

# STIGMA AT DIFFERENT POINTS OF INFECTION

16  
EXERCISE

This exercise is an alternative to A14



## OBJECTIVES

Participants will be able to:  
Describe how stigma changes at different points of HIV infection



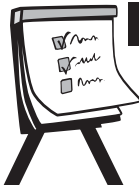
## TIME

1 hour



## MATERIALS

Two types of colored cards: yellow and blue



## PREPARATION

Put up stages of HIV illness (using cards) along top of the wall:

- Getting initial infection
- First signs of illness
- Getting tested
- Disclosure to family and friends
- Later stages of illness
- Burial

## ACTIVITIES

### NAMING STIGMA OVER TIME

Explain that the exercise is to identify how stigma changes at different phases in the HIV illness. Divide into pairs and give each pair cards and markers.

**Step 1:** Show how HIV affects PLHAs at different stages. Ask pairs to identify what the PLHA is doing at each stage - and record on a YELLOW CARD.

**Step 2:** Show how people stigmatize PLHAs at different stages.

Ask pairs to write on BLUE CARD what forms of stigma are practiced at each stage.

**Step 3:** Cluster similar points, review the list, and discuss.

### Summary

Stigma increases over different stages in the illness. As people become sicker, they become more labeled.

### EXAMPLE FROM ZAMBIA WORKSHOP (March 2002)

#### Having Sex

No or little stigma. Viewed in general as normal male behavior. Some stigmatizing (gossiping) if man sleeps with woman of doubtful character—someone who people suspect has AIDS. Self-stigma: sex with another person other than spouse.

#### First Signs of Illness

At this stage it is mainly self-stigma, because symptoms can be hidden. Person starts to blame himself—“Why did I sleep with her?” Depends on symptoms—if they are noticeable, stigma by others. Anyone who has TB symptoms is assumed to have HIV. Some people may attribute symptoms to witchcraft—don’t want to face reality—look for other reasons to explain symptoms.

#### Getting Tested at Health Center

Stigmatization by health staff. Examples: staying at a distance and avoiding physical contact. If a patient touches the counselor, s/he may react by moving away quickly. In some centers poor procedures for releasing results—publicly announcing results. Not keeping confidentiality, letting others know. Finger pointing or name calling by people who see person enter health center. Assumption—anyone who goes for test must be HIV+ and bad/immoral. Anyone who tests negative is still stigmatized because it is assumed s/he has been involved in immoral behavior.

#### Disclosure to Family and Friends

Judging: “You have sinned. You deserve it.” Ridicule: “Why did you bring shame to the family?” Backbiting by neighbors: “What kind of parents are you?” Blaming: one partner blames the other for bringing HIV into the home. Rejection, isolation, neglect. Fears about disclosure—more likely to disclose when sick.

#### Later Stages of Illness

Isolated - given separate room and utensils. Eats alone. No/limited body contact. Inhuman behavior—“Don't give her food because she has lots of diarrhea.” Verbal abuse. Blaming for financial problems in the family. Prevent people from seeing PLHA. Fired. Kicked out of rental accommodation. Mistreatment—stop paying attention to requests. Withdrawing resources and treatment. PLHA pushed out of the hospital and home to die and then pushed like a ping pong ball from one relative to another, and finally dumped in the village. Using PLHAs as examples of bad people—“Don't do like he did!” Neighbors tired of borrowing—“not you again!” Visits and voyeurism—“Let's go and see the walking corpse.” Children of PLHAs stigmatized. Lots of blaming within the family.

#### Burial

Rushed burial: no respect, everything is rushed. The body has deteriorated so they don't want to keep him long in the mortuary. Burning or burying of the clothes. Gossip and name-calling—“These people are filling up our graveyards. They should be buried somewhere else.” Judging—“S/he has sinned and gone to hell!” Relatives of the dead person are mocked—“You are next!” Family of deceased treated badly. Change in sexual cleansing practice—this creates problems (stigma) for widows. Property grabbing—stigma used as excuse to grab property. Some relatives accept orphans as a way of grabbing property, once this is achieved, children get poor care. Some orphans badly abused.

