

MODULE 11: Stigma, Discrimination and Disclosure



DURATION: 265 minutes (4 hours, 25 minutes)



LEARNING OBJECTIVES:

By the end of this Module, participants will be able to:

- Define stigma and discrimination and discuss different types of stigma
- Describe how stigma and discrimination negatively affect people's access and adherence to HIV prevention, care and treatment services
- Implement strategies to deal with stigma and discrimination at the individual level, at the health facility and in the community
- Support clients to understand the advantages and disadvantages of disclosure in their lives
- Provide supportive counseling to clients to decide about and prepare for disclosure
- Discuss why it is important for children to know their HIV status and help families prepare to disclose to children
- Provide follow-up counseling to clients and family members after disclosure



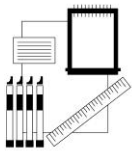
CONTENT:

- Session 11.1: Introduction: Our Own Experiences with Stigma
- Session 11.2: How Does Stigma Affect HIV Services?
- Session 11.3: Strategies to Deal with Stigma
- Session 11.4: Introduction to Disclosure
- Session 11.5: Disclosure Counseling
- Session 11.6: Classroom Practicum on Stigma and Disclosure Counseling
- Session 11.7: Module Summary



METHODOLOGIES:

- Reflection
- Small group work
- Large group discussion
- Interactive trainer presentation
- Card storming
- Brainstorming
- Start-stop drama
- Role-play
- Case studies



MATERIALS NEEDED:

- Flip chart
- Markers
- Tape or Bostik
- Blank index cards or small pieces of paper
- Case study cards for *Session 11.6*



WORK FOR THE TRAINER TO DO IN ADVANCE:

- Read through the entire Module and make sure you are familiar with the training methodologies and content.
- Prepare the case study cards for *Session 11.6*.

SESSION 11.1: Introduction: Our Own Experiences with Stigma (30 minutes)



TRAINER INSTRUCTIONS

Methodologies: Reflection, Small Group Work, Large Group Discussion, Interactive Trainer Presentation

Step 1: Review the Module learning objectives.

Step 2: **Note:** Since the words “stigma” and “discrimination” do not always translate well to other languages, it is important that trainers and Peer Educators be able to explain the terms in everyday words and phrases.

Ask participants to think quietly to themselves about a time they faced stigma and discrimination. This may or may not have to do with HIV. To explain a bit more, ask participants:

- *Think about a time in your life when you felt isolated or rejected because you were thought to be different than others.*
- *Think about what happened. How did this make you feel?*

Step 3: Ask participants to share their experiences with stigma and discrimination, as they feel comfortable, with the person to their right. After about 5 minutes, ask if anyone would like to share a story with the large group. People should only share if they feel comfortable.

Step 4: Next, ask participants to again think quietly again to themselves, but now about a time when they may have stigmatized or discriminated against someone else because they thought that person was different. Again, this may or not be related to HIV.

Then ask participants to think about a time when they have stigmatized themselves. Ask a couple of participants to share their stories if they feel comfortable.

Step 5: Ask participants to write down thoughts, feelings or words that they associate with stigma and discrimination in their notebooks. Ask 2 or 3 participants to read this list out loud to the larger group, if they feel comfortable doing so.

Step 6: Lead a short discussion on the definition and types of stigma and discrimination using the content below.

Step 7: Finally, ask participants to think about the reasons HIV and people living with HIV are stigmatized. Why is HIV stigmatized more than cancer, diabetes or other long-term diseases?

KEY INFORMATION

Defining stigma and discrimination

We have all felt rejected or isolated at some point in our lives and we have all probably rejected or isolated another person because we think of them as different.

Key Definitions

Stigma: Having a negative attitude toward people that we think are not “normal” or “right.” For example, stigma can mean not valuing PLHIV or people associated with PLHIV.

