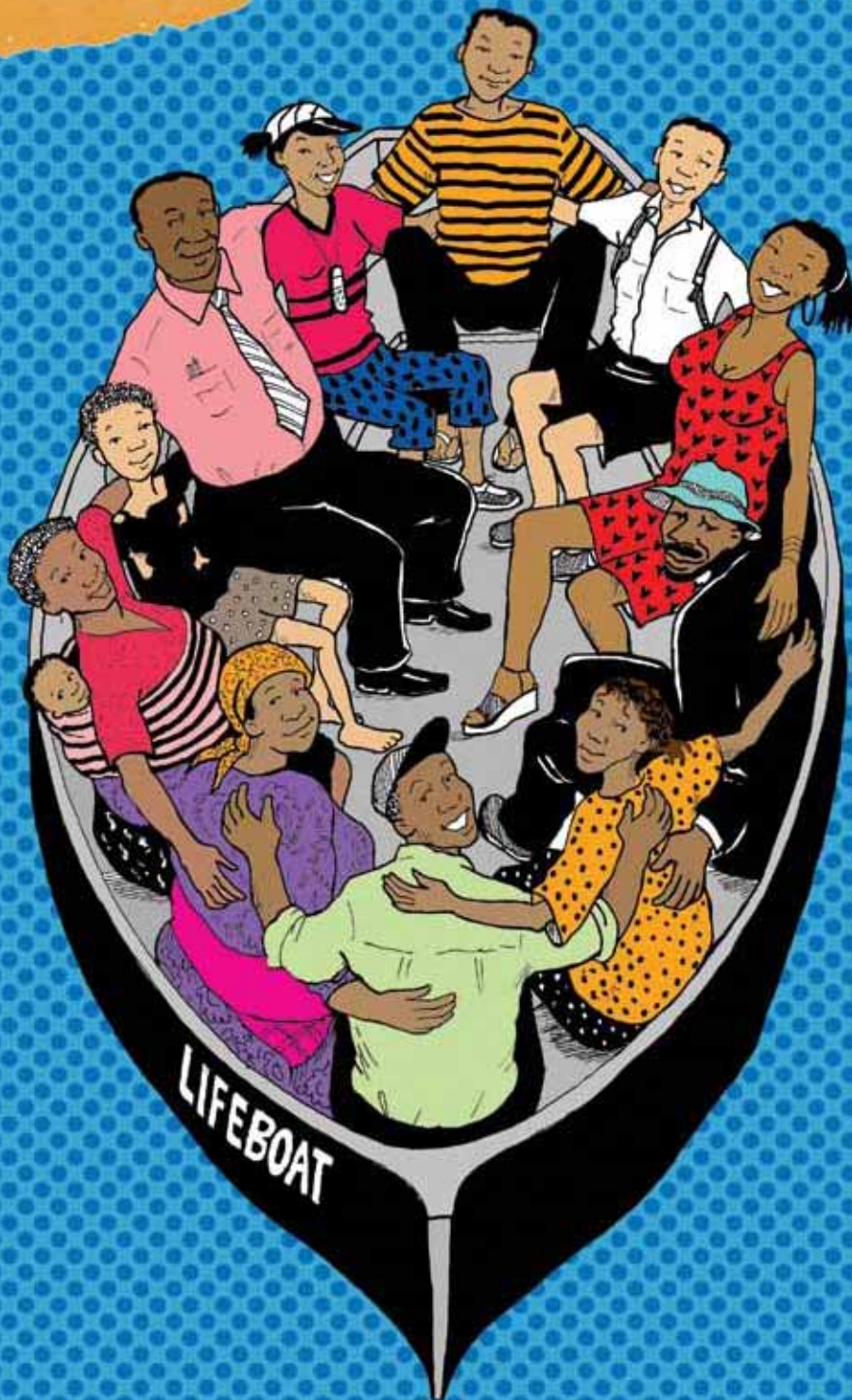


**We are all in**

**the same boat!**

**USING ART AND CREATIVE APPROACHES WITH  
YOUNG PEOPLE TO TACKLE HIV-RELATED STIGMA**



## ACKNOWLEDGEMENTS

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### Special note about the acronym PLHIV

In some places we have used the acronym PLHIV instead of 'people living with HIV' in order to shorten the text and make reading easier. However, we would discourage the use of this acronym in your training sessions and instead promote the use of the term in full.

