

Supporting community action on AIDS in developing countries

**Understanding  
and challenging  
HIV stigma**  
Toolkit for action

**MODULE H**

• **MSM and stigma**

## About the International HIV/AIDS Alliance

Established in 1993, the International HIV/AIDS Alliance (the Alliance) is a global partnership of nationally based organisations working to support community action on HIV and AIDS in developing countries. Our shared mission is to reduce the spread of HIV and meet the challenges of AIDS. To date, over \$140 million has been channelled to more than 40 developing countries in support of over 3,000 projects, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to treatment.

Registered charity number 1038860

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© Illustrations: Petra Röhr-Rouendaal, 2006 and on page 5, Ato de Graft, 2006

Published June 2007

ISBN: 1-905055-28-5



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This publication was made possible by the Swedish International Development Cooperation Agency (Sida). The contents are the responsibility of the authors and do not necessarily reflect the views of Sida.



# Understanding and challenging HIV stigma: Toolkit for action

## About this toolkit

This toolkit was written for and by HIV trainers in Africa. It has been designed to help trainers plan and organise educational sessions with community leaders or organised groups to raise awareness and promote practical action to challenge HIV stigma and discrimination.

The toolkit evolved out of a research project on 'Understanding HIV-related stigma and resulting discrimination' that was conducted in Ethiopia, Tanzania and Zambia from 2001 to 2003. The research was implemented by the International Center for Research on Women (ICRW) in collaboration with research institutions in the three participating countries. The first edition of this toolkit was developed by the CHANGE Project AED (Academy for Educational Development) and ICRW in partnership with the research institutions and non-governmental organisations (NGOs) in these three countries who helped to design the original toolkit. It was developed and written by Ross Kidd and Sue Clay.

This edition was revised by the International HIV/AIDS Alliance country office in Zambia, building on the original toolkit, and includes experience of the Alliance's Regional Stigma Training Project, which has introduced the toolkit to many countries in Africa through a training of trainers (TOT) and networking process. The national TOT workshops and follow-up workshops conducted by members of the growing anti-stigma network have created a base of experience for revising and updating the toolkit. At a regional workshop in Zambia in August 2005, members of this network helped to review the toolkit and make changes and additions.

By the end of 2006, more than 300 anti-stigma trainers from many organisations have been trained by the Alliance using this toolkit. These include the following key partner organisations:

**Burkina Faso:** Initiative Privée et Communautaire Contre le VIH/SIDA au Burkina Faso (IPC)

**Côte d'Ivoire:** L'Alliance Nationale Contre le SIDA en Côte d'Ivoire (ANS-CI)

**Ethiopia:** ActionAid, Hiwot, Save Your Generation Association (SYGA)

**Kenya:** Regional AIDS Training Network (RATN), Network of people with HIV/AIDS in Kenya (Nephak)

**Mozambique:** International HIV/AIDS Alliance in Mozambique, Rede Nacional de Associcoes de Pessoas Vivendo Com HIV/SIDA (Rensida)

**Nigeria:** Network on Ethics, Human Rights, Law, HIV/AIDS Prevention, Support and Care (NELA)

**Senegal:** Alliance Nationale Contre le SIDA (ANCS)

**Tanzania:** Kimara, Muhimbili Medical College of Health Sciences (MUCHS)

**Uganda:** The AIDS Support Organization (TASO)

**Zambia:** International HIV/AIDS Alliance in Zambia, Network of Zambian People Living with HIV (NZP+)

## This edition, developed and written by

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## Acknowledgements

We would like to thank all those who contributed to the development of this module: Jean Louis Rodriguez, Serigne Mbodj, Michel Dossou, Mansour Ndiaye, Assane Ndour, Zacharia Konate, Ibrahima Diagne Koos, Maguette Fara Niang, Djamil Ba, Djadji Diouf, Sady Thiam, Ibrahima Diallo, Omar Ben Khatab Gueye, Soussaba Kanoute, Magatte Mbodj, Alioune Badara Sow and volunteers from ATL Tunisia. We would also like to thank Liz Mann at the Alliance secretariat, for her support throughout this project and the Communications team who co-ordinated the design development and production of this toolkit.

