Supporting community action on AIDS in developing countries

Understanding and challenging HIV stigma
Toolkit for action

Booklets in Understanding and challenging HIV stigma: Toolkit for action include:

- Introduction
- Using the toolkit
- Module A
  Naming the problem

- Module B
  More understanding, less fear
- Module C
  Sex, morality, shame and blame

- Module D
  The family and stigma
- Module E
  Home-based care and stigma

- Module F
  Coping with stigma
- Module G
  Treatment and stigma

- Module H
  MSM and stigma
- Module I
  Children and stigma

- Module J
  Young people and stigma

Moving to action module
Thinking about change
Moving to action
Developing skills for advocacy

Picture booklet
General stigma pictures
Rights pictures

Additional booklets will be published as new modules are developed.

SDT 06/07
About the organisations involved

International HIV/AIDS Alliance
Established in 1993, the International HIV/AIDS Alliance (the Alliance) is a global partnership of nationally based organisations working to support community action on HIV and AIDS in developing countries. Our shared mission is to reduce the spread of HIV and meet the challenges of AIDS. To date, over $140 million has been channelled to more than 40 developing countries in support of over 3,000 projects, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to treatment.
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www.aidsalliance.org

Pact
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Developed by Sue Clay, Chipo Chilwa and Mutale Chonta
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About this toolkit

This toolkit was written for and by HIV trainers in Africa. It has been designed to help trainers plan and organise educational sessions with community leaders or organised groups to raise awareness and promote practical action to challenge HIV stigma and discrimination.

The toolkit evolved out of a research project on ‘Understanding HIV-related stigma and resulting discrimination’ that was conducted in Ethiopia, Tanzania and Zambia from 2001 to 2003. The research was implemented by the International Center for Research on Women (ICRW) in collaboration with research institutions in the three participating countries. The first edition of this toolkit was developed by the CHANGE Project AED (Academy for Educational Development) and ICRW in partnership with the research institutions and non-governmental organisations (NGOs) in these three countries who helped to design the original toolkit. It was developed and written by Ross Kidd and Sue Clay.

This edition was revised by the International HIV/AIDS Alliance country office in Zambia, building on the original toolkit, and includes experience of the Alliance’s Regional Stigma Training Project, which has introduced the toolkit to many countries in Africa through a training of trainers (TOT) and networking process. The national TOT workshops and follow-up workshops conducted by members of the growing anti-stigma network have created a base of experience for revising and updating the toolkit. At a regional workshop in Zambia in August 2005, members of this network helped to review the toolkit and make changes and additions.

By the end of 2006, more than 300 anti-stigma trainers from many organisations have been trained by the Alliance using this toolkit.

This module, developed and written by

Sue Clay, Chipo Chiiya and Mutale Chonta

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Module I and Module J have come out of a partnership between International HIV/AIDS Alliance and Pact Tanzania. The modules were added to the toolkit in 2007, having been previously researched and developed through workshops with children and young people in Tanzania and Zambia.

Key collaborators who have helped with the development of this module include: Tawanda Madhangi, Wilbroad Manyama, Phirael Kiwia and Ross Kidd

We would like to thank all the young people from PASADA and Roots & Shoots who shared the stories with us and tested out some of the exercises in Tanzania. We would also like to thank Daisy from Pact and N’gaiza from PASADA for their support during the workshops, Liz Mann at the Alliance secretariat, for her support throughout this project and the Communications team who co-ordinated the design development and production of this toolkit.

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In memory of Martin Chisulu, Chama Musoka, Hamelmal Bekele (Happy), Andrew Mukelebai and Regina Mulope.
## Module J – Young people and stigma

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Other booklets in *Understanding and challenging HIV stigma: Toolkit for action* include:  

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Introduction

Stigma towards young people is similar to that faced by adults, but it is often exacerbated because of vulnerability and judgements about age, morality, education and experience.

Young people are stigmatised for the way they dress, for having relationships, for being sexually active, for using drugs, even for questioning their parents and the establishment. If young people are living with HIV, they face even greater stigma and harsher judgements.

The impact of stigma on young people has many consequences. Exclusion, isolation, dropping out of school and delaying starting ARV treatment were often mentioned by the young people during the toolkit development workshops. More shockingly, suicide or thinking about suicide were repeatedly cited as a response to the feelings of rejection and shame.

This module is designed to be used mainly with young people who face stigma themselves. The exercises help them identify the particular stigma issues that they face; to analyse the causes and consequences of stigma; to address the link between stigma, gender and sexuality; and also to empower them with skills to cope with stigma and build strategies for change.

However, the exercises can also be used with adults to help create greater awareness and understanding of stigma faced by young people and to initiate change.

‘My lesson is that you have some sort of a double pain – the pain of losing your parents and the pain of living in fear as a result of being mistreated by people who are supposed to take care of you.’

Girl, 16 years old, Tanzania

‘…I was eating alone. I had my own plates. My auntie was telling people that I had HIV. I was mistreated. I was always rebuked.’

Girl, 17 years old, Tanzania

‘My relatives think I will die tomorrow. I went for vocational training but I have to find a job on my own. I don’t have a job yet, but am still looking. I know that one day it will certainly come my way.’

Boy, 19 years old, Tanzania
Exercise J1 Using pictures to name stigma

Facilitator's notes
This is a good starter exercise to help young people identify stigma and share their own experiences, particularly if you have a large group.

Objectives
By the end of this session participants will be able to:
- identify different forms of stigma affecting young people
- share their own experiences of stigma
- explore the causes of stigma against young people.

Time
1 hour

Materials
Copies of Young people and stigma pictures, pages 25-34.

