



Overcoming Stigma

Stigma—not uncommon

Stories of stigma related to HIV/AIDS can be heard all over the world. In Mexico, which lacks sufficient resources to treat individuals living with HIV/AIDS, people are forced to travel as much as 150 miles to receive appropriate care.

Many individuals in these communities do not own cars and rely on buses to reach their destination. Their trips can take several hours. To alleviate this, ministry leaders in the community arrange for individuals with cars to provide transportation. When it is discovered why the individuals need to travel to the city, those with cars refuse to transport passengers, fearing that they too will become infected with the HIV virus.

In places like Tanzania, it is common to hear of individuals being forced to leave their homes, or shunned by family and community for being HIV-positive. In villages where HIV testing is available or patient services are offered to HIV-positive individuals, community members report having gone to great lengths in attempts to determine which individuals are HIV-positive, and spreading that information. This action is a breach to patient confidentiality and is not tolerated when patient information is received.

Overcoming Stigma

Stigma is not something that is easily measured or quantified but is universally felt. Stigma is the severe social disapproval of personal characteristics or beliefs that are against cultural norms¹. HIV status is a large cause of stigma, and countless stories tell the horror of HIV-positive individuals being rejected by family members and shunned by their communities.

Stigma often stems from lack of knowledge about how HIV is transmitted. Fear that HIV can be contracted from casual contact leads to mistreatment of persons living with HIV/AIDS. Education can overcome this type of stigma.

Stigma also originates from judgment surrounding assumptions made regarding how individuals contracted HIV. Sexuality in any context is often difficult for our faith communities to discuss, and adding such a serious sexually transmitted disease into the conversation is often too much for faith communities to handle.

Stigma can be **self-imposed**, perceived, or enacted. Self-imposed stigma comes from an individual's negative self-image, which may lead them to withdraw from social events and become highly depressed. This form of stigma is most common immediately after diagnosis.

Perceived stigma is due to a community's general response and attitudes toward people living with HIV/AIDS. Examples might include making generalizations about HIV-positive individuals or spreading misinformation about how HIV is transmitted (such as claiming that someone can become infected through casual contact).

Finally, **enacted** stigma is action taken against an individual living with HIV/AIDS. This may include a community gossiping about the person or may go so far as to include complete isolation or banning individuals from certain events or activities.

Frequently, during the United Methodist AIDS Conferences held in the U.S., stories of stigma are common from those infected with the virus. Stigma knows no geographical boundaries. Individuals have been rejected by their loved ones and community once their status was made known. In one United Methodist Church during worship service, it was announced that an individual living with HIV was present, and if anyone wanted to refrain from taking communion for that reason, it would be understood.

Increased education has decreased the stigma greatly from what it was a couple decades ago, but more work is needed to ensure that all our brothers and sisters are treated with the dignity they deserve.

In the next section Understanding and Overcoming Stigma Exercises, role play suggestions and discussion questions are provided for small study groups, workshops or class room settings.

¹*Adapted from the curriculum by Support for International Change*

Since the beginning of the HIV/AIDS epidemic over 25 years ago, stigma has been a barrier to HIV prevention and care. The effect of stigma on people's ability to access HIV testing, counseling, diagnosis, care, treatment, and prevention messages varies from setting to setting, but when present, stigma can create an environment where people may avoid HIV-related services

Even though education and awareness of HIV/AIDS has risen dramatically in the United States since the beginning of the epidemic, surveys show that the general public still has less empathy for individuals who acquire HIV infection by having sex and/or injecting drugs.

<http://www.hivaidsstigma.org/go/resources/resources>

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has developed a protocol for the identification of discrimination against people with HIV/AIDS. (See Protocol for the Identification of Discrimination against People Living with HIV (2000))

According to the protocol, HIV/AIDS-related discrimination is defined as follows: Any measure entailing any arbitrary distinction among persons depending on their confirmed or suspected HIV sero status or state of health.

The protocol distinguishes between legitimate and illegitimate discrimination. Illegitimate discrimination is unjustified, disproportionate, and arbitrary. A measure or an action is unjustified if it lacks rational and objective reasons. It is disproportionate if the means employed and their consequences far exceed or do not achieve the aims pursued. It is arbitrary if it seriously infringes the rights of the individual and is not necessary to protect the health of others.

The protocol recognizes that "[d]iscrimination against people living with HIV/AIDS also extends to those with whom AIDS is associated in the public mind (homosexuals, prostitutes, drug addicts, hemophiliacs, and family members and associates of HIV-positive people)."

Download Support for International Change curricula for more information:

<http://sichange.org/test/wp-content/uploads/sic-curriculum-v3-english.pdf>

Understanding and Overcoming Stigma Exercises

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Leaders are encouraged to review sample activities below and exercise their own judgment regarding the appropriateness of each for the target age group they are working with.

