health workers, change the attitudes of the community?
Sample Responses:

What happened in the story?
- The TBA visited the man living with HIV and counseled him.
- She took him to the government hospital for HIV testing and treatment.
- She washed his body and prepared him for the cremation.
- She educated the man’s family members to stop fearing HIV.
- She went to the school to get the teachers to stop stigmatizing the boy.
- She organized a meeting with the whole village to raise the issue of stigma and help people see why it is wrong to stigmatize people living with HIV.

How did the TBAs and RMPs organize the community meeting?
- The TBA and RMP first met with the sarpanch to get his support.
- The RMP invited the other RMPs to help organize the meeting.
- They organized separate community meetings for the two language groups.
- They sent out invitations to a broad cross-section of groups.
- They took turns explaining the issues, e.g. HIV transmission, stigma.
- They explained the code of conduct on how to treat people living with HIV.
- They discussed a real case of stigma in the community and its impact.
- The meeting culminated in a decision by the community to stop stigma.

How to change the attitudes of the community?
- Set a good example to others through our own behavior: stop isolating and shaming people living with HIV and provide them support and encouragement.
- Use real cases of stigma, such as the one in the story, to raise the issue.
- Talk to our own families and neighbors and help them understand that they should stop fearing contact with people living with HIV.
- Organize community meetings to raise the issue of stigma with the whole community.
- Show the stigma and violence pictures and discuss them with neighbors.
- Organize a regular system of support visits to AIDS-affected households.
- Organize house-to-house visits to raise everyone’s awareness.
- Organize a Stigma Walk or Community Mapping exercise.
- Organize awareness activities in the schools, e.g. art or drama competition.

3. SUMMARY: Health workers cannot organize against stigma on their own. They need support from others to make a real impact. If everyone works together in organizing community meetings, people will listen and dramatic changes can result.
E5. Ten Steps for Moving to Action

Objective: By the end of the session, participants will be able to work out a detailed strategy for taking action against HIV stigma.

Time: 3 hours

Steps:

Divide into small groups (2-4 members) for this exercise. After each step, get a quick report back and then move to the next step.

1. SITUATION ANALYSIS: Ask – What is the current situation in the community regarding HIV stigma? What forms of stigma are common in the community? What background factors influence stigma?

Sample Responses:

- Lots of secrecy and silence around sex and AIDS – people find it difficult to talk.
- Denial that AIDS is a problem.
- AIDS-affected households are the target of gossip and name-calling.
- Lots of hidden conflicts between different households.
- High levels of fear and hopelessness.
- Low knowledge about HIV and AIDS, and fear of infection.
- High levels of poverty.
- Young women at high risk – coercion, poverty and limited control over sexuality.
- Poorly run and equipped health services, and lack of trust in health services.

2. VISION: Ask – What will the situation in our community look like in two years time after our anti-stigma program?

Sample Responses:

- More openness in talking about sex and AIDS.
- Villagers helping each other in caring for people living with HIV and AIDS.
- Less gossip and name-calling toward families affected by HIV and AIDS.
- More knowledge about transmission and less fear about casual contact.
- More hope – less feeling of fatalism and paralysis.
- More trust in and use of health services.
3. ACTIVITIES: Ask – *What activities will you carry out to reach that goal?*

Sample Responses:

- Training workshops for community and peer group leaders and people living with HIV and AIDS.
- Community and peer group meetings and awareness-raising in schools.
- Community participatory education on new facts about HIV and AIDS.
- Data gathering and analysis – community mapping, stigma walk.
- Mini-campaigns on specific issues, e.g. stop stigma against widows.
- Home visits and support for AIDS-affected households.

4. PRIORITY ACTIVITIES: Ask – *Which activities are the most important?*

5. RESOURCES: Ask – *What resources do we need to do these activities?*

6. OBSTACLES: Ask – *What might get in the way of our activities?*

Sample Responses (obstacles):

- Resistance from temple and mosque.
- Apathy and sense of fatalism – people feeling they cannot do anything.
- Poverty – people too busy just trying to survive.
- People resorting to faith healers and other solutions.