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# Chapter A

## Introduction to the toolkit

### Why a toolkit on HIV stigma for young people?

Stigma is a daily reality and a major cause of suffering for people living with HIV. They face many forms of stigma, such as:

- being blamed and shamed at home and in some cases forced to leave home;
- losing friends and being forced to drop out of social groups and activities;
- finding it difficult to keep jobs and rent accommodations;
- being mistreated at clinics and having difficulty accessing health services.

Children in HIV affected households also face stigma – they may be badly treated by their extended family or the family that decides to take them in, they may face verbal and physical abuse and may be forced to drop out of school.

Stigma stops people living with HIV from disclosing their HIV status to their families and close friends, from getting tested and from getting care and treatment. Stigma particularly affects women, the poor and young people, who have fewer resources for coping with stigma.

This toolkit is part of the growing international response to do something about stigma. Its aim is to educate young people about HIV stigma and discrimination and build their skills, confidence and commitment to act against stigma.

### What is the toolkit and how to use it?

The toolkit is a set of ideas on how to use art and creative approaches to build a new understanding about HIV stigma and human rights, and on how young people can work together to challenge stigma and discrimination.

The toolkit uses different art forms and creative activities – drama and role playing, games, drumming, dance, puppets, story telling, pictures, drawing and collages – to spark new thinking about HIV stigma, change attitudes and challenge young people to do something.

It uses a participatory approach – participants create their own dramas, stories and pictures and discuss them in small groups. The idea is to help young people learn through **doing** – drawing or acting out real stories from their own lives, sharing ideas, feelings and experience, discussing and analysing issues, solving problems and planning how they can act to stop stigma. This approach fosters a sense of initiative and responsibility on the part of young people and reinforces their ability to think for themselves. The aim is to get young people not only learning new facts, but also developing new attitudes and applying the new knowledge to their own lives.

#### WHAT ARE THE AIMS OF THE TOOLKIT?

The aims of the toolkit are to help young people to:

- explore stigma and HIV in their lives and see that HIV stigma exists and hurts people living with HIV;

This toolkit will help young people see that we are all affected by HIV and AIDS - we are all in the same boat! We need to work together and support each other.

## WHO IS THE TOOLKIT FOR?

- The first audience is you – the teacher, youth worker, youth leader, peer educator or anyone working with youth groups. You will organise the activities for young people.
- The second audience is young people aged 12 to 15 years – both in and out of school. Young people will participate during educational sessions.

- understand that by changing their own attitudes and actions they can help to reduce HIV-related stigma;
- discuss and look critically at their own feelings, fears and values and take ownership of a new set of values and attitudes;
- learn the basic facts about how HIV is transmitted – accurate and complete information – and through this overcome their fears about interacting with people living with HIV;
- understand how women and girls are more affected by stigma and how HIV stigma and lack of human rights fuels HIV transmission;
- develop self-esteem, confidence and skills in communication, assertiveness, problem solving and decision-making, etc;
- develop practical strategies for challenging stigma in their homes, schools and communities.

Other aims of the toolkit are:

- to equip teachers and facilitators with the knowledge, skills and attitudes to use participatory forms of art and creative approaches to explore HIV stigma-related issues;
- to increase the use of art and creative approaches in a participatory process to analyse stigma and develop solutions.

## HOW TO USE THE TOOLKIT

The toolkit consists of three chapters:

Chapter A: Introduction to the toolkit

Chapter B: Using the arts for awareness and action

Chapter C: Games and exercises for young people to tackle HIV-related stigma

**Chapter A** – the chapter you are now reading – is an introduction to the toolkit and how it can be used. It provides tips on how you can facilitate the exercises in the toolkit.

**Chapter B** explains how to use art and creative approaches, along with discussion, to trigger interest, awareness, commitment and action in relation to stigma.

**Chapter C** is the heart and soul of the toolkit – the exercises which you can use with your class or group of young people. It includes 20 exercises, each dealing with a different aspect of stigma and using a different creative form. You need to select from the exercises the ones which suit your group and your objectives. You don't need to use them all.

The toolkit aims to build awareness and **action!** So, include activities which work on solutions to problems and plan for action. The aim is to help young people agree on what they can do to change things – to challenge stigma in their own lives, families, schools and communities.

In order to run these sessions you will need a certain set of facilitation skills so you can create an environment in which young people feel free to express themselves. Tips on how to do this are given at the end of this chapter.