Design by Jane Shepherd  
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Illustrations by Petra Röhr-Rouendaal and Ato de Graft  
Printed by Dexter Graphics in the UK  
[www.dextergraphics.com](http://www.dextergraphics.com)

*In memory of Martin Chisulu, Chama Musoka, Hamelmal Bekele (Happy), Andrew Mukelebai and Regina Mulope.*

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Naming the problem

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#### Module B

More understanding, less fear

#### Module C

Sex, morality, shame and blame

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#### Module D

The family and stigma

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Coping with stigma

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Treatment and stigma

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Children and stigma

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#### Module J

Young people and stigma

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#### Moving to action module

Thinking about change

Moving to action

Developing skills for advocacy

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#### Picture booklet

General stigma pictures

Rights pictures

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Additional booklets will be published as new modules are developed.



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### Introduction

This module was developed with a group of men from Senegal and Tunisia who had requested some help in starting to tackle the stigma issues facing men who have sex with men (MSM). The men are all members of associations that are trying to build support for MSM around accessing information and services linked to health, and in particular HIV.

The issue of MSM is still a difficult topic to discuss in many parts of Africa. Yet the stigma directed at the men is similar to the stigma faced by PLHIV. The judgements and moralising that are the backbone of HIV-related stigma link to the stigma faced by MSM, and are manifested in many similar ways. If men are identified as, or suspected of, being MSM, they often face rejection from family and friends, eviction by landlords, violence from neighbours, expulsion from college, hostility from health services and general blaming, shaming and humiliation from the community.

There has been little research about the health needs of MSM in Africa, but the stories from the workshop illustrated many ways in which stigma can become a barrier to men seeking help, testing or treatment for HIV and sexually transmitted infections. As one group member said, the double stigma of being an MSM and HIV positive is “unbearable”.

MSM stigma is fuelled by a hostile environment – in many countries sex between men is illegal. This creates vulnerability to abuse and blackmail. Sexuality is more likely to be hidden and it is difficult to know who to trust. This creates greater risks in terms of safer sexual practices and ability to access information and care.

This module provides some exercises to help explore, understand and ultimately challenge the stigma faced by MSM. Some of the exercises are designed to use with MSM groups; others are for service providers and community members who may be providing services to MSM.

“ One day two men walked into the office and said they wanted to talk privately. One of them worked for an international organisation. They asked if we provided services for men who have sex with men. At the time we didn't, but we believed that our organisation was open to everybody. They said that many of their friends were dying because they didn't know enough about HIV. I said I would talk to the other staff and see what we could do. ”

Programme officer, Senegal

“ It's one of those things that we avoid talking about in Zambia, yet we all know that there are gay men here. I have some who I have treated in the clinic. I try to understand them. ”

Nurse, Zambia

## Exercise H1 Naming the problem through pictures

### Objectives

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

- identify the types of stigma faced by MSM
- begin to explore the reasons why different stigmas exist.

### Time

1 hour

### Materials

Copies of *MSM stigma pictures* (see pages 15-28).

“ I went to a meeting where there was a man talking about how difficult it was to be gay in Uganda. I laughed at him along with my friends and made fun of him.

A few months later my niece asked me to come with her to a meeting where she gave a testimony about being HIV positive, and talked about some of the stigma and rejection she had faced. Her stories reminded me of the gay man. Then I realised that he had been through the same things as my niece. I felt ashamed that I had mocked him, instead of trying to understand.”

HIV trainer, Uganda

### Step-by-step activity

#### Picture discussion – in pairs

1. Display pictures from the back of this booklet on a wall. Form pairs and ask everyone to look at the pictures. Ask each pair to select one picture.
2. Ask each pair to discuss the questions below (you can have these on a handout to give each pair).
  - *What is happening in terms of stigma and MSM?*
  - *Why do you think it is happening?*
  - *Does this happen in your community? Discuss some examples.*

#### Report back

3. Ask each pair to report back by holding up their picture and answering the questions. Record key points on a flipchart – especially forms of stigma and reasons why it is happening.