Preparation
Tape the pictures on the walls and a flipchart sheet below each picture. Space the pictures around the walls and make sure there is enough space for writing.

Step-by-step activity
Picture discussion
1. Divide participants into pairs and ask them to move around the room and write on the flipcharts. Ask, ‘What do you see happening in each picture in terms of stigma?’
2. After everyone has written comments about all the pictures, ask pairs to join together to form a group of four people.
3. Ask the groups to look at the pictures again and pick one that they want to analyse further. Give them five minutes to discuss the question: ‘Why do you think this is happening?’

Report back
4. Ask each group to read out the comments on their flipcharts. Ask:
   - Why did you pick the picture?
   - Why do you think this is happening?

Summary
- Stigma against young people takes many forms: name-calling, exclusion, rejection from the family, mistreatment, child labour, harsher punishments and isolation at school.
- The results of stigma can lead to young people feeling excluded and not valued. They may end up living on the street and taking further risks. Some young people even think about suicide.

Extract from the Tanzania youth workshop report

The girl has been isolated and stigmatised because her parents may have died from HIV. The other child in the picture is stigmatising the isolated child because of her guardian’s attitude towards the orphan. The child who is all alone could even be thinking of committing suicide. Her parents may have been infected, so she could be facing stigma because of her parents. Yes, this happens in our communities, especially when you have remained alone in the family.
Exercise J2 Reflecting on our experiences of stigma

Facilitator’s notes
This exercise can bring up a lot of emotion. Facilitators should be prepared to cope if participants break down. Be ready to offer comfort and a chance to talk individually after the exercise. It is ideal if you have a team of three or four facilitators to share different roles. The essence of this exercise is to allow young people to share their experiences and be listened to.

Use a big space to allow for individual reflection, such as outside with no distractions.

Objectives
By the end of this session participants will be able to:
• share their own experiences of being stigmatised and listen to others
• cope better with the emotional burden by sharing with others.

Time
1 hour

Materials
Markers, crayons, paints (if available) and paper.

Preparation
Write the instructions for the exercise on the flipchart.
Check there is a suitable space.

Step-by-step activity
Individual reflection
1. Ask participants to find a space of their own and then ask them: ‘Think about a time in your life when you felt lonely or isolated.’

Drawing our experiences
2. After a few minutes, call them back to the big group. If possible, sit around a large table. Give everyone a piece of paper.
3. Ask participants to draw a picture that links to the experience that they have just been thinking about. It could be any kind of picture, abstract or detailed. Emphasise that it is not an art competition. Don’t restrict sharing and chatting during the drawing.
4. After everyone is finished, ask participants to take turns to share their pictures (sitting in a circle). Stick the pictures on the wall.
5. Check how everyone is feeling, and end with a gentle healing song, holding hands to bring the group back together.

Examples from the Tool development workshop, Tanzania

Both my parents died. My relatives know my status. I have not experienced stigma that much; maybe it is because I have been living with them for a long time. One thing my relatives think is that I will die tomorrow. I went for vocational training but I have to fight on my own to find a job. I don’t have a job yet but am still looking; I know that one day it will certainly come my way.

Boy, 19 years old

As we saw in my picture – I was eating alone. I had my own plates. My auntie was telling people that I had HIV. I was mistreated. I was always rebuked. My auntie who is in the States heard that I was being mistreated, so she suggested my auntie took me to the clinic. My auntie took me to PASADA. She was advised to give me fruit, but whenever she bought fruit she would give them to her children first. I usually do all the work at home; my auntie insults me, condemns me, and tells people about my status. I never knew my mother; she died when I was a child. I knew my father, though he died as well. I had two brothers from my father’s side. I do not know where they are because my auntie does not want me to know anything about my relatives. It is really hard to see my relatives. My uncle takes me to school but my auntie does not want me to be in school.

Girl, 17 years old
Exercise J3 Things people say about young people

Facilitator’s notes
This is a version of Exercise C2 in Module C. It has been adapted to look at the language used against young people and can be used with adults as well as young people. It can be a heavy exercise and the processing step at the end (looking at how it feels to be called these names) is crucial. Try to build an atmosphere of seriousness – people may laugh with embarrassment at the names.

Objectives
By the end of this session participants will be able to:
- explore the relationship between language and stigma
- explore how different groups of young people are stigmatised for different behaviours
- look at how judgements about young people link to HIV-related stigma.

Time
1 hour

Preparation
Put six flipcharts on the walls, each with a different heading, starting with ‘Things people say about young people who…’
…use drugs
…get pregnant
…have HIV
…live on the street
…ask for condoms
…are in a relationship.

Step-by-step activity
Fruit salad – warm-up game
1. Set up chairs in a circle. Allocate roles to each person, going around the circle, using the roles corresponding to the flipcharts, e.g. you are someone who uses drugs; you are pregnant, you are living with HIV, you live on the street; you want to buy condoms; you are in a relationship. Continue until everyone has been assigned a role.
2. Call out, “All those who are using drugs and those who are pregnant change chairs.” Sit in one of the empty chairs. The person left without a chair calls out two other groups and so on.

Rotational brainstorm
3. Now ask participants to get into their role groups and move to their flipchart (e.g. those who use drugs go to the flipchart ‘Things people say about young people who use drugs’).
4. Ask the groups to write down all the things people say about that group of young people. Include names and phrases in local languages. Tell them that when the drum beats/hands clap they must move clockwise to the next flipchart. When they end up at their flipchart, bring it back to the circle.