7. INDICATORS: Ask – *What things will show that we have been successful?*

Sample Responses:

- More people visiting each other and providing support/comfort.
- People living with HIV and AIDS have more say in family decision-making about their care.
- More openness in discussing issues around AIDS and sex.
- Increased use of health services.
- Increased knowledge that HIV cannot be transmitted through casual contact.
- Exemptions from water fees and other fees for AIDS-affected households.
- Couples living with HIV planning for the future of their children.
- Fewer AIDS orphans dropping out of school.

8. SUMMARY:

- Review handout on “Ten Steps for Moving to Action.”
- Each small group now has a plan. The next step is to put the plan into action!
# Handout: Ten Steps for Moving to Action

<table>
<thead>
<tr>
<th>Step</th>
<th>Examples</th>
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<tbody>
<tr>
<td>1. Where Are You Now? (Situational Analysis)</td>
<td>This helps you to look at what is currently happening around stigma. You can ask: “How have things been in the past?” and “How are they now?” “Where is the stigma in the community or workplace?” etc.</td>
</tr>
<tr>
<td>2. Where Do You Want To Be? (Vision)</td>
<td>How would things look if you could really make a difference? Make a “vision” of the future in which there is reduced stigma.</td>
</tr>
<tr>
<td>3. How Will You Get There? (Activities)</td>
<td>What kind of activities can you do to help reduce stigma? Brainstorm all your ideas – practical new actions to solve the problem.</td>
</tr>
<tr>
<td>4. Where Will You Start? (Prioritize)</td>
<td>What are the most feasible actions to start with? What is the most important action?</td>
</tr>
<tr>
<td>5. What Do You Need? (Resources)</td>
<td>Identify any resources, skills or training that will help with your action – and any partners who can help. Don’t stop at this point even if you have no funds.</td>
</tr>
<tr>
<td>6. What Might Get In The Way? (Obstacles)</td>
<td>Identify any obstacles that might prevent your action from being successful. Try to strategize on how to overcome these obstacles.</td>
</tr>
<tr>
<td>7. How Will You Know That You Are Successful? (Indicators)</td>
<td>Decide how you will measure your success. Identify “indicators” or signs that will show you that stigma is reduced, e.g., are more people talking openly about testing?</td>
</tr>
<tr>
<td>8. Action</td>
<td>Start the activities you have planned. Assign tasks to specific people.</td>
</tr>
<tr>
<td>9. Monitoring</td>
<td>Check how you are doing and whether anything is changing.</td>
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<tr>
<td>10. Replan</td>
<td>Make changes to your plans based on what you learn from the monitoring.</td>
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E6. How Have Our Attitudes Changed? (Monitoring)

Facilitator’s Note: This activity is carried out toward the end of the training program as part of the monitoring and evaluation process. Participants identify their own changes in attitudes and behavior regarding HIV stigma and gender violence. Encourage participants to assess themselves as honestly as possible.

Objective: By the end of this session, participants will have documented how their attitudes have changed in relation to HIV stigma and gender violence.

Time: 1 hour

Steps:

1. INDICATORS OF DE-STIGMATIZATION AND DECLINING GENDER VIOLENCE: Ask–
   a) If stigma has declined significantly, what would be the indicators?
   b) If gender violence has declined significantly, what would be indicators?

   Sample Responses: Indicators for de-stigmatization
   - Increased knowledge of HIV and AIDS
   - Declining myths and misconceptions
   - Increased use of gloves and disposable syringes
   - Increased acceptance of people living with HIV

2. SHOWING CHANGES (Group Work): Divide into small groups and ask each group to prepare two circles, one representing attitudes in relation to stigma, and the other representing attitudes in relation to gender violence.

   Ask the groups to draw spokes in each circle to represent each of the indicators listed in Step 1. The edge of the circle represents NO progress toward de-stigmatization or declining gender violence (e.g., total rejection of people living with HIV), and the center of the circle represents COMPLETE de-stigmatization and lack of gender violence (e.g., total acceptance of people living with HIV). (See figure below for stigma example.)

   Give each group two colored markers (e.g. one black, one red) and ask them to mark on each indicator spoke their attitudes and behavior before (color one) and after (color two) the training.
Changes in Stigmatizing Attitudes and Behaviors (Sample Responses):

Knowledge of HIV and AIDS

- 100%
- 50%
- 0%

Myths and misconceptions

Use of gloves and disposable syringes
Auxiliary Skills

■ Introduction

Health care providers need more than basic knowledge on HIV and AIDS. They also need to develop technical skills to become “HIV competent.”