#### Processing

4. Ask participants:
  - *What are the key issues that we have learnt from these pictures?*
  - *How does stigma against MSM link to HIV?*
  - *How can we use these pictures in our own communities?*



# Exercise H2 Stigma against MSM in different settings

## Facilitator's notes

This can become a long exercise but it is an important one. Use energisers in between the steps if necessary. Allow people to move between groups or add cards to the different contexts. It will work best if there are some MSM in the group to share their real experiences.

When looking at the causes be aware that some participants will want to blame MSM for the way they dress, speak, etc. (this might be internalised stigma if an MSM is saying it). Emphasise to groups that we are looking for why society judges MSM – there will be links with gender ('MSM are not real men'), culture ('this is not African'), religion ('it's immoral') and so on.

## Objectives

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

- explore MSM stigma in different contexts
- begin to look at the forms and causes of MSM stigma
- look at how stigma affects MSM.

## Time

1 hour

## Materials

Context cards from the Module A booklet.  
Different coloured cards.

## Step-by-step activity

### Picture discussion – brainstorming and card storming

1. Stick up *context cards* of different places around the room – clinic, family, workplace, church, bar, etc. Ask the group for any other ideas. Ask participants to spend a few minutes walking around the room, stopping in each place to think about the types of stigma that MSM might face there.
2. Break into small groups and ask each group to choose one of the settings. In small groups, ask them to brainstorm, "*What are the types of stigma or the main problems that you face as MSM (or that you think MSM might face) in these places?*" Ask them to write one point per card and stick the cards under the picture.
3. Ask the groups to move around the room, giving feedback while looking at the cards.

### Causes – card storming

4. Now ask each group to look at the causes of this stigma. Ask, "*Why do you think this happens?*" Again, write one point per card (on different coloured cards if possible) and stick them on the wall.

### Effects – discussion

5. Now offer the groups a chance to change their context group and ask what they think are the effects of this stigma. Ask the group:
  - *What happens to us (or MSM) when we experience these problems?*
  - *Does this have any implications in terms of HIV?*Write points on the cards and stick them up (see examples on page 6).

### Report back – gallery walk

6. Ask participants to walk around, reading the presentations, asking questions if things are not clear.

### Option: Strategies for change

1. In small groups, discuss and write on flipcharts:
  - *What would help to change things?*
  - *Where can we start?*
2. Ask for feedback from each group.
3. Agree on some action steps.



## Exercise H2 Stigma against MSM in different settings

### Examples of stigma from the tool development workshop, Senegal

#### School/university

Malicious gossiping. Contempt. Invisibility of MSM. Rejection. Reluctance to be in the same class as MSM. Isolation. Physical attack. Beatings. Verbal attack. Hurtful/shocking words shouted at MSM. Intolerance.

#### Bars/nightclubs

Violence. MSM are victims of beatings and injuries. Denied access to nightclubs and bars. Insulted when we try to enter. Pointed fingers wherever we go because of the way we dress. Contempt. Sometimes insulted by the same people who would like to go with us. Yelling. Some people are reluctant to greet us or even to sit next to us. Sometimes sex workers are the ones who gossip about us. Aggressive looks.

#### Family

Assumptions. Malicious words about us. Rejection. Isolation. Denigration. Lack of respect. Hostile looks. Contempt. Insults. Brutalisation. Giving us women's work. Mothers blamed.

#### Mosque/church

Gossiping. Prejudice. Banning. Taboo (sex is taboo in religious families). Punishment. Exclusion. Puritanism. *Haram* – not allowed by religion. Guilt. Intolerance. Death penalty in some countries, e.g. Iran.

#### Clinic

Reception – we are received in an unfriendly way (look, gesture, etc.). Rejection – we feel like we are not wanted in the clinic. Over-protection. Our illness is not taken care of by health workers. We are kept waiting or given another appointment. Contemptuous looks by health workers. We are examined with disdain and contempt. Bitter words about how we are dressed. We are asked to come another day. Some medical doctors do not accept MSM in their clinics.