Processing
5. Sit in a circle. Ask a member of each group to stand in the centre and say, “I am a young person who…. (e.g. uses drugs) and this is what you say about me…” reading out all the names. When they have finished, leave the flipchart in the circle and the next group takes a turn. Continue without comments until all the flipcharts have been read. Ask:
- What do you think about these names?
- How do you feel about this exercise?
- What do we learn?
- What kind of impact do these names have on young people?
- Is the stigma different for young men and young women?

Summary
There is a strong link between language and stigma. The way young people are labelled separates and excludes them from society. If they are facing problems, they may be reluctant or unable to access help. Young people are stigmatised for just being young. Certain behaviours or situations can result in multiple stigmas, i.e. if you are a young person living with HIV and in a relationship, you may be judged on several levels. We can change the way we talk about young people by changing our own language and challenging others to do the same.

Examples from the Tool development workshop, Tanzania


**Exercise J4 Analysing stigma and young people – Aha! exercise**

**Facilitator’s notes**
This exercise is good at the start of a young people’s workshop. It helps young people identify stigma from their own experiences. It uses an ‘Aha!’ technique – a step-by-step analysis, using different-coloured cards. This produces a mass card storm, so you will need lots of wall space.

You could spend half a day if you cover all the steps. You can just pick two or three to make a shorter exercise.

**Objectives**
By the end of this session participants will be able to:
- identify the forms, causes and effects of stigma faced by young people
- identify the different contexts where stigma faced by young people occurs.

**Time**
2-3 hours

**Materials**
Different-coloured cards, markers and sticky stuff or tape.

John soliye ubwali.
*John, come and eat nshima* (staple food).
Zambian phrase used to stigmatise young men, meaning they have nothing to do other than eat (they are worthless).

**Step-by-step activity**

**Buzz and card storm**
1. Divide participants into pairs and hand out cards and markers to each pair. Ask, ‘What are some of the things we get stigmatised for as young people?’ Ask pairs to write one point per card and stick them on the wall. Generate as many ideas as possible.
2. Ask volunteers to cluster the cards into similar points and give a brief summary of the main points.
3. Give out new coloured cards to each pair. Now ask, ‘How are we stigmatised?’ Ask pairs to write one point per card and tape on the wall, cluster and summarise as before.

**Examples from the youth workshop, Tanzania**

**What we are stigmatised for:** Our age. Poverty. Lack of education. Our vulnerable conditions. Not allowed to make decisions. We lose credibility if we are living with HIV. We are judged as unruly. We have no rights. Stigma at school based on fear of infection if we are living with HIV. Society does not care about children. The government does not care about youth. Lack of solidarity amongst the youth.

**How we are stigmatised:** Name-calling. ‘Bees’. Given special utensils. Kicked out of the house. Chased from school. People taking away our heritage. Isolated from community gatherings. Not being educated. Given poor food or left-overs. Basic rights, such as playing and freedom to associate, are denied.

4. Ask, ‘Where does stigma towards young people take place?’ As people give suggestions, hand them a card and ask them to draw a simple picture of that context, e.g. school, street, mosque, church, home. Stick the cards on different walls of the room, away from the earlier card storm.
5. Divide into groups, asking people to ‘vote with their feet’ and go to the picture of the context they want to work on. Form a group to analyse stigma in that context.

**Group task**
6. Ask the groups to ‘Think about what type of stigma happens in that setting and write the points on cards. You can use some of the cards from the first card storm, and add your own.’
7. Now ask the groups to think about why the stigma happens in their context. Give groups cards of a different colour to add to their context analysis.

**Report back – gallery walk**
8. Walk around the different group products together and ask any questions for clarification and take comments.

**Processing**
9. In the large group, ask:
   - *What are the effects of this stigma on us as young people?*
   - *What could we do about it?*
Facilitator’s notes
This is an ice-breaker to use with young people if you are going to talk about sex and sexuality. Bingo, for adults, appears in Exercise C7 in Module C. Make your own bingo card with categories to suit the group or location. It is fun to have a small prize for the winner, such as a badge, pen, sweets, condoms, etc.

Objectives
By the end of this session participants will be able to:
• talk more openly about sensitive issues
• establish a collective sense of safety before discussing sex and sexuality
• look at how stigma affects interactions within the group.

Time
20 minutes

Materials
A copy of the Bingo sheet for each participant.

Step-by-step activity
Bingo!
1. Give each participant a Bingo sheet and make sure everyone has a pen. Explain the rules:
   • The aim is to be the first person to fill each square with a different signature. You do this by asking others to sign the box that they agree to.
   • You do not have to sign any box that you do not ‘belong’ to.
   • You cannot sign someone’s paper more than once.
   • You cannot sign your own paper.
   • The first person to fill all the boxes shouts ‘Bingo!’

Processing
2. When the winner has been declared, come back together as a group to discuss what happened in the exercise. Ask:
   • How was the exercise?
   • What happened?
   • Were some questions easier than others? Which ones, and why?

Sample Bingo sheet

<table>
<thead>
<tr>
<th>Someone who has a secret</th>
<th>Someone who has a child</th>
<th>A boy who likes cooking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone who loves sex</td>
<td>A girl who plays football</td>
<td>Someone who worships every week</td>
</tr>
<tr>
<td>Someone who likes going dancing</td>
<td>Someone who uses condoms</td>
<td>Someone who has a boyfriend or girlfriend</td>
</tr>
</tbody>
</table>

Report back from the youth workshop, Tanzania

It was activating. Everyone participated. It was exciting. Everybody wanted to win. Some people were targeted because of what we know about them or how they look.