To stigmatize someone: Labeling someone and seeing them as inferior (less than, below) because of something about them. A lot of times people stigmatize other people because they do not have the right information and knowledge. People also stigmatize others because they are afraid.

Discrimination: Treating someone unfairly or worse than others because they are different (for example, because someone thinks a person has HIV). Discrimination is the action that often follows stigma.

We know that stigma and discrimination are some of the biggest challenges to living with HIV or being affected by HIV all over the world. Stigma and discrimination make it hard for people to access HIV prevention, care and treatment services. Stigma and discrimination can also prevent people living with HIV from accessing community-based services, such as food support.

Peer Educators need to help clients understand and deal with stigma and discrimination. They can work with the multidisciplinary team and the community to fight stigma and make sure people have access to the services they need without discrimination.

There are different kinds of stigma:

- **Stigma towards others:** Rejecting or isolating other people because they are different or perceived to be different.
- **Self-stigma:** People take cruel and hurtful views placed upon them by other people as their own views of themselves. Often, self-stigma can lead to isolating oneself from the family and the community.
- **Secondary stigma:** People, such as community health workers, doctors and nurses at the HIV clinic, children of parents with HIV, caregivers and family members, are stigmatized by their association with PLHIV.

There are different forms of discrimination:

- Not being able to get a job
- Being fired from a job
- Being isolated from the family or community
- Not having access to quality health care or other services
- Facing violence at home or in the community
- Being kicked out of school
- Not being able to attend school
- Being rejected from a church, mosque or temple

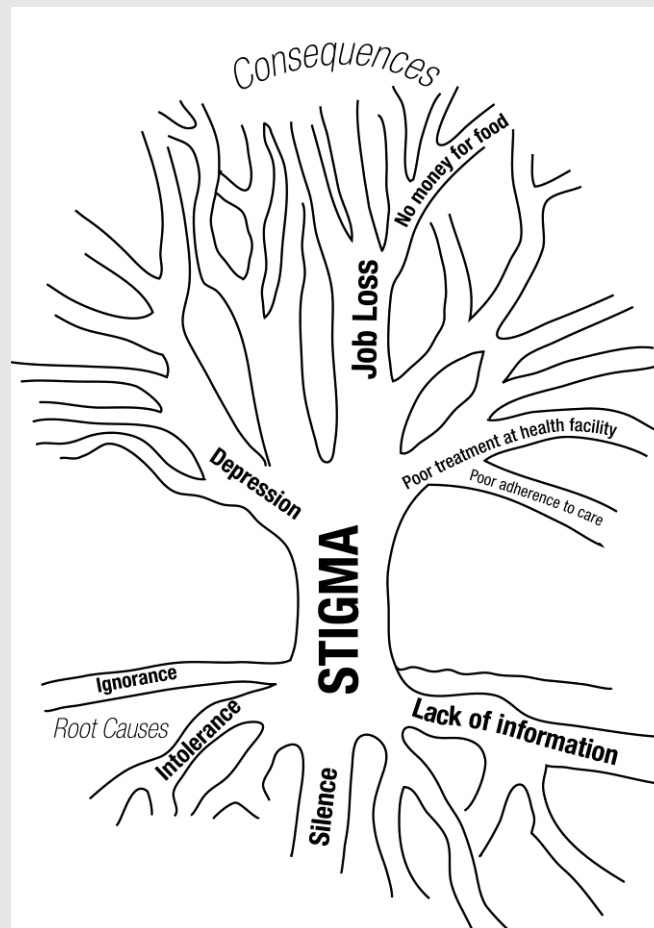
SESSION 11.2: How Do Stigma and Discrimination Affect HIV Services? (45 minutes)



TRAINER INSTRUCTIONS

Methodologies: Small Group Work, Large Group Discussion, Interactive Trainer Presentation

Step 1: Ask participants to break into groups of 4 or 5 people each. Give each group flip chart paper and markers and explain the “root causes of stigma” activity. In the front of the room, draw a large tree on a piece of flip chart, like the example below. Label the trunk of the tree “STIGMA,” the roots of the tree “CAUSES OF STIGMA” and the branches on the tree “RESULTS OF STIGMA.”