This section will cover a few technical topics that closely overlap with stigma and gender violence: supporting disclosure, confidentiality and positive living. Information on other technical areas, including HIV testing, ARVs, opportunistic infections, Universal Precautions, PPTCT, nutrition, etc., is available through the State AIDS Control Society and other AIDS organizations. Some of these topics are also covered in the fact sheets in Annex 1.

■ Modules

E7. How to Support Disclosure by People Living with HIV
E8. Confidentiality
E9. Positive Living
E7. How to Support Disclosure by People Living with HIV

Facilitator’s Note: ICTC staff are often too busy with test-related counseling to be able to provide ongoing supportive counseling, including helping people living with HIV disclose to their partners and families.

Because RMPs and TBAs are very close to their clients, they are often among the first to know that a person is HIV-positive. As a result, they need to develop skills to help people living with HIV tell their families.

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

a) Describe why it is important for people living with HIV to disclose their status to family members, and the potential difficulties involved in disclosure; and

b) Develop strategies for helping people living with HIV prepare for disclosure.

Time: 1 hour

Materials and preparation: Picture A10 (Man returning home with HIV test result)

Steps:

1. WHY DISCLOSE? Ask – Why do you think it is important for people living with HIV to disclose their status to other family members or close friends?

Sample Responses:

Reduce the stress of coping alone. Help them access care and support. Help protect themselves and others from HIV infection. Stop rumors and suspicion and the stress of keeping a secret.

2. HOW TO DISCLOSE (Picture-Discussion): Show the picture and discuss in pairs:

a) What do you think is happening in the picture?

b) What are the risks involved in disclosing to family members?

c) What are the possible consequences of non-disclosure?

Sample Responses:

**Risks involved in disclosure**

Violent reaction – physical or emotional violence. Shame, blame and rejection. People may use this information against him. Loss of support.

**Possible consequences of non-disclosure**

Family and friends may not provide the support he needs and he will have to deal with everything on his own. Risk of HIV infection – placing others at risk, particularly sexual partners. Lack of care – he may be unable to access medical care or counseling if he is not open about his status. Suspicion – family members may be suspicious of his actions because they do not understand his HIV status.
3. DISCLOSURE PRACTICE (Paired Role Playing): Explain that the aim is to learn about the issues involved in disclosure through role playing. Have participants pair off and ask the partners to decide on their roles. One will play a person living with HIV, and the other will play a family member (the pair should also decide on the relationship between the two, e.g. son and mother, or wife and husband). Then shout “Play.” After a few minutes, shout, “Stop” and ask one pair to show their role play in the center of the circle. Then debrief: What approaches did you use in disclosing your status?

Sample Responses:

**Woman telling her mother**
- Selected a suitable place and time (e.g., children asleep).
- Broke the news slowly – started off saying she had gone to the clinic for a check-up; then said her friend had been tested for HIV; then said she decided to get tested too.
- At each point in the story she stopped to check on awareness and reaction of her mother before proceeding.

**Brother telling his sister**
- Chose the right time (e.g., evening after children are asleep).
- Starting statement – “I wanted to talk to you because I know you can support and help me.”
- Why did you select sister? She knows about HIV – she would be sympathetic.

**Wife talking to husband**
- Best timing – early morning at home. Why? Want to keep it short and let him think about it, and then have a second meeting with him later.

3. PROCESSING: As a group, brainstorm a set of strategies for disclosing successfully.

- Select the right person to disclose to – someone who will be sympathetic.
- Start with relatives with whom you are close.
- Find a time when it is easier for people to concentrate.
- Find a place where there will be no interruptions.
- Ask for help, support and advice.
- Share your burden. Be aware that it is a struggle, not easy, stressful.
- Remember it is hard news to tell and hard news to hear.
- Go slowly and check on the reaction at each stage.
- Do it gradually – if you get a supportive response from the first person, you can try a second person. Support gives you the courage to continue.
4. **SUMMARY:** When a person discovers he has HIV, he faces a difficult decision about whether to tell anyone. There are real advantages to disclosure, but the person living with HIV should take time to think through whom to disclose to, how to do it and how to deal with any negative consequences.

