

# FINDING SOLUTIONS IN CONTEXT

## 2 EXERCISE



### OBJECTIVES

Participants will be able to:  
Develop practical strategies for  
overcoming stigma in their own  
context



### TIME

1 hour



### PREPARATION

Put up signs (in  
different parts of the  
room) for meeting  
spaces for different task  
groups. For instance:  
PLHAs, home based  
care, youth, counseling,  
health care, workplace,  
schools, faith groups,  
media

### ACTIVITIES

#### GROUP DIVISION

Ask participants to “vote with their feet”—to join the group of  
their own choice.

#### **Task Group Discussion**

Ask groups to develop concrete action plans:

- What forms of stigma do you see in your organization or  
community?
- What is the biggest stigma problem in your organization or  
community?
- What is the source of this problem?  
*Option:* Use problem tree or fishbone, if appropriate.
- What are some possible solutions to this problem?
- Identify 2-3 specific new things you would like to do to stamp  
out stigma in this context

Push groups to be concrete, “Think big. Start small. Act now!”

#### **Report back**

Ask each group to give a report then quick comments.

This exercise can be used in large workshops at the national or district or regional levels where there are participants from different NGOs or agencies. The exercise is built around task groups formed around different interests: PLHA support work, home based care, youth work, counseling, health work, workplace education, schools, media, depending on those present. This exercise can support the development of anti-stigma policies and practice.

### HEALTH CENTER

*Forms of Stigma:* Clinic creates gossip by isolating chronic patients. Limited physical contact with chronically ill patients because of fear of contracting disease—demoralizes patients—makes them feel unwanted and may destroy their will to live. Nurses make assumptions about patient’s sexual history— judge them for “having had many partners.” Some health workers give up on their patients, assuming they are going to die quickly, so “why waste their time.”

*Strategies to Combat Stigma:* Allow health workers to talk about their own attitudes, feelings, fears and behavior. Help them deal with fears about their status and burnout. Teach skills in sensitively handling patients. Develop codes of practice. Update health workers on HIV and stigma through in-service training. Get feedback from clients (community walk through clinic to identify stigma points)

### COMMUNITY

*Forms of Stigma:* PLHAs and families face isolation, insults and discrimination. In some cases they are kicked out of rental accommodation or their businesses suffer—people stop buying from them.

*Strategies to Combat Stigma:* 1) Involve community leaders and CBOs in promoting anti-stigma work. 2) Use PLHAs as role models and facilitators. 3) Organize community meetings, peer group meetings and home visits. 4) Organize drama performances. 5) Make links between clinic and community. 6) Inform community members what is involved in caring for PLHAs—physical care, counseling, etc

### HOME BASED CARE (HBC) WORKERS

*Forms of Stigma:* HBC workers face: 1) Stigma by association—rejected by the community who say they carry AIDS. 2) Rejected by patients when they make home visits. Wearing uniforms triggers stigma towards family (by neighbors). Visits are seen as a “death warrant.”

*Strategies to Combat Stigma:* 1) Stop wearing uniforms during home visits. 2) Raise awareness by providing correct information on HIV, TB, and stigma; and how to take care of PLHAs and TB patients.

### CHURCH/FAITH GROUPS

*Forms of Stigma:* HIV status associated with sin—promiscuity, adultery, immorality, many sexual partners. Gossip and condemnation. Silence and fear. Lack of adequate knowledge about HIV and AIDS among church leaders (pastors, deacons)—results in silence. No proper preparation for marriage.

*Strategies to Combat Stigma:* Use churches/mosques as place to discuss stigma. Get the faith group to recognize that they stigmatize: blame and judge people for getting HIV. Educate faith group leaders on stigma and help them play a lead role in anti-stigma action. Encourage them to become counselors in a non-stigmatizing way; and role models for treating PLHAs in non-stigmatizing ways

### WORKPLACE

*Forms of Stigma:* Workers gossip about other workers who are assumed to have HIV. Loss of opportunities once one’s status is known, e.g. loss of job, promotion.

*Strategies to Combat Stigma:* Win support of the owners/managers—create trustful environment; workers won’t lose jobs if they disclose status. Work with managers to set policies: health benefits, continuity of employment. Incorporate stigma into benefits—offer VCT and ARVs - educate workers on rights. Encourage PLHA support groups within the workplace. Promote a code of conduct.

### MEDIA

*Forms of Stigma:* Incorrect, fear-inducing messages on AIDS and PLHAs. Disseminate message that AIDS = immediate death. Contradictory information so the community is confused.

*Strategies to Combat Stigma:* Provide up-to-date and correct information. Avoid threatening images. Give a positive and hopeful view of PLHAs: pictures which show PLHAs who are in good health and who are living normal lives and who can actively contribute to their family and the society. Involve PLHAs in educating media workers on these issues.