Step 2: Assign each group to fill in the stigma tree either for adults or for children. Give groups about 15 minutes to create their own stigma tree and ask the groups to spend a few minutes presenting their discussion and tree back to the large group.

Step 3: Lead a discussion about the impact of stigma and discrimination on HIV prevention, care and treatment services drawing on the stigma trees and from the content below. Discuss how the impacts might be different for adults and children.

KEY INFORMATION

Stigma and discrimination prevent good access to HIV prevention, care and treatment services for many people. Stigma and discrimination can prevent people living with HIV and their families from living a healthy and productive life.

Stigma and discrimination can:

- Keep people from getting an HIV test
- Make it hard for people to tell their partner(s) their test result
- Make it hard for people to suggest safer sex practices with their partner(s)
- Cause a great deal of anxiety, stress or depression
- Make it hard for parents to disclose to their children
- Keep PLHIV from accessing care, treatment, counseling and community support services because they want to hide their status
- Discourage pregnant women from taking ARVs or accessing other PMTCT services
- Prevent people from caring for PLHIV in their family, in the community and in health care settings

How can stigma and discrimination affect HIV prevention, care and treatment?

- They can prevent people from knowing their HIV-status, enrolling in care or getting a CD4 test. Fewer people are then able to access ART.
- They can cause feelings of hopelessness and depression that can make it hard for people to start or adhere to ART.
- They can cause fear that if a person takes ART, more people will know she or he is living with HIV.
- They can prevent or delay disclosure, forcing people to keep their status and their ART a secret. This will impact their adherence and the amount of support they receive.
- They can make it hard for people to negotiate condom use and safer sex practices.
- Children with HIV cannot get the care and treatment they need if there is stigma attached to their illness or if the family has not disclosed to caregivers and teachers.
- They can cause people to be isolated from friends and family, which means they will not get support to take ART and adhere to care and treatment.
- Women — especially pregnant women — and young people are often the most stigmatized and discriminated against. This makes it even harder for these groups to access and adhere to care and treatment.
- Stigma and discrimination among health care providers can result in low quality services at health facilities, making people less likely to access the care they need.
- Stigma and discrimination can extend to caregivers of PLHIV as well, making it less likely that people will want to care for PLHIV or seek services themselves.

Peer Educators have an important role to play in reducing stigma and discrimination among individuals, at the health care facility and in the community. Being a positive role model is one of the best ways to fight stigma and discrimination! Making sure everyone knows about and has access to quality, affordable PMTCT, care and treatment services also helps fight negative attitudes and actions.

SESSION 11.3: Strategies to Deal with Stigma (40 minutes)



TRAINER INSTRUCTIONS

Methodologies: Card Storming, Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Break participants into groups of 4 or 5 and give each group 10-15 index cards or small sheets of paper to “card storm.” Ask participants to talk in their small group and think of all the ways Peer Educators can help fight stigma in the health facility, in the community and in their own families. Ask the groups to write one strategy on each small sheet of paper.
- Step 2:** After about 15 minutes, collect the cards and bring the large group back together. Post the cards on the wall, arranging them in logical categories.
- Step 3:** Ask the group which strategies they think are most helpful in dealing with stigma and which will be the most challenging to implement.
- Step 4:** Fill in the conversation as needed using the content below and highlighting key strategies to deal with stigma at different levels:
- As individuals
 - At the health care facility
 - In the community
 - When working with other organizations
- Step 5:** Close the session by reminding participants that by speaking openly about their HIV-status, Peer Educators will be helping to reduce stigma and discrimination in the health facility and in their communities.