A health care provider can help the person living with HIV think through these issues – making sure it is what the person wants to do and helping him or her plan how to disclose. This process would include helping the client to:

- Decide if she is emotionally ready to disclose. Does she understand the full implications of disclosure? Has she considered the reactions of different family members?
- Decide whom she should disclose to. It may be easier to start with close and trusted family members.
- Think about the likely response, including negative reactions.
- Develop a plan and practice how to disclose status.
- Identify sources of support (support groups, counselors).
- Discuss partners who need protection from infection.
E8. Confidentiality

Facilitator’s Note: The case studies in this exercise have been borrowed from Horizons/Population Council and SHARAN, Training Manual for Sensitizing Health Care Workers on HIV and AIDS, Washington: Population Council, 2002 (page 28).

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

a) An individual’s right to confidentiality; and
b) The potential effects of a health worker violating confidentiality.

Time: 1 hour

Steps:

1. WHAT IS CONFIDENTIALITY? (Brainstorm): Ask – What is the meaning of confidentiality? Record the group’s ideas and then clarify its meaning.

2. ROLE PLAYS: Ask participants to act out the following role plays:

Role Play A: Ramu, a 30-year-old factory worker, was suffering from TB that was resistant to normal medication, so he came to the hospital for an HIV test. The doctor admitted him and, after taking consent, sent his blood for an HIV test. The result of the HIV test was relayed back to the head nurse in the ward in an ordinary, unsealed form. All the nurses, and the ward boys who delivered the test result, found out that Ramu was HIV-positive.

Discuss–

a) How do you think Ramu felt when all the health workers knew his status?
b) How could confidentiality of the test result have been maintained?
c) What should be done to ensure confidentiality of the result?

Role Play B: Ramu’s test result has come to the ward. The head nurse informs all the sweepers to be careful. Ramu’s case sheet is marked prominently saying “HIV-positive” in red, and his bed is shifted to the verandah near the toilet. During the rounds, the head doctor announces Ramu’s status loudly in front of all the other patients.

Discuss–

a) How do you think Ramu felt? What was wrong with the way his case was handled?

3. SUMMARY:

What is Confidentiality?

- Confidentiality is about sharing sensitive information – such as a person’s HIV status – with only those who really need to know. The person most affected by the information – the person with HIV – is the owner of the information. Others must respect his or her wishes about sharing it.

- Each person who has HIV should be encouraged to disclose this information to those whom they trust will treat this information with respect – but the person has the right to control who gets this vital information.

- Every person has the right to confidentiality – the right to decide what aspects of his or her life are private and what can be made public. This includes the right to confidentiality with regard to a person’s HIV status.
A health worker may discover things about a patient, such as HIV status, that are considered private. The health worker should keep this information confidential.

The health worker should protect the information provided by a patient and not disclose an illness to any third party. Whatever is discussed between the health worker and patient should remain a private issue between the two of them.

Why Confidentiality?

- If a health worker breaks confidentiality, she or he puts the patient at risk of being rejected by the family and facing other forms of stigma and discrimination.
- The health worker builds a relationship of trust with the client by agreeing to keep information confidential.
- If a person feels his or her HIV status will remain confidential, he or she will be more likely to seek counseling, testing, treatment and support.

What Happens if Confidentiality is Not Respected?

Failure to defend the right to confidentiality will drive the HIV epidemic underground:

- People suspecting they have HIV will be afraid to be tested because they fear that the information will be released to the public and they will be victimized.
- People needing health care will be afraid to disclose all the facts of their health status, and as a result not get the best treatment for their condition.
- People living with HIV will suffer in silence and HIV will continue to spread.

Voluntary Disclosure

WHO encourages voluntary disclosure of HIV status:

- It respects the dignity and autonomy of those affected;
- It maintains confidentiality;
- It benefits the individual, his or her sexual partners and family; and
- It leads to greater openness in the community about HIV and AIDS.

Partner Notification

Confidentiality means that the person who provides the test result tells the result only to the patient tested. However, sometimes an HIV-positive person chooses not to tell his or her partner. Does the spouse have the right to know?

The main arguments in favor of partner notification are:

- The partner may not yet be infected. The risk of infection is very high unless condoms are properly used all the time. The partner has the right to know the information as it may be life-saving.
- The partner has the right to know that she or he may already have HIV infection, so she or he can seek a test and treatment as needed.