### Summary

Stigma against MSM happens in many places and at times a person may face different types of stigma throughout the day, building up layers that can increase feelings of isolation and rejection.

The right to education, entertainment, healthcare, etc. should not be denied just because we are MSM. Because of so much stigma, sometimes we need to identify places that feel safe and unthreatening, where we know we can go to and feel free.



# Exercise H3 MSM and stigma case studies

## Facilitator's notes

These case studies were developed by MSM during the tool development workshop. They are based on real life experiences.

## Objectives

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

- explore MSM stigma in more depth
- discuss real life stories and look at ways of challenging stigma.

## Time

45 minutes

## Materials

Copies of *case studies* on pages 7 and 8 – one case per group.



## Step-by-step activity

### Discussion

1. Divide into small groups of three or four. Give each group a different case study. Read through the case study together and then discuss the following questions:
  - *Why do you think this happened?*
  - *What do you think about the situation?*
  - *What could help to change things?*

### Report back

2. Ask each group to report back on the things that they learnt from discussing this case study.

### Option: Role play

Each group can perform a role play to show the situation, and use stop-start drama to find some solutions or ways of changing the situation.

## Case studies

### Case study 1

Souleyman is 28, married and a father of two children (a girl and a boy). He lives in Dakar in the district of Medina. He has developed good relationships with his friends and neighbours. He is a teacher of English. Although he is married, Souleyman sometimes has sex with men. His family does not know about his sexual orientation. However, some people in the neighbourhood have had their suspicions.

One day, his family heard a rumour that Souleyman was seen with a group of MSM. Since then, he has faced rejection and threats in the neighbourhood and at school. He finally left his house when he could no longer cope with the situation.

### Case study 2

Badiane Emile is a 42-year-old MSM. He studied hotel management but found it difficult to get a job in this area. He used to be the manager of a bar where most of the customers were MSM. His family never accepted his job, and he was rejected and isolated by them.

Three years ago, Badiane met a girl with whom he had two children. Last year he started getting sick and has become more and more ill. He keeps wondering and worrying about his health and whether he should go for an HIV test. His biggest fear is that if he tests positive, what future will there be for his children?

## Exercise H3 MSM and stigma case studies



### Case studies

#### Case study 3

Zigui is 25 years old and lives with his family in Mbour. He has three sisters and is very close to his mother. He is a student at the university. One day Zigui was at home with his friend when his mother came back early from the market unexpectedly. She saw them kissing.

His mother was shocked and no longer talks to him. She told his father, who stopped giving pocket money to Zigui. However, his parents were reluctant to tell anybody else in the community and told Zigui that his sisters must never know. Zigui has already told his oldest sister but did not tell his mother this. The atmosphere at home is very tense.

#### Case study 4

Modou is 26 years old. He studies in the renowned Institute of Commerce. He lives with his family in the holy town of Tattaguine. Modou is respected in the neighbourhood. Every day, he goes to the mosque to say his prayers.

One day, his parents caught him having sex with his friend's uncle. Modou was evicted from the family house. The following Friday, he was denied access into the mosque.

#### Case study 5

Ndiogou is a 35-year-old businessman. He is single and living with his family. He has a girlfriend, Nogaye Ndoye, and a male friend, Djibi Diaba, an MSM, who are both very supportive to him. He does not mix with the gay community.

One day, Ndiogou went to the hospital for a consultation because he had a rash around his anus. The doctor concluded that he was an MSM, because the infection is linked to anal sex. His attitude changed. He looked at Ndiogou as if he was no longer a human being. Ndiogou had trusted this doctor and believed he was tolerant and understanding, but he now felt insulted and ashamed. He vowed he would never go to a clinic again.

### Processing

3. Ask participants:

- *What do we learn from these case studies?*
- *What are some of the impacts of the stigma shown in the case studies?*
- *How can we help to increase awareness and understanding towards MSM?*

## Exercise H4 MSM and disclosure



### Facilitator's notes

This exercise is to be used with MSM groups. Prepare the questions on flipcharts before the exercise.



### Objectives

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

- discuss the links between stigma and disclosure
- discuss coping mechanisms for dealing with stigma
- help generate ideas for challenging stigma together.