KEY INFORMATION

Some common individual strategies for dealing with stigma:

- Stand up for yourself and talk back.
- Educate people.
- Be strong and prove yourself.
- Talk to people you feel comfortable with.
- Ignore people who stigmatize you.
- Join a support group.
- Try to explain the facts.
- Avoid people who you know will stigmatize you.

Some strategies for dealing with different forms of stigma:

At the health facility:

- Make sure people living with HIV, such as Peer Educators, are part of the care team. This includes attending regular staff meetings, trainings and other events.
- Talk openly about your own attitudes, feelings, fears and behaviors with other Peer Educators and health care workers. Support each other to address fears and avoid burnout.
- Share your experiences as a client with health care workers.
- Encourage health care workers and other Peer Educators to be open about their status and for everyone to support one another.
- Report any discrimination you see towards people living with HIV or their families at the clinic to a manager.
- Listen to clients about their feelings and concerns about stigma and discrimination, and report these back to other health care workers.
- Work with the multidisciplinary team to identify where stigma and discrimination exist in the clinic and work together to make changes.

In the community:

- Get community and NGO leaders involved in the fight against HIV.
- Work with community and religious leaders to acknowledge and accept that PLHIV are equal members of the community.
- Promote PLHIV as role models and active community participants.
- Organize community meetings and activities related to HIV.
- Conduct community sensitization and education on HIV, led by PLHIV.
- Get the community to support orphans and other children affected by or infected with HIV.
- Improve linkages between health care facilities and the community.
- Conduct community education on caring for someone with HIV and being a treatment buddy.

With faith-based and religious groups:

- Use churches, mosques and other religious institutions to discuss stigma.
- Get people to recognize their own stigmatizing behavior and correct it.
- Help religious leaders to lead efforts in stigma reduction and tolerance.
- Work with religious leaders to provide counseling that is non-stigmatizing and non-judgmental, such as pre-marital counseling.
- Support religious leaders living with HIV to be open about their status.

SESSION 11.4: Introduction to Disclosure (35 minutes)



TRAINER INSTRUCTIONS

Methodologies: Brainstorming, Interactive Trainer Presentation, Large Group Discussion

- Step 1:** Ask participants what is meant by the term “disclosure.” How does this translate into the local language? Record responses on a flip chart.
- Step 2:** Ask participants what they think is meant by the phrase, “Disclosure is an ongoing process.” Discuss that disclosure is not a one-time event.
- Step 3:** Ask participants what have been the advantages and disadvantage of disclosure in their own lives and in the lives of PLHIV they know. Record responses on a flip chart and fill in, as needed, using the content on advantages and disadvantages of disclosure below.
- Highlight the impact of stigma on peoples’ ability to disclose their HIV-status. As more and more people openly disclose their status, including Peer Educators, we will make HIV “normal” and reach the “tipping point.” Then stigma and discrimination will start to decrease.
- Step 4:** Prepare a flip chart with the “circles of disclosure” diagram below. Discuss how Peer Educators can help clients think about the circles of disclosure in their lives.

KEY INFORMATION

What is disclosure?

- Disclosure is when a person tells one or more people about their HIV-status.
- **Disclosure is an ongoing process**, meaning that a person may first want to disclose to only one person and then over time disclose to others. It is not a one-time event and PLHIV need ongoing support on disclosure.

Part of being a Peer Educator is openly disclosing your status to clients and people in the community. Peer Educators should be disclosure role models. Peer Educators should support one another with disclosure!