Some questions were embarrassing to sign for, i.e. condoms. The girls were shy about the child question. It brought up issues of secrecy. It helped team-building. It encouraged non-traditional roles. It demonstrated our judgemental attitudes.
Exercise J6 Let’s talk about sex…

Facilitator’s notes
Depending on age, culture, religious beliefs and attitudes, talking about sex may be a sensitive issue. This exercise provides a chance for young people to ask each other questions about sex and discuss answers together, in an open way. The facilitators should introduce the topic carefully and be clear about the purpose of the exercise.

Step-by-step activity
Secret questions
1. Divide participants into same sex groups and give each person a slip of paper. Tell them that this is their chance to ask any question about sex that they wish to ask members of the opposite sex. No one will know who wrote which question. Give them a few minutes to write their question, then ask them to fold the paper.
2. Collect all the girls’ questions in one bowl, and all the boys’ questions in another bowl. Hand the girls’ questions to the boys and the boys’ questions to the girls.
3. Ask the groups to discuss each question together and write their answers on a flipchart.

Report back
4. Come back together and share the questions and answers in the big group. Allow the group to respond or clarify points, if necessary.

Processing
5. Ask participants:
   - How did you find the exercise?
   - What did you learn?
   - What were the differences between the questions and answers of the different groups?

Questions from the youth workshop, Tanzania

<table>
<thead>
<tr>
<th>Girls’ questions for boys</th>
<th>Boys’ questions for girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you feel when you see a woman?</td>
<td>Why do you have sex without testing for HIV?</td>
</tr>
<tr>
<td>Why do men fail to reach climax?</td>
<td>Why do you like sex during the cold season?</td>
</tr>
<tr>
<td>Why do boys like telling their friends after having sex?</td>
<td>Why do girls like tongue kissing?</td>
</tr>
<tr>
<td>How come you get tired after sex?</td>
<td>Why do you like money for sex?</td>
</tr>
<tr>
<td>Why do men not like condoms?</td>
<td>Why do women like sex without a condom?</td>
</tr>
<tr>
<td>What should happen for a boy to reach climax?</td>
<td>Why do some women cry when having sex?</td>
</tr>
<tr>
<td></td>
<td>What do you call romance?</td>
</tr>
</tbody>
</table>

Summary
- Based on culture, religious beliefs and attitudes, sex has always been a difficult or taboo subject to talk about.
- We need to find ways to help us to talk about sex more openly.
- Talking more openly can help us take care of ourselves and tackle health-related issues such as STIs, using condoms and decisions not to engage in sex.

Objectives
By the end of this session participants will be able to:
- talk about sex more openly
- ask questions about sex anonymously
- engage in a dialogue and find out how young men and women feel about sex.

Time
1 hour

Materials
Small slips of paper.
Two pots/baskets/boxes for collecting answers.
Exercise J7  Relationships and stigma

Facilitator's notes
Young people do not usually have an opportunity to discuss relationship issues together. Relationships are often prone to a level of judgement from the community, families and peers. This exercise is not primarily about stigma, but it helps young people to explore what makes a healthy and unhealthy relationship and how different situations and pressures may link to stigma.

Objectives
By the end of this session participants will be able to:
• identify how stigma can exist within and towards a relationship
• discuss and explore healthy and unhealthy relationships.

Time
40 minutes

Preparation
Write out cards with situations on them (see right).
Make three big signs with the headings ‘Healthy’, ‘Unhealthy’ and ‘Depends’ and stick them on the wall.

Step-by-step activity
Brainstorm
1. Ask participants to describe some of the qualities in a healthy relationship. Write the points on a flipchart.
2. Divide participants into pairs and hand out one situation card to each pair.
3. Ask the pairs to place their situation card under the sign of the category they think is most appropriate and explain their reason to the group. If there is a lot of disagreement, refer to the qualities of a healthy relationship that the group identified earlier.
4. Ask the group, ‘Are there any situations where stigma might have an impact on the relationship?’ For example: one partner is much older than the other; one partner is living with HIV and the other is not. Discuss in the large group and decide which ones, and why.

Role play
5. Ask the participants to pick out one situation, and in small groups to make a role play to show how a couple can cope with, or challenge, that stigma towards their relationship?

Processing
6. Ask the big group:
• Why do you think people stay in unhealthy relationships?
• How can friends and family help couples cope with stigma?
• What do we learn from this?

Situations
• The most important thing in the relationship is sex.
• You never disagree with your partner.
• You spend some time by yourself without your partner.
• You have fun with your partner.
• One partner is living with HIV and the other is not.
• You have close friends outside your relationship.
• Your partner is still close to his or her ex-boyfriend or ex-girlfriend.
• You feel closer and closer to your partner as time goes on.
• You will do anything for your partner.
• Sex is not talked about.
• One person usually makes every decision for the couple.
• You stay in the relationship because it is better than being alone.
• You are in control and you are able to do what you want to.
• One person hits the other in order to have this person obey him or her.
• Partners are members of the same religious/ethnic group.
• Partners are members of different religious/ethnic groups.
• You talk about problems when they arise in the relationship.
• You argue and fight often.
• One partner is much older than the other.
• One partner is African and the other is European.
• One partner wants to start having sex but the other is not ready.

The following three exercises are adapted from the Kenyan youth manual – Men as partners in HIV prevention: A training manual for the Kenya National Youth Service. The Acquire Project and Engender Health, Nairobi, 2007.
Step-by-step activity

Brainstorm
1. Ask the participants, ‘What are some examples of basic rights that we have as individuals?’ such as the right to free speech, to practise your own religion, etc. Then ask, ‘What are some examples of basic responsibilities we have as individuals?’ such as the responsibility to respect the property of others by not stealing, to provide for your family, to obey the law, etc.