## THE EXERCISES OR SESSION PLANS

Each exercise in Chapter C is a session plan – a detailed, step-by-step description of how you can run the exercise. Each session plan is divided into the following parts:

- a **brief note** on the importance of the exercise and advice on how to facilitate it effectively. It may include ideas on things that the children can do at home or outside the school
- **key information** about the content of the session to be used in facilitating the session and in giving a summary

- **objectives** – describing what participants will **know** or be able to **do** by the end of the session
- **indicators** to help the facilitator know whether the exercise has been effective
- what **age** group is appropriate for the session. In some cases there will be different activities for different age groups
- estimated amount of **time** needed for the session.
- a **step by step description** on how to run the exercise, including size of groups, instructions and how groups should report back.

## ART FORMS AND CREATIVE ACTIVITIES

Many of us are looking for better ways of encouraging young people to think about and take action to challenge HIV stigma. Art forms and creative methods are especially effective in HIV prevention education. They can provide a sense of empowerment and a safe and flexible environment in which to discuss and express sensitive issues and experiences. These approaches can also help a teacher who is uncomfortable addressing taboo and difficult topics that may not be typically tackled in the classroom or discussed publicly.

The approach used in this toolkit is to use art forms and creative approaches in a participatory way. The idea is to get young people to make their own dramas, pictures, stories, etc. and through this, act out different scenarios in their lives, explore the meaning of different situations and try out different solutions to problems.

The exercises use a number of different creative activities, including:



**drama-related activities** – role playing, stop-start drama, paired role playing, drama combined with hot seating, sculpturing, mime, games, drumming, dancing, puppetry



**story-related activities** – story-discussion, story-making, story-drama



**picture-related activities** – picture-discussion, picture-drawing, collage

All of these activities are described in the next chapter. They are always combined with **discussion**, which helps to digest what was learned and make it meaningful. Tips on facilitating discussion are given at the end of this chapter.

## Why a new approach for working with young people?

In Africa, young people deal with HIV as a daily reality. HIV affects their family, friends, teachers and members of the community. But, often silence or denial surround HIV and there is rumour and gossip about people living with HIV. This makes it difficult for young people to acquire the skills, understanding and confidence needed to cope with HIV and give support to those affected.

Many young people grow up in homes and schools where they are expected to listen rather than give opinions. They are used to being told things, rather than working out their own ideas and making their own decisions on how to respond to HIV. They are used to being criticised and embarrassed by their parents and teachers and this leads them to remain silent.

For example, Chama is 13 years old. She learns about HIV in school, but often the information has no real meaning for her life. She assumes that her older brother and the girl next door have HIV, but no one talks to her about it,

Tell our stories!  
Share our dramas!  
Draw our lives!  
Acting and drawing  
our lives in the  
group sessions are  
the first steps  
towards taking real  
action in real life!

helps her learn how she can be supportive or how she can avoid getting HIV herself. Her parents and older sisters are also silent about what is going on.

The problem is often not so much a lack of information, but the fact that young people find it difficult to apply this information to their lives. For example, young people may want to use condoms, but they are afraid that their parents will find out if they do. Young people need a safe place where they can talk about their concerns, doubts and fears and discuss first-hand experiences of HIV with their peers, and work out how to respond to the HIV issues in their lives, including stigma.

The problem for many young people is that they are not empowered. But what is **empowerment**? To be empowered means:

- you have a critical understanding of the world around you;
- you feel you are in charge of your life and able to determine where you are going;
- you know that you have a right to decide how people treat you;
- you are not afraid to speak out when you see yourself or other people being treated badly.

### **HOW CAN YOU USE THE LEARNING SESSIONS FOR EMPOWERMENT?**

Your objective as a facilitator will be to get young people talking openly and thinking seriously about HIV stigma – to build up their sense of comfort and confidence. They have been conditioned to sit and listen to parents, teachers and community leaders. The new approach will need to ‘break the ice’ – to create a safe environment in which young people feel free to express themselves. Use the creative activities to spark a response, ask good questions, listen to participants’ ideas and encourage them to stand up and speak out about stigma in their lives.

Empowerment cannot be achieved through spoon-feeding young people – treating them as a passive audience for lectures. Young people become empowered through doing things themselves – telling their stories, sharing their dramas, drawing their lives and discussing and analysing these issues, looking for solutions and planning with their peers what can be done to change things. Active and learner-centred methods enable young people to make sense out of their experiences and build critical thinking skills that help them take more control of their lives.

## **Tips for organising and facilitating participatory ‘act and learn’ sessions**

### **PART A – PLANNING**

The toolkit is a set of 20 optional exercises on different topics. It is designed to be used selectively, tailored for each group, rather than as a uniform training package. It is up to you to select the exercises which suit your target group, your objectives and the time you have for sessions. You will make your own training program, using the exercises in any order and in any combination, as appropriate for your group.