Advantages of disclosure may include:

- Avoiding the burden of secrecy and hiding
- Avoiding anxiety about accidental or unwanted disclosure
- Access to emotional and practical support
- Ability to talk about symptoms and concerns
- Easier access to health care
- Enhanced adherence to care and medication
- Ability to discuss safer sex and family planning choices with one’s partner(s)

- Ability to refer partner and children for HIV counseling and testing, and to care and treatment, if needed
- For pregnant women, ability to get support for safer infant feeding from family members and friends, and to find linkages to food support programs when the mom wants to wean the baby
- Freedom to ask a friend or relative to be a treatment buddy
- Access to patient support groups and community organizations
- Serving as a role model for other people on disclosure

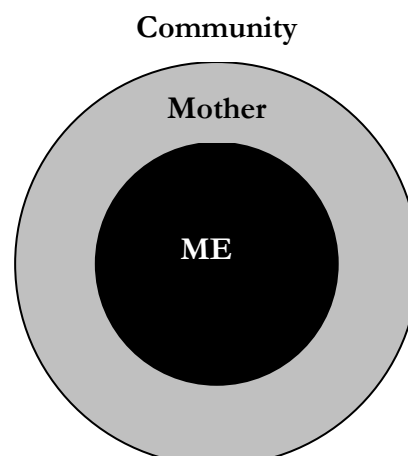
Disadvantages of disclosure may include:

- Blame by partner or family for “bringing HIV into the household”
- Distancing, fear, rejection or abandonment by partner, family or friends
- Loss of economic/subsistence support from a working partner
- Discrimination in the community
- Discrimination at work, including possible loss of job
- Assumptions made about sexuality, promiscuity or lifestyle choices
- Rejection of children at school or in the community
- Reluctance on the part of partner to have more children
- Physical violence
- More self-stigma

Deciding about disclosure:

- A good way to understand disclosure and help people decide who they will disclose to is by creating “disclosure circles” with your client.
- The center of the circle is the person her- or himself.
- The next circle out is a person or people the person is very close to, such as a mother, sibling or partner.
- The next circle includes larger groups of people that the person is not as close to, such as people at work or others in the community.
- There can be many layers to the circles of disclosure.
- Each layer of disclosure represents a process in itself – preparing for disclosure, the disclosure process and ongoing conversations after disclosure. Remember that the conversation does not end after disclosure. There will probably be ongoing discussions between the client and the person she or he has disclosed to over time.
- The goal is NOT that all people will eventually disclose to all of the people in the circles. Instead, the circles provide a way to discuss the disclosure process and risks and benefits of disclosing to different people.

Here is an example of a disclosure circle:



SESSION 11.5: Disclosure Counseling (45 minutes)



TRAINER INSTRUCTIONS

Methodologies: Small Group Discussion, Large Group Discussion, Interactive Trainer Presentation

Step 1: Ask participants to turn to the person to their left. Have participants spend the next few minutes talking in pairs about how they felt about disclosing their HIV-status. Ask the pairs to discuss these questions (you may want to write them on flip chart):

- *What were your fears about disclosing?*
- *How did you prepare to disclose?*
- *How did you start the discussion when you disclosed your status?*
- *What was the person's reaction to your disclosure?*
- *What happened in the days and weeks after you disclosed?*

After about 10 minutes, ask if there are any volunteers to share their experiences with disclosure with the large group.

Step 2: Ask participants what they think are the key points about disclosure counseling, reminding them that:

- Peer Educators will be able to help people plan for disclosure and to provide follow-up support after disclosure.
- Disclosure to each person is an ongoing process, not a one-time event.

Record answers on flip chart and supplement the discussion, as needed, using the content below.

Step 3: Ask participants to reflect on their own experiences and brainstorm about the different ways a person could start a disclosure conversation with a person they trust. Some examples are given in the content below. Remind participants that, as Peer Educators, they will help clients prepare for disclosure – including how to start the conversation.

Step 4: Discuss why it is important for children to know their HIV-status and how Peer Educators can help parents and caregivers prepare for disclosure to children, and give follow-up support to the family after disclosure. Use the content below to guide the discussion. **Note:** Additional information on disclosure to children can be found in *Advanced Module 18*.