Card storm
2. Divide participants into pairs and hand out markers and cards. Ask the pairs to discuss some of their sexual rights and responsibilities and write one per card. Stick them under the appropriate flipcharts.
3. Make sure that the following sexual rights are included (add them, if they do not appear):
   - the right to sexual enjoyment
   - the right to protect yourself from disease
   - the right to prevent unintended pregnancy
   - the right not to have sex if you do not want to
   - the right to express your sexual orientation
   - the right to obtain information on sexuality and sexual health.
4. Make sure that the following sexual responsibilities are included:
   - respecting a person’s right to say no
   - informing a partner if you are infected with an STI including HIV
   - discussing with a partner and agreeing when you want to get pregnant
   - taking care of any children you have.

Report back
5. Ask each participant to select the item on the ‘My sexual rights’ list that is most important to him or her and read it aloud. Ask a few volunteers to share their reasons for selecting the item.

Design a poster
6. Divide into small groups and ask the participants to design a poster to promote sexual rights for young people. Display the posters on the wall.
Exercise J9  Sex and stigma

**Facilitator’s notes**
Use an exciting group-splitter to start this exercise. Use this exercise when the group energy is high.

**Objectives**
By the end of this session participants will be able to:
- examine situations in which it is difficult for a person to abstain from sex, ensure that their partner is faithful or negotiate condom use
- discuss options when protection from HIV and STIs is difficult
- practise communicating healthy decisions through role plays.

**Time**
90 minutes

**Materials**
Copies of Case studies 1-5 – one for each group.

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**Step-by-step activity**

**Case study discussion and role play**

1. Divide participants into five groups using a group-splitter game (e.g. make a birthday line, with January at one end and December at the other, then split the line into five groups). Give each group a case study, ask them to read it and then answer the questions. After doing this, they should prepare a role play in which the main character communicates a healthy decision.

**Report back**
2. Ask each group to introduce the case study, give their answers and then perform the role play.

**Processing**
3. Ask participants:
   - What can we learn from these case studies?
   - Does this happen in real life?
   - Can you share similar situations to this that you have witnessed?
   - What decisions did other people make in those situations?
   - How did those decisions affect their lives?

**Summary**
Point out that, in each of these situations, one person was acting in ways that made it difficult for the main character to protect themselves. However, the main character still had the right to make their own decision.

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**Case study 1**
Nekesa recently enrolled in the National Youth Service (NYS). She lives with her mother and three younger sisters. Her mother has been ill and, therefore, Nekesa has struggled to provide for her family. Upon joining the NYS, an older man named Mwanyumba talked with her about her struggles. He made her a proposition, suggesting that she become his girlfriend. In exchange, Mwanyumba will provide her with money every week and help her find a better assignment within the NYS. Nekesa is interested in these benefits, but is afraid of becoming Mwanyumba’s girlfriend. She knows this would require having sex with him and she is not ready to be sexually active. She is willing to be his friend, but does not want a sexual relationship with him.

- What options does Nekesa have in this situation?
- What negative things could happen to Nekesa as a result of her deciding to have a sexual relationship with Mwanyumba?
- How could Nekesa communicate with Mwanyumba that she is not interested in being his girlfriend?
Exercise J9  Sex and stigma

Case study 2
Ben is 18 years old. Among his friends, Ben is the only one who is a virgin. At night Ben’s friends like to hang out, play pool and drink alcohol. One night, after drinking, Ben’s friends ask him why he has never had sex before. They tease him and tell him that he isn’t a real man. They also suggest that he is a virgin because he does not like girls. He denies this. They inform him that the only way he can prove he likes girls is to have sex. They tell Ben that they are going to visit a sex worker later that night, and that he should join them. Ben does not want to do this. He doesn’t want to lose his virginity and he doesn’t want to have sex with a sex worker. He feels pressured by his friends and is afraid that they think he isn’t cool.

- What options does Ben have in this situation?
- What negative things could happen to Ben as a result of him deciding to have sex with the sex worker?
- How could alcohol influence Ben’s decision?
- How could peer pressure influence Ben’s decision?
- How could Ben communicate with his friends that he does not want to have sex with a sex worker?

Case study 3
Yussef and Khadija have been dating for a year. Yussef cares for Khadija, but he also likes to have sex with other girls. He would never tell Khadija about this, because he knows that Khadija would leave him if she found out. For the past month, Yussef has been asking his friend, James, to tell Khadija lies about where he has been in order to keep her from learning about his cheating. James is getting tired of lying for his friend. He is also concerned about the number of sexual partners Yussef has, and the risk it poses to Khadija.

- What options does James have in this situation?
- What negative things could happen to Khadija as a result of Yussef’s cheating?
- What negative things could happen to Yussef as a result of his cheating?
- How could James communicate his concerns to Yussef about his cheating?

Case study 4
Amelia has been seeing Carlos for more than a year. They are sexually active, and because Amelia is on the contraceptive pill the couple have never considered using condoms in the past. A few months ago, Carlos moved to another town. He still sees Amelia once or twice a month, when he travels home. Amelia is concerned that Carlos may be having sex with other women and wants to start using condoms to protect herself. She is concerned that Carlos will not understand her desire to use condoms.

- What options does Amelia have in this situation?
- What negative things could happen to Amelia as a result of continuing to have unprotected sex with Carlos?
- How could Amelia communicate with Carlos that she wants to start using condoms? What might Carlos say if Amelia asks him?