The arguments against partner notification include:

- Patient confidentiality must be upheld. If this is not guaranteed, some people will be deterred from seeking treatment.
- Giving the partner information in the absence of any other support merely creates anxiety and conflict and may do nothing to reduce sexual risk, particularly for women.
WHO encourage partner counseling, which is based on informed consent of the client and maintains confidentiality of the client, where possible. HIV counseling and partner counseling programs should encourage and support people living with HIV to notify and counsel their partners. These steps involve:

- Repeated efforts to persuade the client to counsel partners;
- Informing the client that partner counseling will occur;
- Keeping his or her name confidential if possible; and
- Ensuring social and legal support for the client and other relevant parties (spouses, partners and family members) to protect them from any physical abuse, discrimination and stigma that may result from partner counseling.
E9. Positive Living

Facilitator’s Note: Health care providers need to develop the skills and confidence to provide people living with HIV with comprehensive care that will enable them to take control of their lives and health care. Positive living not only helps people with HIV live longer and healthier lives, it can help to prevent the further spread of HIV.

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

a) Understand the importance of positive living; and

b) Identify some of the main features of positive living to support people living with HIV.

Time: 1 hour

Materials and preparation: Leaflets, brochures and other resources on aspects of positive living (nutrition, hygiene, safe sex, etc.)

Steps:

1. WHAT IS POSITIVE LIVING? (Card storm, small groups and presentations): Divide into pairs and ask pairs to brainstorm (on cards) all the things they know are involved in positive living. Cluster the cards according to categories.

Then divide into groups, one group per category. Ask each group to research their topic and prepare a short (five minute) presentation. Give them enough time to prepare (e.g., between training sessions). Provide them with the materials you have gathered, but also tell them to try to present new information that the group may not know about.

Sample Responses: Categories of positive living

- Food and nutrition
- Hygiene
- Emotional health/spiritual support
- Exercise
- Safe sex
- Early medical care
- Treating opportunistic infections
- Reducing alcohol intake

3. EMOTIONAL HEALTH (discussion and role play): Ask–

a) What do people living with HIV need to feel good about themselves?

b) Why is “feeling good” (emotional health) important for leading a long life?

c) What might prevent people living with HIV from feeling good?

Then ask participants to act out the role play below.

At the market, a person living with HIV is shunned by the other traders, who gossip openly 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.”

Discuss in pairs and then share–

a) What happened? Who is stigmatizing? Why?

b) How does this treatment affect the emotional health of the person living with HIV?

c) What are the indicators of self-stigma?
Sample Responses:

- Stigmatization by traders – shunning, refusing service, gossiping.
- Indicators of self-stigma – blames himself for his situation, accepts that he “deserves to be treated like this.”

Brainstorm with the whole group–
_How can people living with HIV cope with stigma?_

Sample Responses:

- Understand and accept one’s situation as a person living with HIV.
- Socialize. Join a support group.
- Ongoing supportive counseling from family, friends or health professionals.
- Talk openly with close friends and family about your situation. If they continue to gossip, tell them: “I already told you my status and you’re still talking. What’s new?”
- Continue being productive. Do things that build confidence and self-esteem.
- Focus on positive goals, such as “I want to stay alive for my children.”
- Deal with negative anger.
- Transform anger into assertiveness – “Stop treating me like this. I don’t deserve it.”

4. SAFE SEX (Picture-discussion + mini-lecture): Explain the link between physical and emotional health and the importance of staying healthy by practicing safe sex. Emphasize that people living with HIV have the right to have sex – but they should practice safe sex.

Pass around a picture (showing a couple in bed) – then **discuss**–
_What happens if a person living with HIV is re-infected/exposed to more HIV?_

Explain that even if one has HIV, safe sex is still important because it is possible to get re-infected, which would increase the amount of HIV in a person’s system.
5. SUMMARY: Health care providers can support people living with HIV and encourage positive living. This will help patients:

- Understand how to better cope with HIV and AIDS;
- Take control of their lives and health care; and
- Live longer and healthier lives.

People living with HIV need comprehensive care. Medical treatment (ARVs and treatment of opportunistic infections) is important, but it is only part of the solution. Medical treatment needs to be linked to and supported by other forms of care and support, such as counseling, advice on nutrition, and information about safe sex, exercise, alcohol intake, etc. in order to be effective.

**Comprehensive care includes:**

- Diagnosis and treatment;
- Referral and follow-up;
- Counseling; and
- Support to meet psychological, spiritual, economic, social and legal needs.