KEY INFORMATION

Disclosure counseling:

- Should not include pressure for someone to disclose
- Is a confidential conversation that assists clients to work through the issues related to telling others about their HIV-status
- Is important to reduce stigma, enhance adherence to care and treatment, and reduce the spread of HIV
- Is intended to promote informed decisions about whether or not to disclose HIV-status and, if so, to whom
- Assists and supports people who have decided to disclose their status
- Enhances coping strategies following disclosure
- Is an ongoing process that requires preparation, practice and follow-up support

General approach to disclosure counseling:

- Use good communication and counseling skills (e.g., good body language, ask open-ended questions, summarize and reflect, etc.).
- Discuss the advantages and disadvantages of disclosure specific to the person's life.
- Help the person to identify barriers and fears about disclosure.
- Explore possible options to overcome barriers.
- Encourage the client to take the time needed to think things through.
- Talk about sexual partners who need protection from HIV infection.
- Identify sources of support.
- Support clients to make their own decisions about disclosure.

Peer Educators can help prepare clients who choose to disclose by:

- Helping to decide whom to disclose to, when and where (using the disclosure circles discussed before)
- For parents or caretakers, deciding what type of information is most understandable for a child, given the child's age and development
- Planning for a good place and time to have the conversation (for example, when the children are asleep and when no one else can hear)
- Helping people weigh the advantages and disadvantages to disclosure to different people in their lives
- Assisting the client to anticipate likely responses
- Practicing disclosure through role-plays with clients, including how they will start the conversation. For example,
 - *"I wanted to talk to you about something because I know you can help and support me."*
 - *"I went to the clinic today for a check-up and they talked to me about how it is important for everyone to get an HIV test because you can't tell if someone has it by looking at them."*
 - *"I want to talk with you about something very important right now. I am talking to you about it because I love you and I trust you."*
 - *"I need to talk to you about something difficult right now. It is important for our family that I be able tell you even the hard things. We need to support each other."*
- Providing practical suggestions, ongoing support and reassurance
- Planning the next steps and scheduling a time for follow-up counseling

Considerations when disclosing to children (Note: There is more on disclosing to children in *Advanced Module 18*):

- Children have a right to know about their own health. We must work with caregivers to encourage disclosure.
- When we disclose to children, we must consider the needs, feelings and beliefs of children, parents and caregivers, as well as the specific family situation.
- We need to involve all of the child's caregivers and make sure everyone has the same messages and knows how and when the child will be disclosed to. There are challenges when a child has many caregivers or when the caregivers change. Peer Educators help by asking about all of the child's caregivers and making sure they are given support during disclosure.
- Keep in mind that disclosure to children depends on their stage of development:
 - Young children may only need to know that they are sick and have to go to the doctor and take medicines to feel better.
 - Older children should know that they have HIV, understand the disease and the medications, and actively participate in their own care and treatment.
- Plan for follow-up support to the family, including children, after disclosure. Disclosure to children is not a one-time event and will require many conversations over time.

What are the reasons to disclose a child's HIV-status?

- Children have a right to know about their own health care.
- Children who have not been disclosed to may develop their own views about their illness, feel isolated, learn their HIV status by mistake or have poor adherence.
- Orphaned or other vulnerable children may wonder why they have lost a parent or been rejected by the family. They need to know the truth. This will also help children seek the services they need, especially those who do not have regular caregivers.
- Children often want and ask to know what is wrong. Children are observant, smart and curious. They often know much more than we adults think.
- When children learn about their status directly from their caregivers, it can provide comfort and reassurance. Too often, children overhear health care workers and caregivers talking about their health as if they are not in the room.
- Children who know their HIV-status can take an active role in their care and treatment plan and, when old enough, take steps to live positively and prevent new infections.