Case study 5
Kennedy has been seeing Hildah for some time. The last time they were together, they almost had sex for the first time. However, Kennedy didn’t have a condom and he didn’t want to have unprotected sex. Hildah didn’t care about using a condom. In fact, she was offended that Kennedy wanted to use one. Hildah said that, ‘Condoms are only for prostitutes’ and ‘Condoms don’t feel good.’ Kennedy feels that he needs to talk with Hildah about condoms before they have another romantic encounter. He is committed to either using condoms or not having sex at all.

- What options does Kennedy have in this situation?
- What negative things could happen to Kennedy as a result of having unprotected sex?
- How could Kennedy communicate with Hildah that he wants to use condoms? What may make Hildah willing to use condoms?
Facilitator’s notes
Hot-seating is a technique in which, after showing part of a role play, characters from the play sit in front of the audience and are asked questions or asked to tell their story. The aim is to ‘unpack’ a situation and help people understand why things happen. It can help to look beyond the stigma. For another example of hot-seating see Exercise C7 in Module C.

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

- understand how young people are affected by peer pressure and how fear of stigma can add to the pressure
- develop strategies for coping with peer pressure.

Time
1 hour

Preparation
Copies of Character roles.
Props if available.

Step-by-step activity
Role play and hot-seating
1. Explain the technique: ‘Four volunteers will be given a scenario and roles to play. After a short role play, the characters will be asked to stay in role and sit in front of the audience to answer questions, as their characters.’
2. To prepare the actors, take them out of the room. Give them their roles and make sure they know what roles the others are playing. Give them a few minutes to prepare the role play.
3. Ask the rest of the group to watch the play and think about the issues they want to know more about. They will ask the characters questions after the play. When the role play is over, ask the four characters to sit in front of the audience and stay in role. The audience can ask any questions that will help them understand the situation better. Ask them to avoid being judgemental. Record the questions and answers on flipcharts as you go.

Processing
4. Ask the participants:
- What did we learn from this exercise?
- Why do we judge some people?
- What are the assumptions behind our questions?

Scenario and character roles
A group of friends are talking about sex and relationships.

Beverly: You are 18 years old and believe that it is important to be a virgin until you get married. However, you would like to know more about sex, and a lot of your friends have started having sex with their boyfriends. Your boyfriend, Timothy, wants to have sex with you and says he wants to be with you for ever.

Nomsa: You are a close friend to Beverly and have been going out with your boyfriend for three months. Last weekend you had sex together for the first time and you can’t wait to tell Beverly.

Timothy: You have been going out with Beverly for the last year and feel ready to start a sexual relationship. You really love Beverly and are even thinking you could marry her.

Bwalya: You have had lots of girlfriends and you can’t believe that your friend Timothy is still a virgin. You like making fun of him.

Examples of questions to ask each of the characters
Questions to Beverly: Why are you waiting until you get married before you have sex? What things do you want to know more about sex? How have you resisted Timothy’s attempts to sleep with you?
Questions to Nomsa: Why did you decide to have sex? Would you ever tell your parents? Did you use condoms?
Questions to Timothy: What is really driving you to have sex with Beverly? Do you think you are old enough to think about marriage?
Questions to Bwalya: Why do you have a lot of girlfriends? Are you using condoms?
Facilitator’s notes
This exercise can draw out a lot of issues if well facilitated. The facilitators should know when to stop the exercise, what to ask and be clear about the instructions.

Objectives
By the end of this session participants will be able to:
• explore issues of stigma and sexuality in the family
• explore how families can come up with solutions when they are faced with difficult situations.

Time
45 minutes

Materials
Props, if possible (e.g. hats, caps, sunglasses, handbags or any material relevant to the society depicting a character in the drama).

Copies of Character roles.

Step-by-step activity
Stop-start drama
1. Explain that you are going to use a stop-start drama technique to explore stigma in the family. You will need six volunteers for the role play. They will start the play and, once the problem has been identified, you will shout ‘Stop!’ then everyone freezes and you discuss what is happening.
2. Ask for six volunteers for the role play. Explain the scenario (see the young girl’s character role below) to the whole group and give the actors a copy of their character roles. Give the actors time to understand their roles and make sure each one knows the roles the others are playing.
2. Start the drama. Once the problem has been shown, shout ‘Stop!’ Ask, ‘What is happening?’ Ask the characters, ‘How are you feeling?’ Record the answers on the flipchart. Ask, ‘What will help the situation?’ Invite contributions on how to resolve the problem and record options. Agree on one of the options and move to a new scene, trying out the changes. If someone has a suggestion, invite them to take over the role, to try it out. Stop again and ask, ‘Is this working?’ Repeat and continue as necessary.

Character roles

Young girl: You were going out with a boy for a while and had sex with him. Now you have found out that you are pregnant. You decide you want to tell your family.

Stepfather: You are an older man, quiet and gentle, and you are close to the eldest daughter. You will support her in what she decides to do.

Mother: You work as a nurse and support the family of five children. You are always worrying about money and feel overburdened.

Young brother: You are a member of a Pentecostal church and believe that sex before marriage is a sin.

Cousin: You are the same age as your cousin and you are close. You were the first person your cousin told and you are trying to encourage her.

Auntie: You are very traditional and have always predicted that the daughter would cause trouble some day, because of the way she dresses and the friends she has.
Exercise J11 Exploring stigma in the family

Responses from the Tanzania workshop

The first ‘stop’ in the stop-start drama. What is happening?