Objectives:

Discuss stigma and its relationship to HIV/AIDS.

1. Introduction

Explain that you will be talking about some of the prejudices and assumptions that some people have about other people.

2. Experiencing stigma

Prejudices and assumptions: Show pictures or describe certain people that might be found in the community. For example, a thief, a beggar, a homeless person. Ask participants to describe what they think that person is like. Are they nice or mean? Are they good or bad?

After the participants have shared what they think, prepare a small story about the person that goes against traditional assumptions. For example, for the thief, you could say that he is a young father who does not have any money to take care of his infant or his aging grandmother.

What is stigma like? Pass out two slips of paper to each participant and ask them to write a good quality a person could have on one piece of paper, and a bad quality a person could have on the other. Mix up all the slips of paper and randomly tape one to the back of each participant and members of the teaching team.

Explain that everyone will now be walking around the room and greeting each other. If you meet someone with a bad quality, try to avoid greeting them, or greet them in the way that you would if they actually had that quality. Do the same for someone with a good quality. After each activity, facilitate a short discussion on what the participants felt and learned doing the activity.

3. Open Discussion on Stigma

Facilitate an open discussion on stigma and its relation to HIV/AIDS and sexual reproductive health. Choose any teaching style that will encourage participants to think critically about how the attitudes, values, and beliefs of people relate to issues dealing with HIV/AIDS and sexual reproductive health. Use the following questions as a basis for discussion:

- How would you feel if you had HIV?
- How would you feel if a friend or someone you know has HIV?
- What are the attitudes other participants have towards people living with HIV/AIDS?
- Why do they have these attitudes?
- How do they change their behavior as a result of having these attitudes?
- How can peer educators change these attitudes?
- What are the attitudes of people close to the participants (i.e. parents, friends, partners, religious leaders) towards sexual behavior and skin piercing practices?
- What are the attitudes in the community towards people with other diseases?
- Who is responsible when people become sick?
- What are the attitudes of the local community towards behavior that puts people at risk of HIV infection?
- What are the attitudes of the local community towards student sexual relationships?
- What are the attitudes of the local community towards student pregnancy?
- What are common student attitudes towards sexual relationships?
- How does society promote or discriminate sexual relationships?

4. Stigma Role-Plays

Call each participant to the front of the classroom. Present any one of the following situations to them, or create your own. Each participant should have a turn in front of the class. Ask them how they would react in this situation. What would they say? How would their reactions/responses affect their personal life? How would it affect the people around them? Ask for input from the rest of the class.

- **You find out that a nice neighbor down the street has HIV**
Many people in your town have not been talking to this neighbor. They will not even greet this person in public. They are afraid that they might catch HIV if they go near or inside the neighbor's house. You know how HIV is transmitted and the ways to prevent that transmission from taking place. Will you greet this person in public? If invited, will you enter your neighbor's house? How can you reduce the stigma in your community?
- **One of your best friends has had sex three times with an older boy**
Even though she has learned about HIV in class, she says that she isn't worried and that she won't use a condom because the boy won't like it. You have already tried to convince her, but she won't listen, and you are the only person she has told about her boyfriend. Will you still be friends with her? What will you do if you know she is going to meet the boy again? What will you tell other people about the girl?
- **One of your best friends has been having sex with the person they love for a long time**
When the relationship ends, your best friend has sex with a couple random men. Your best friend doesn't use a condom. One day, she tests positive for HIV. Will you continue being friends with your best friend even if she does have HIV? How can you be a supportive friend?
- **You have met the man/woman of your dreams**
You have been together for a few years and you are very much in love with one another. You will be getting married soon. Before you get married, you both decide to get tested for HIV. You test negative. Your significant other tests positive. Will you still marry this person? Will you get tested again? Should you get tested again? When? What would you do in this situation?
- **Your good friend tells you a secret: she is three months pregnant**
She says she isn't sure who the father is because she has been having sex with two different men. Even though she knows that she should use a condom every time, sometimes she doesn't. What advice will you give your friend? Will you still be friends with her even if other people know that she got pregnant? Will you be friends with her if she has to leave school? What will you say if other people criticize her?
- **You have already had sex with someone a couple different times**
This is the only person you have had sex with, but each time you didn't use a condom. You have been learning about HIV in school, and you want to be tested for HIV. You are very nervous when you get tested.
 - (1) **You test negative.** What kinds of things can you do to prevent future risky behaviors? What will you tell the person you've been having sex with? How would you ask him/her about his previous sexual behaviors? How would you tell him/her that you want to use a condom?
 - (2) **You test positive.** What kinds of behavior changes can you make to stay healthy as long as possible? What would you tell your closest friends and families? What will you tell the person you had sex with? Some people might stigmatize you because of your status. How will you deal with this?