

EFFECTS OF STIGMA ON DIFFERENT PLAYERS

5 EXERCISE



OBJECTIVES

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



TIME

1 hour



PREPARATION

Put up blank sheets
of flipchart paper on
different walls of the
room, with a target
group written at the top
of each sheet—PLHAs,
family, community,
women, men, children,
stigmatizers, health
services, workplace,
education, social
relations.

ACTIVITIES

Rotational Brainstorming

HOW STIGMA AFFECTS DIFFERENT GROUPS

Divide into groups and assign one group to each topic. Ask groups to brainstorm, “How does stigma affect your target group?” and record. [Ask participants to look for both immediate effects—shame, isolation, depression, hiding one's status; and spin-off or larger effects—loss of jobs, dropping out of school, suicide, etc.] After 3 minutes shout “Change!” and ask groups to move to the next topic and add points. Continue until groups have contributed to all topics.

Report Back

Ask the original group to present each topic—the main points—and then ask for clarifications and additions. Note common or unusual points.

Ask

“How does HIV stigma affect the take-up of HIV and AIDS services or programs?”

Summary

Explain how stigma blocks both prevention and treatment of HIV and AIDS:

- Stigma keeps people from learning their HIV status through testing and discourages them from telling their partners and as a result they infect them.
- Stigma keeps people who suspect they are positive from accessing treatment and counselling services. For example, a TB patient hides his diagnosis.

ACTION IDEAS

Try out this activity in your own group—faith group, women’s group, youth group or workplace. Get the group to discuss the effect of stigma on group members or their families.



- Stigma discourages people from using other services (pregnant woman from taking ARVs)
- Stigma prevents people from caring for people living with HIV and AIDS.

EXAMPLE FROM BARCELONA WORKSHOP (July 2002)

PLHAs: Rejection—chased away by family and friends. Dumped at back of house or village. No longer contribute to family’s income so feel useless. Resort to secrecy—hide status. Lose privacy. “Secrets” known by community. Low self-esteem. Scared to seek help and get services. Blamed and judged for past “immoral” behavior—“promiscuous”, “careless,” “sleeping around.” Guilt and shame. Self-blame and depression. Self-stigma. Loss of hope: HIV viewed as instant death—no hope for future. Not caring anymore—take risks and become reckless, i.e., not stigmatized safe sex.

Family: Shame, disgrace, loss of face—family’s reputation, status, and honor destroyed. Rejection by community. Secrecy—hide PLHA at back of house or in village so neighbors can’t see. Deny that there is a problem. Family conflicts—blame each other for loss of family reputation. Stigma reinforces existing power relations—wife blamed for not raising child properly. Marriage collapses. Children dumped with relatives. Loss of income when breadwinner dies. Property grabbing. Family can benefit from special resources for PLHAs; or lose out on services due to fear of stigma.

Community: Fear—community know but they keep the secret. Jealousy. Competitiveness. Finger pointing. Gossip. Rumor. Rumors about AIDS used as a weapon to condemn families. Mistrust: speculate about other families. Isolate families perceived to have AIDS. Creates two opposing groups within community—stigmatizers and stigmatized. Conflict and disunity—blame each other for bringing problem to village. Community organization weakens—result: fail to respond or prevent infection. Loss of breadwinners—collapse of production, migration, and infection. Positive effect—potential for peer support and solidarity among stigmatized—uniting force.

Women: Perceived as vectors of illness—AIDS seen as women’s disease. Women’s image devalued. Self-blame. Low self-esteem. Loss of income/support system—partner, family, friends. Extra burden of caring for PLHAs. Blamed by partners for not raising HIV+ son/daughter properly. Breakup of marital relations—separation or divorce. Avoid getting tested or seeking treatment.

Men: Loss of employment. Loss of face. Feel useless. Rejection by women. Loss of manhood. Associated with homosexuality or promiscuity. Withdrawal from social contact. Self-stigma.

Children: Stigmatized by association. Perceived as “innocent victims.” Made to feel guilty. Loss of support and care. Dumped with relatives. Neglected/abused by new “parents.” Grow up without trust and love. Become street kids. Self-isolation. Introverted. Difficulty handling grief. Depression. Loss of hope and sense of future. Isolated by friends. Some children carry the burden of becoming care-givers and breadwinners. Loss of childhood—forced to accept adult responsibilities

Health Services: PLHAs stop using services—testing, counseling, treatment, ARVs, MTCT. Lack of resources and heavy workloads. Burnout and fears—health workers desert AIDS work. Climate of silence around health care.

Stigmatizers: Sense of power. Double standard—stigmatization may cover up their own fears about HIV infection. Culturally acceptable—others are doing it—deep rooted.