The father does not seem to care about the family. He has done nothing to prevent his daughter from becoming pregnant.
The auntie is a spoiler. Her main aim is to destroy her niece’s future.
The daughter has been naughty and now she is in trouble.
The brother is trying to calm the situation, but he can do better.
The cousin hoped that, by informing her parents, things would get better.
Now things have become worse, maybe the daughter should have had an abortion.
The mother has been affected by many problems – a patient at the hospital, taking care of the family, threats of divorce and now the daughter is pregnant – she may be thinking of committing suicide.

Facilitator: Where is the stigma in this situation?
Response: The main stigma is the stigma faced by the girl for getting pregnant.

Facilitator: What could help to change or improve this situation?
Response: Someone needs to talk to the stepfather and mother to get them to provide more support for their daughter, rather than verbally abusing her.

Facilitator: OK, let’s see this scene. Who would like to talk to the parents?

Summary

- All families face problems at one time or another, and if stigma is an issue this can make things worse.
- Family members have many strengths – such as togetherness, lineage, shared experiences and respect for elders – that can be helpful when there are problems.
- Solutions to problems come through understanding and dialogue.
**Step-by-step activity**

**Story steps**

1. Divide the participants into single sex groups. Give each group a flipchart.
2. Tell the participants you are going to read a story that has some steps. Each time you stop, you will ask a question, which they should discuss and write down their ideas. The girls’ group should imagine a girl in the scenario; the boys group should think about a boy.
3. Read the story below and stop for a few minutes after each question – not for too long – to let participants write notes on the flipcharts.

**Report back**

4. Stick up the flipcharts, read through the story again and give participants a chance to read both sets of answers after each step.

**Processing**

5. When all the flipcharts have been discussed, ask:
   - What are the differences between the girls, and boys, answers?
   - What is the impact of stigma on girls and boys?
   - How does gender link to stigma?
   - How can we change things?

**Story**

1. You are 15 years old and have been living with your auntie for the last two years since your mother died. There are another three smaller children in the house.
   What are some of the tasks that you are expected to do in the house?

2. Your auntie remarries and your new uncle moves into the house. He is very harsh and beats you sometimes. One day he sees you near a tavern waiting for your friend. He shouts at you.
   What are some of the things he says about you?

3. You decide that you can no longer stay with your uncle – you want to run away.
   What are some of your options for surviving?

4. After a year, you begin to feel sick and decide to return to your auntie’s house.
   What kind of welcome do you get when you arrive?
Exercise J13 Young people living with HIV

Facilitator's notes
This exercise uses case studies based on real-life experiences, to explore the stigma faced by young people living with HIV.

Objectives
By the end of this session participants will be able to:
• understand the stigma faced by young people living with HIV
• develop strategies for changing the impact of stigma on young people.

Time
1 hour

Materials
Copies of the Case studies.

Step-by-step activity
Case studies
1. Divide the participants into small groups and give each group a case study to read and discuss. Ask groups to record their points on flipcharts. Report back to the large group by sharing the case study and issues discussed.

Processing
2. Ask the groups, 'What did we learn?'

Case studies

Jacinta
You are 22 years old and have been with your boyfriend for the last two years. You have recently tested HIV positive and have decided not to tell him yet. You have been given information about re-infection, plus you want to protect your boyfriend, so you need to start using condoms. However, you don’t know how to bring up the subject.

What advice could you give Jacinta?

Trywell
You are 14 years old and are living with HIV. You are in Grade 9 at school. You have a bad skin rash that comes and goes, and you notice that your friends don’t mix freely with you. Whenever the teacher mentions HIV, he looks directly at you and you feel uncomfortable. You no longer enjoy school.

What should be done to helpTrywell?

Sampa
You are 19 years old and you are the youngest member of a PLHIV network. You think that young people should be more included in the programmes. However, you feel that you are not taken seriously and find it hard to contribute to meetings when everyone else talks loudly.

What could happen to change things?

Bettina
You are 17 years old and are living with HIV. You run a well-known support group for young people living with HIV. You love going out with your friends and dressing in the latest fashions. One day your older sister tells you that neighbours are starting to talk about your miniskirts. She suggests you change the way you dress.

What would you advise Bettina to do?
Isaac
You are 12 years old and stay with your grandmother and young brother. People at church know that your parents died of an AIDS-related illness and often whisper about your appearance. You overhear someone saying, 'I hope he won’t start misbehaving like his mother.' You tell your grandmother that you no longer want to go to church.

What could help this situation?

Belinda
You are 16 years old and are living with HIV. Last year you were very sick and were hospitalised. You have now recovered and are taking ARVs and feeling very healthy. But every time you want to meet up with your friends or go out with your sisters, your mother stops you and says it is better that you stay at home and rest.

What can Belinda do to change the situation?

Danny
You are 18 years old and have been living with HIV all your life. You have been dating a girl for the last month and everything is going well. You really like her. You are now wondering if it is the right time to tell her about your status and what this will do to the relationship.

What should Danny do?
Facilitator’s notes
This exercise uses pictures to help young people identify different ways of supporting each other in the face of stigma and adversity.

Objectives
By the end of this session participants will be able to:
• identify strategies for supporting each other
• develop ways of coping with stigma.

Time
Option 1: 1 hour
Option 2: 45 minutes

Materials
Option 1: Copies of Support pictures, pages 35-40.
Option 2: Big piece of paper, markers and crayons.

Preparation
Option 1: Stick the support pictures on the wall.
Option 2: Stick flipchart sheets together to make one big piece of paper. Ensure there is space for each participant to draw.