### Time

45 minutes

### Step-by-step activity

#### Rotating buzz

1. Arrange the chairs in short rows facing each other so that participants are opposite a partner.
2. Explain that there will be a series of questions that you will discuss (buzz) with the person opposite you for a few minutes. Then the facilitators will 'collect' an answer from each pair. Answers will be recorded on flipcharts.
3. After each question, the participants move one chair to the left and discuss the next question with their new partner.

#### Questions

- *What are the advantages of disclosing your sexual orientation if you are an MSM?*
- *What are the disadvantages of disclosing your sexual orientation?*
- *Who would you tell, and why, if you found out you were HIV positive?*
- *What are some of the personal strategies that we use for coping with stigma?*
- *What can we do as a community/group to help fight stigma towards MSM?*

#### Examples from the tool development workshop

##### What are the advantages of disclosing your sexual orientation if you are an MSM?

No longer need to hide. Free oneself from a psychological burden. Relief, comfort. No more lies. Enjoy more respect, integration in society. No more need to live a double life. Acceptance of difference. No more stigma. Awareness about MSM community. Living in harmony.

##### What are the disadvantages of disclosing your sexual orientation?

Permanent war between society and MSM. Isolation. Banishment. Insults. Rejection and physical aggression. Murder. Imprisonment. Exclusion from family. End of relationships. Contempt. Verbal and physical aggression. Fear. No more security. Loss of rights in Tunisia, unable to enrol in the military.

##### Who would you tell, and why, if you found out you were HIV positive?

My brother – he trusts me. My sister – we are close. No one – I'm scared of what people would say. My mother – she would never reject me. My best friend – he will come with me to the clinic.

## Exercise H4 MSM and disclosure



### Examples from the tool development workshop (cont.)

#### What are some of the personal strategies that we use for coping with stigma?

Be very courageous and face reality (assertiveness). Show other people one has the right to be different (stand up for one's choice). Control one's destiny. Shut your ears. Change one's way of walking and dressing when going to certain places. Sensitise the person who is stigmatising you, talk to him or her. Respond. Not to remain inactive. Remind others of one's rights. Foster respect. Show that one is productive in society. Show that one is not a thief, a drug addict, aggressor. Show assertiveness, that one can take care of one's responsibilities.

#### What can we do as a community/group to help fight stigma towards MSM?

Build solidarity within the MSM community. Try to organise, create a meeting place for the MSM community to develop more solidarity. Be cautious (not provocative). Try to calm things down whenever there is a problem. Prevention (avoid places known for dating). Self-esteem and assertiveness. Avoid tensions between MSM. Moral and psychological support (from an expert). Address health matters. Change other people's mind-sets. Always talk about health matters. Never shun one's community. Reinforce MSM's rights. Peer care and support for infected and affected people. Recalling the rights and duties of MSM.



# Exercise H5 MSM and the family



## Objectives

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

- explore and discuss stigma against MSM in the family
- look at ways of building family support.



## Time

1 hour

### Ideas for solutions

Ask a family member to help mediate. Try to stay calm and discuss things. A family friend comes in and begs father not to reject his son, saying “that these days we understand”. The mother and sister try to convince a brother not to be violent. The son could prepare the family before the friend arrives.

### West Africa TOT workshop

MSM should stress the fact that they share the same blood. Whatever happens they can talk about it within the family. Then MSM no longer have to lie.

### Tool development workshop

## Step-by-step activity

### Role playing – stop-start drama

1. Explain the stop-start technique to the participants. Ask for volunteers to take part in a role play – each will be given a description of a role. Start the role play to show the initial incident/problem. Shout “Stop!” and the actors freeze where they are. The facilitator asks the audience, “*What was happening?*” and records the answers on a flipchart. He or she asks the actors, “*How are you feeling?*”
2. Ask, “*What do you want to happen next?*” Record the answers, then get the group to agree on one of the suggestions.
3. Restart the role play and continue as necessary.

### Role play

#### Scenario

The scene is a family wedding. One of the sons has invited his friend who is an MSM.

