OBJECTIVES:
1. Workers who attend can define stigma and discrimination.
2. Workers will know their responsibilities towards PWAs.
3. Workers will understand the problems caused by stigma.

ACTIVITY ONE:
What is stigma? (20 minutes)

Because stigma affects people for different reasons you should start with a general discussion of what constitutes stigma and how it works. Begin by writing these three statements (or similar) on a flipchart or showing them on an overhead slide:

Stigma (society’s disapproval) comes from what people think about us because of:
- Our own social group or circumstances
- Something we have done
- Our association with someone who is stigmatised

Ask the group for examples of stigma and explore how that stigma has originated. Although stigma usually originates from individuals’ or society’s fears, misgivings or disapproval, this can develop so that stigma becomes an illogical but very negative force. As such it is hard to overcome, but sometimes it is important to challenge stigma and reduce its negative impact. Stigma is often used to justify personal prejudices and acts of discrimination that can be very damaging to the wellbeing of individuals and their families.

Ask the group, has there been a time when stigma has directly affected them – either as someone who has acted on or helped sustain stigma, or as someone who has suffered because of it? End with these definitions of stigma, self-stigma and discrimination on the flipchart or screen – put these into different words if they are suggested and are appropriate:

- Stigma = “a mark of social disgrace”
- Internal stigma or self-stigma results from fear of social disapproval or self-hatred
- Stigma fuels discrimination
- Discrimination = enacted stigma or enacted prejudice
- Discrimination fuels self-stigma
- Self-stigma or shame appears to justify stigma

ACTIVITY TWO: Stigma related to HIV and AIDS (20 minutes)

In recent years it has been recognised that stigma causes much harm to people living with and affected by HIV and AIDS. AIDS carries its own stigma – due to its sexual transmission and because it is associated with death – issues that may be taboo in many societies. In addition, many of the people associated, rightly or wrongly, with HIV and AIDS have already been stigmatised in many societies: people who have sex for money or goods or favours, men who have sex with men, drug users. This adds to the burden of stigma borne by people living with HIV and AIDS.

This burden weighs heavily because it can result in so many adverse effects. Ask your group to discuss in pairs or groups of three how someone living with HIV might suffer due to stigma or their fear of stigma. Ask them:

“How would stigma or their fear of stigma affect the health, prosperity and wellbeing of someone living with HIV at home, at work, and in the wider community?”

Allow the pairs or small groups 5 minutes to discuss this, then take one suggestion from each group until you have examples for all three environments. People may suggest some or all of these:

- Fearing being seen and then talked about, someone who thinks they may have been exposed to HIV does not go for a test.
- Fearing the reaction of neighbours and relatives, their family may isolate them at home or throw them out.
- Fearing awkward questions, someone living with HIV may avoid use or discussion of condoms and engage in unsafe sex.
- Someone living with HIV may fear an adverse reaction from colleagues or their boss – so they may keep their HIV status a secret.
- Trying to conceal their HIV status may lead someone to avoid clinics and other places where they could get help or treatment.
- Being sacked, or leaving work because of discrimination or victimisation would leave a person living with HIV less able to pay their bills, eat well and avoid the stress this brings.

You should have a long list of the negative ways that stigma, the fear of stigma and discrimination can impact on the lives of people affected by HIV and AIDS. This shows that stigma can affect the individual, their families, communities and society as a whole: if stigma prevails and people become ill, do not take precautions or seek treatment, the epidemic will thrive while people suffer.
ACTIVITY THREE: Confidentiality and discrimination at work (30 minutes)

We all have a right to confidentiality regarding our personal and medical records – our employer is duty bound to respect that right. Employees who, in the course of their work, discover personal or medical information about their colleagues must also respect that right.

Unfortunately, when employees divulge sensitive information about themselves to trusted friends at work, information that they otherwise wish to remain confidential, those friends and colleagues may not understand the sensitivity or the need for confidentiality.

Employees living with HIV or AIDS do not need to divulge their HIV status to fellow employees or to their manager. If they need to discuss special work requirements, time off for appointments or access to particular benefits they can talk in confidence to the company doctor or personnel department.

Because HIV is not transmitted through normal workplace activity, sharing cutlery or preparing food we do not have the right to know the HIV status of our colleagues. The company’s HIV and AIDS peer educators are here to allay any fears people may have about their exposure to HIV.

You now need to ask your group to consider their responsibilities towards people living with or affected by HIV and AIDS in the workplace. One of the reasons we do this work is because our employer has adopted a policy of non-discrimination in relation to HIV and AIDS. This is in recognition that people living with HIV can and should remain in the workforce and be active members of the community.

Ask your group to break up into pairs. Give each pair one of the following situations to discuss. Tell them they have five minutes to identify three things they can tell their colleague(s) to reassure them about the situation. Use the rest of the time to take feedback from as many pairs as possible. If there is not enough time to finish you may need to hold another session for the same group to continue the exercise and subsequent discussion – it will depend on the size of your group.

The situations:

1. A co-worker tells you she is worried that a woman who works in packaging is HIV+ and that surely this puts you and others at risk.

2. One of the canteen workers has told you that one of his co-workers might be HIV+ and so should be moved to another job.

3. A colleague has overheard your friend and colleague telling you that he is waiting for the results of an HIV test – she wants to tell your manager.

4. Your colleague has seen another co-worker taking a number of tablets on several occasions: he wants you to confront them to find out if they are HIV+ and taking antiretroviral drugs.

5. There are rumours that a co-worker is having an extra-marital affair. She is then seen talking with one of the HIV/AIDS Peer Educators. What do you do or say?

6. A newspaper article that suggests that AIDS is a punishment for sinners has been posted anonymously on a workplace notice board. What do you do or say?

During the feedback you should have many opportunities to reinforce key messages about confidentiality, discrimination and HIV transmission. For example:

- There are no certain or unique symptoms of HIV infection and illness
- HIV cannot be transmitted between colleagues by working together
- Health practitioners take universal precautions so do not need to know which of their patients is HIV+
- Living with HIV does not disqualify someone from working with food – remind the group how HIV is transmitted
- It is up to the individual to decide when and how to divulge their HIV status
- Colleagues with HIV need our support, not gossip and prejudice
- Conversations with peer educators are confidential: you hope all employees feel able to come and ask questions without fear of stigma
- Sometimes people are redeployed for health reasons, but for their own wellbeing, not because they pose a risk to others
- The employer and their employees are not here to judge people living with HIV or make assumptions about how they became infected.