Step-by-step activity
Option 1: Brainstorm and role play
1. Ask participants, ‘What are some of the ways that young people support each other to cope with difficult situations?’ Record answers on a flipchart.
2. Divide into groups of threes. Ask the groups to look at all the pictures on the wall and pick one picture that they like.
3. Ask the groups to discuss their picture and make up a story to show what happened before – what led to the scene in the picture. Ask groups to prepare a role play of the story and then present it to the whole group.

Processing
3. Ask participants:
   • What did we learn from the role plays?
   • How can we encourage young people and adults to support each other more?

Option 2: Drawing
4. Ask participants to gather around the big paper. Ensure each participant has enough space to draw.
5. Ask, ‘How have you managed to cope with stigma?’ and ask them to draw a picture showing these different ways.
6. Make sure everyone is participating – they can share or chat while they draw.
7. After the drawing, ask each participant to explain what they have drawn.

A boy’s drawing about a family that supports each other even in times of difficulties. ‘This is my family supporting me when am not feeling well.’
Facilitator’s notes

Building self-esteem is one strategy to help young people cope with stigma. Exercise F1 in Module F also talks about coping with stigma.

This is a good closing exercise, as it helps participants to feel valued by group members.

Give clear instructions with an emphasis on writing positive things about each other. The facilitators should also participate. Some young people may interpret some images to be negative – the facilitator should give reassurance, by showing how the positive image given to the participant outweighs the negative.

Step-by-step activity

Self-esteem map

1. Give a self-esteem map to each participant and ask them to write their name in the middle of the map (show where).
2. When everyone has finished writing their names, ask the participants to tape the maps on the joined tables.
3. Now ask them to go round and write positive statements in the empty boxes on each other’s self-esteem map. One person should only write one comment on each self-esteem map so that each box is only filled in by one participant.
4. Ensure that every self-esteem map is completed, then ask the participants to get their own map and stand in a circle.
5. Ask each participant to read out their comments and clap for them.
6. Debrief the exercise by asking how the participants felt.
Exercise J15 Appreciating each other

Self-esteem map

Your biggest contribution to the group

A skill that you have

My name

Something I hope for you in the future

One thing that I really appreciate about you
**Facilitator’s notes**
Ensure that the participants have a variety of report-back styles, e.g. poem, a short role play, TV news headlines, songs, newspaper headlines, posters, a speech, a rap, etc.

**Objectives**
By the end of this session participants will be able to:
- express their feelings and thoughts to a variety of audiences
- identify some of the key issues affecting young people.

**Time**
1 hour

**Materials**
Props for the role plays, such as caps, sunglasses, handbags, etc.
Copies of the handout *Tips for delivering a powerful message.*

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**Step-by-step activity**

**Card storm**
1. Ask the group, *‘What are some of the key issues facing young people today?’* and then get them to prioritise the five most important issues. Write them on a flipchart.
2. Divide into groups of four people. Ask each group to pick one issue and ask the question, *‘Imagine you were given a platform to inform adults about this issue. What would you say?’* 
3. Ask the groups to choose the method they will use for report-back. Give examples, such as a poem, a role play, songs, a poster, rap music, etc. Check that each group has a different way of reporting back.
4. Ask the group to discuss, *‘What makes a powerful message?’* Then give out the handout on tips for delivering a powerful message.

**Handout: Tips for delivering a powerful message**

- Be prepared.
- Think about who your messages are targeted at and what you want to achieve.
- Ensure that it is appropriate in terms of style, tone and language.
- Give strong messages that touch or move people.
- Be clear about what you are saying.
- Offer solutions or alternatives to identified problems.
- Be calm, polite and assertive.
Young people and stigma pictures

These pictures are based on experiences shared by young people during the Tool development workshop and can be used in exercises to identify some of the key stigma issues facing young people.

Support pictures

During the Young people’s workshop, participants felt that it was important to have some positive pictures, which how people – especially young people – can support each other; for example, by working together, celebrating a coming baby, playing together and so on.

The young people also asked for images showing how young people can contribute positively, if given a chance; such as sharing experiences with older people and comforting younger siblings.

These pictures can be used to help identify ways in which stigma can be challenged and combated through positive actions and images.
Young people and stigma picture 2
Young people and stigma picture 5
Young people and stigma picture 7
Young people and stigma picture 9
About the organisations involved

International HIV/AIDS Alliance
Established in 1993, the International HIV/AIDS Alliance (the Alliance) is a global partnership of nationally based organisations working to support community action on HIV and AIDS in developing countries. Our shared mission is to reduce the spread of HIV and meet the challenges of AIDS. To date, over $140 million has been channelled to more than 40 developing countries in support of over 3,000 projects, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to treatment.
Registered charity number 1038860
www.aidsalliance.org

Pact
Pact is a networked global organisation that builds the capacity of local leaders and organisations to meet pressing social needs in dozens of countries around the world. Its work is firmly rooted in the belief that local communities must be the driving force in ending poverty and injustice.
www.pactworld.org

For more information about Alliance publications, please go to www.aidsalliance.org/publications

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Understanding and challenging HIV stigma
Toolkit for action

Booklets in Understanding and challenging HIV stigma: Toolkit for action include:

- Introduction
- Using the toolkit
- Module A
  - Naming the problem
- Module B
  - More understanding, less fear
- Module C
  - Sex, morality, shame and blame
- Module D
  - The family and stigma
- Module E
  - Home-based care and stigma
- Module F
  - Coping with stigma
- Module G
  - Treatment and stigma
- Module H
  - MSM and stigma
- Module I
  - Children and stigma
- Module J
  - Young people and stigma

Moving to action module
- Thinking about change
- Moving to action
- Developing skills for advocacy

Picture booklet
- General stigma pictures
- Rights pictures

Additional booklets will be published as new modules are developed.

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