Some tips on talking with children about HIV:

- The best place to tell a child about his or her HIV-status is usually at home.
- The best person to tell a child about his or her HIV-status is usually a trusted parent, caregiver or family member.
- Many of the listening and learning skills apply to children as well as adults.
- When talking with children, adults should be at the same level (such as sitting on the floor together).
- Make sure there is privacy.
- Listen to the child, and show that you are listening.
- See what concerns the child has before giving information.
- Allow children time to talk without being interrupted.
- Use play and drawing to help learn how the child is feeling.
- Always give children correct information – never lie.
- A child does not always need to know how they got HIV.
- Help children understand their choices and empower them to make decisions.
- Remind children that they can come to you any time to talk or ask questions.
Disclosure is not a one-time event, but instead an on-going conversation.

SESSION 11.6: Classroom Practicum on Stigma and Disclosure Counseling (60 minutes)



TRAINER INSTRUCTIONS

Methodologies: Start-Stop Drama, Large Group Discussion, Small Group Work, Role-Play, Case Studies

Step 1: The first part of the classroom practicum will be a start-stop drama. Ask for 3 volunteers. Assign each a role to play (pregnant woman, her mother, and her sister or brother), based on the scenario below. Refer the actors to their Participant Manual, give them a few minutes to prepare for their role and then ask the group to get started with the drama.

The trainer should stop (“freeze”) the actors from time to time and the group should discuss what is going on. Then the drama should resume. Continue the start-stop drama for about 20 minutes.

Step 2: Ask participants to divide into groups of 3 and do rotating role-plays using the case studies below. Give each group a pre-prepared case study card. One person should act as a client, another as the Peer Educator providing disclosure support and the third as an observer. The trainers should circulate around the room during the small group work.

Step 3: After about 20 minutes, bring the large group back together. If time allows, ask for one of the small groups to perform their role-play. Discuss what went well and what could have been done differently as a group.

Step 4: Ask if there are questions or discussion points before moving on.

KEY INFORMATION

Scenario for Start-Stop drama:

Actors: A pregnant woman, her mother and her sister (or brother)

- A pregnant woman named C___ wants to disclose her status to her mother and sister.
- C___ sits them down one evening after they have cleaned up the house and the other children are asleep. Her boyfriend is out at a bar with his friends.
- C___ is scared that her baby will be HIV-infected. She wants her mother and sister to help her stay healthy during the pregnancy. She isn't sure if she should tell her partner about her status and wants support and advice from her mother and sister.
- C___ tells her mother and her sister that she found out at the clinic that she is HIV-positive.
- The mother will not accept her daughter's status. She says that the doctors are wrong and she should just take herbal medicines and she will feel better. She is completely in denial.
- The sister knows a bit more about HIV than the mother, but is worried about C___ taking ART during pregnancy because she thinks it will kill the baby. She is also worried because she is a teacher at the community school and she is afraid she might lose her job if everyone knows there is HIV in the family.

Case Study 1:

A woman named F___ is a counselor at the local HIV testing center. About one year back, she decided to get tested and found out she is living with HIV. Since then, F___ has not enrolled in the care and treatment program because she does not want anyone to know she is positive. F___ is feeling well, but has started losing weight lately and thinks some of her fellow counselors might be talking about how she has HIV. She feels so badly about herself and thinks she should have known better than to have unsafe sex. She comes to you for advice. How would you counsel her?

Case Study 2:

A married man named P___ with 2 children (aged 7 and 3) tested positive for HIV last week after having pneumonia and being referred for HIV testing. He wants to know if he has AIDS and he has not told anyone about his status because he is worried about their reactions. He started using condoms, but his wife is acting suspicious. He wants to talk about disclosure with you. What would you talk to him about? Lead P___ through a disclosure role-play.

Case Study 3:

A pregnant woman named V___ comes to talk with you. She is physically quite well, but just tested positive for HIV during an antenatal check-up. She is scared to tell anyone and does not want to go to the ART clinic because someone might see her there and tell her family. Her husband can be violent when he gets upset, and she thinks he gave her HIV because he is the only person she has had sex with without condoms. She turns to you for help. How would you counsel V___?