#### Description of roles

**Son:** You have invited your boyfriend to attend your sister’s wedding, although you do not want all your family to know that you are an MSM.

**MSM:** You have been invited by your partner to attend a family wedding. You are open about being an MSM but know that he has not told his family.

**Mother:** You have always thought that your son was ‘different’ and you are very close to him.

**Sister:** You know that your brother is an MSM and you accept it. You like him because you can talk about clothes and film stars with him.

**Brother:** You are shocked to see who your brother has brought to the wedding – he is known to be an MSM. You think it is time your brother started being a real man.

**Father:** You are worried about your son, especially as he has brought his strange friend to the wedding. You have been hoping he will join the armed forces like you did and become ‘more of a man’.

### Processing

4. Ask the participants:
  - *What do we learn from this drama about MSM and family stigma?*
  - *What other ideas do we have for ways that we can help families in similar situations?*

## Exercise H6 MSM, HIV and rights

### Facilitator's notes

Link this exercise to *F6 Understanding assertiveness* in the Modules F & G booklet

### Objectives

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

- look at the rights of MSM and PLHIV
- discuss and develop the link between fighting for our rights and challenging stigma.

### Time

1 hour

### Step-by-step activity

#### Our rights – buzz

1. Buzz in pairs on, “*What are some of the rights that might get violated if we are MSM and/or living with HIV?*” Write answers on a flipchart.

#### Prioritise the rights – discussion

2. Ask the group to pick five rights (or more according to the size of the group) that they would like to explore further.
3. Divide into small groups of three or four and prepare a role play to show how we can fight for these rights. Use the scenarios below as guidance, or ask the groups to develop their own.

#### Processing

4. Ask participants:
  - *What did we learn from these role plays?*
  - *What were the key themes?*
  - *How can we ensure that our rights are not eroded by stigma?*

#### Examples of rights from the toolkit development workshop

Right to have an opinion	Right to be regarded as a human being
Right to equality	Right to health
Right to a job and to be promoted	Right to confidentiality
Right to education and job training	Right to live
Right to dignity	Right to leisure and pleasure
Right to physical and moral integrity	Right to have a shelter
Right to have a child	Right to travel
Right to build a family	Right to belong to a religion
Right to go to the mosque or church	Right to treatment
Right to have sex	
Right to expression	

### Summary

Some societies and families are not ready to accept MSM. As MSM, we can try to find our own solutions and stand up for our rights. Much of the HIV stigma is similar to the stigma faced by MSM. It is based on judgements and moralising. An MSM living with HIV is a victim of double stigma. If it were not for the advent of HIV, stigma against the MSM community would not be so harsh. HIV increases the stress on stigma against MSM.

The stigma in health facilities means that some MSM are reluctant to seek help when they are sick, even though they have a right to health care. MSM have a right to express themselves, and should not be stigmatised because of this.

# Exercise H7 HIV stigma

## Facilitator's notes

Hot seating is a useful technique for helping a community or group to understand a problem in greater depth. (See also Exercise C5 *Judging characters* in the Modules B & C booklet.) Help the group focus on trying to understand the characters, rather than judge them.

When using hot seating, it is important that the characters are given enough time to prepare their roles and really think about who they are and why they find themselves in the situation. Ideally, prepare volunteers before the exercise starts.

## Objectives

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

- explore the stigma faced by MSM from other MSM if they are living with HIV
- understand how we can try to increase support and awareness about HIV in MSM communities.

## Time

1 hour

## Step-by-step activity

### Role play and hot seating

1. Ask four volunteers to perform the role play for long enough to show the situation below.

#### Role play

A group of young men stand with an HIV positive friend. Whenever he wants to join in the group, the other members shun him. He is isolated. They threaten him and tell him to leave the group because he is HIV positive.

2. The four volunteers sit in front of the audience and stay in role. Tell the participants they can ask the characters any questions they like, that will help them understand the situation better. Ask them to try to stay neutral – the aim is to understand, not judge. Ask the characters to stay in role and really think about their answers.