Case Study 4:

A 19-year-old man named H___ tested positive for HIV about 2 years ago, but takes good care of himself and feels fine. He got tested because his girlfriend at that time found out she was HIV-positive. He has since changed girlfriends and has not told his new girlfriend about his HIV-status. He comes to the clinic for his regular appointment, but wants to talk with you about how to tell his girlfriend that he is living with HIV. He does not know how to use condoms and is afraid that if he starts using them with his girlfriend she will know he has HIV. How would you counsel H___?

Case Study 5:

A mother named J___ has been caring for her HIV-infected child for the last 6 years. The child is now ready to start school, but she is afraid to tell the teacher that her son has HIV. She is afraid he will be stigmatized in the school and that he will learn about his HIV-status from schoolmates or the teacher. Counsel J___ about disclosing to her son.

Note: Some of the preceding information in this Module was adapted from the following sources:

The CHANGE Project & ICRW. (2003). *Understanding and challenging HIV stigma: Toolkit for action*. Washington, DC: The CHANGE Project, Academy for Educational Development.

Colton, T., Dillow, A., Hainsworth, G., Israel, E., & Kane, M. (2006). *Community home-based care for people and communities affected by HIV/AIDS: A comprehensive training course for community health workers*. Watertown, MA: Pathfinder International.

The International HIV/AIDS Alliance. (2006). *Trainer's manual: Community engagement for antiretroviral treatment. Participatory tools and activities for civil society organizations working with people with HIV*. International HIV/AIDS Alliance.
Joint United Nations Programme on HIV/AIDS. (2003). *Fact sheet: Stigma and discrimination*. Geneva, Switzerland: UNAIDS.

Joint United Nations Programme on HIV/AIDS. (2007). *Reducing HIV stigma and discrimination: A critical part of national AIDS programmes. A resource for national stakeholders in the HIV response*. Geneva, Switzerland: UNAIDS.

SESSION 11.7: Module Summary (10 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Ask participants what they think are the key points of this Module. What information will they take away from the Module?
- Step 2:** Summarize the key points of the Module using participant feedback and the content below.
- Step 3:** Ask if there are any questions or clarifications.
- Step 4:** Review the learning objectives with participants and make sure all are confident with their skills and knowledge in these areas.
- Step 5:** If there are areas participants do not fully understand or in which they need more help, go back and review the session before moving to the next Module.

KEY INFORMATION



THE KEY POINTS OF THIS MODULE INCLUDE:

- Stigma is a bad or negative attitude towards a person or group of people who are different from what we think is “right.” Stigma is often followed by discrimination – when a person is treated unfairly because they are thought to be “different” (for example, because they are living with HIV).
- Stigma comes in many forms – it can be from one person to another, a person stigmatizing her- or himself, or stigma by association. Programs can also stigmatize and discriminate against people, as well as communities and religious groups.
- Stigma and discrimination make it hard for people to accept, access and adhere to prevention, care and treatment services.
- Peer Educators have an important role to play as positive role models, reducing stigma and discrimination among individuals, at the health care facility and in the community.
- Peer Educators can work with the multidisciplinary care team to reduce stigma and discrimination at the health care facility.
- When Peer Educators are very open about their own HIV-status, it helps to reduce stigma and discrimination.
- Disclosure can help a person access prevention, care, treatment and support; improve adherence; help reduce stigma and discrimination by bringing HIV out into the open; and slow the spread of HIV by helping people protect themselves and their partners.

(KEY POINTS, CONTINUED)

- Peer Educators can help people weigh the advantages and disadvantages of disclosure and be supportive counselors throughout the process. They can help prepare clients for disclosure and give follow-up support after disclosure.
- Disclosure is an ongoing process, not a one-time event.
- It is important for children to know about their HIV-status.
- Peer Educators can work with parents, caregivers and children to understand why disclosure to children is important, prepare for disclosure and provide follow-up support.