### Processing

3. Ask participants:
  - *What did we learn from this exercise?*
  - *Why do we judge some people as guilty and others as innocent?*
  - *What are the assumptions behind these judgements?*
  - *If you were shamed and blamed like this, how would you feel?*

### Examples of possible scenarios from toolkit development workshop

1. Vieux Badara is with his family. A man comes to visit and introduces himself as the boyfriend of their daughter, Adji Rokhaya. The mother knows that he is HIV positive. She does not want her daughter to marry him because she believes that they will not be able to have children. Vieux Badara sends him out of the house.

2. Sayed is an MSM who wears tight jeans and high-heeled boots. He goes to the district clinic for an HIV test. The doctor asks the nurse to throw him out of the clinic. The nurse tells Sayed to go to 'Polyclinique' and even refuses to be touched by him. She threatens him and sends him out of the room.

3. An employee is being fired because he is HIV positive. The results of an HIV test have been handed to the employer by a social worker. The employer summons the employee to tell him she is sorry but she is compelled to sack him so as not to 'contaminate' the other staff members. The employee stresses his capabilities and that he wants to stay.

## Annex 1 Personal experiences

### Personal experiences from the workshop

“I discovered my homosexuality through my brother. We used to sleep in the same bed. My brother used to lie very close to me although he was only 14. The first time he wanted to have sex with me, I refused. My brother threatened me if I ever told our mother. A year later, I met a friend who behaved like my brother. I started living my homosexuality when I met a German man. I have three children now.”

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“Homosexuals used to come to my house to see my aunt. I had sex at an early age with friends and others. There are no problems with my family, only with society. As time goes by, we are mobilising resources to fight the barriers imposed by society. There was one time when the other MSM who were supportive at the beginning backed away, when we were depicted in newspapers as a network of paedophiles. It was a neighbour who comforted me then by saying, ‘Stand up, you are not alone, you are a star.’”

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“I began having problems with my family because of the people I was mixing with. My sisters started insulting me, even the one with whom I used to share everything. I missed being able to discuss difficult issues with someone. I felt betrayed by people I had felt close to. I was abandoned by my mother who was my friend.”

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“I live in a family of rivalry. There are ethnic and cultural differences. My mother and my father came from different tribes – my father’s brother wanted my father to take another wife from his ethnic group. When my father was away, my uncle used to tell my mother that her son was a homosexual, and when I was 11, my uncle told my father that I was a homosexual. I knew it would create problems with my mother. I have tried to commit suicide twice.”

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“During a family meeting, my sister informed my mother about my sexual orientation. She said I was even bleaching my skin. My mother could not believe it. She asked me if I was seeing a certain man (known to be an MSM). I answered that he was my friend. My brothers and sisters told me to leave the house, which resulted in a dispute within the family.”



MSM picture 2





MSM picture 4





MSM picture 6





MSM picture 8





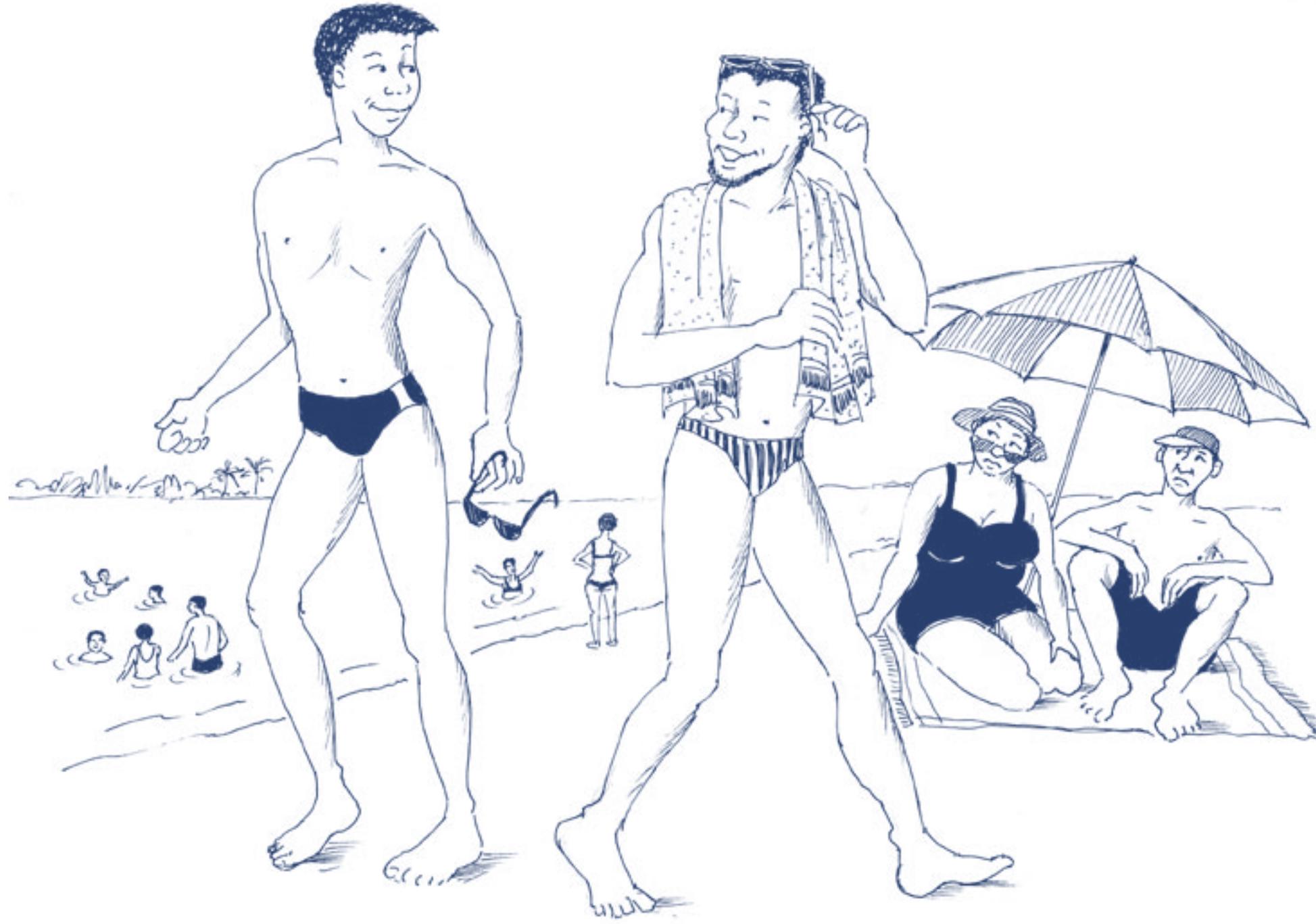
MSM picture 10





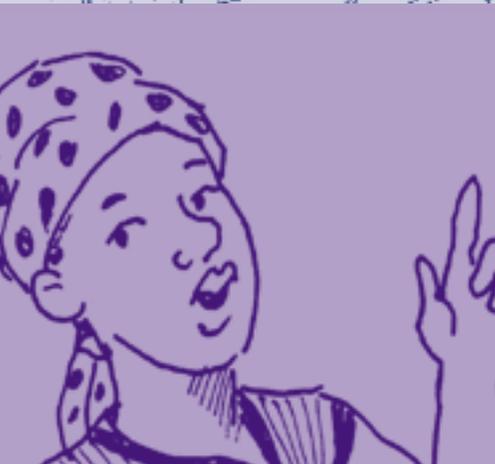
MSM picture 12





MSM picture 14





Booklets in *Understanding and challenging HIV stigma: Toolkit for action* include:

**Introduction**

Using the toolkit

**Module A**

Naming the problem

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**Module B**

More understanding, less fear

**Module C**

Sex, morality, shame and blame

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**Module D**

The family and stigma

**Module E**

Home-based care and stigma

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**Module F**

Coping with stigma

**Module G**

Treatment and stigma

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**Module H**

MSM and stigma

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**Module I**

Children and stigma

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**Module J**

Young people and stigma

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**Moving to action module**

Thinking about change

Moving to action

Developing skills for advocacy

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**Picture booklet**

General stigma pictures

Rights pictures

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Additional booklets will be published as new modules are developed.