Some of you may be teachers who will use the exercises in the classroom with your students, some may be peer educators using the exercises in school-based anti-AIDS clubs and others may be NGO youth workers working with out-of-school youth clubs. You will need to vary your approach according to your group. Find out more about your target group – their interests and what they know already. This will help in deciding which topics are suitable for them.



## EXERCISES IN THE TOOLKIT

NO.	TITLE	BRIEF DESCRIPTION OF EXERCISE
<b>USING DRAMA AND DANCE</b>		
1	<b>WE ARE ALL IN THE SAME BOAT!</b>	A <b>game</b> in which some players are eliminated because they fail to do something – a way of showing a form of exclusion or stigma.
2	<b>SHOWING STIGMA</b>	<b>Sculpturing:</b> groups show stigma in the form of a frozen image using their bodies. The images are used as a focus for discussion.
3	<b>BOYS, GIRLS AND STIGMA</b>	A <b>story</b> with four scenes. At the end of each scene girls and boys act out the scene. They discuss the types of stigma faced by girls and boys.
4	<b>FAMILY MATTERS</b>	<b>Stop-start drama:</b> participants act out a situation facing a teenager living with HIV. The group discusses how to solve the problem with each solution played out through drama and discussed.
5	<b>CONDOMS AND STIGMA</b>	Groups make <b>role plays</b> about situations in which condoms trigger stigma. The plays are performed and discussed.
6	<b>ASKING FOR HELP</b>	A <b>dance</b> in which participants mime the situation of a person living with HIV asking for help and the reactions of different people.
7	<b>FINDING AUNTY ROSE</b>	Participants <b>read out letters</b> to Aunty Rose about problems facing young people. Participants take turns playing the role of Aunty Rose who provides advice on how to solve each problem.
8	<b>STANDING UP TO STIGMA</b>	<b>Stop-start drama:</b> drama showing someone stigmatising a person living with HIV. A participant shouts “Stop” and comes into the scene as another character challenging the stigmatiser.
9	<b>SHARING OUR MESSAGES</b>	Participants prepare and give a <b>performance</b> to other students and/or to the community about stigma, using drama and/or puppets.
10	<b>IT’S MY RIGHT!</b>	A <b>song</b> in which people are eliminated. Followed by a debate about specific human rights issues affecting young people.
11	<b>PUTTING ON THE PRESSURE</b>	A <b>game</b> in which young girls face peer pressure to have sex and they learn to say “No”.
<b>USING STORY TELLING</b>		
12	<b>LIVING WITH HIV</b>	<b>Stories</b> about young people living with HIV being stigmatised are read out and then participants discuss what can be done.
13	<b>NAME CALLING AND STIGMA</b>	<b>Short stories</b> are read out and then participants discuss the kinds of stigmatising things people say about people living with HIV.
14	<b>THE LITTLE SCHOOLGIRL</b>	A <b>story</b> is read out and discussed about a young girl who is badly treated because her parents have HIV.
15	<b>PROBLEM SOLVING</b>	Three <b>traditional problem stories</b> involving animals are read out and then participants discuss possible solutions.
<b>USING PICTURES AND DRAWING</b>		
16	<b>SEEING STIGMA</b>	Groups select and <b>discuss a picture</b> showing stigma and then relate the situation in the picture to their own experience.
17	<b>FEELING STIGMA</b>	Participants express their feelings about being stigmatised – being treated badly because they were seen as different – through <b>drawings</b> .
18	<b>FEARS AND STIGMA</b>	Participants discuss <b>picture cards</b> showing different forms of contact which some people fear may be a way of transmitting HIV. HIV transmission is explained using the QQR tool.
19	<b>TALKING ABOUT SEX</b>	Participants, working in separate gender groups, make <b>body maps</b> showing the body of a boy and girl, including their sexual body parts. Discussion follows on how difficult it is to talk about sex.
20	<b>FEELING HAPPY AND STRONG</b>	Participants make a <b>collage</b> showing things that make them feel happy and strong. The collages are displayed and discussed.



## UNDERSTAND YOUR TARGET GROUP

The exercises include optional activities for different age groups so use the methods that suit your age group. For example, older youth may find it easier to discuss some issues because they have more experience and find it easier to talk about topics such as sex without feeling embarrassed.

You will also have to decide on whether to work with single sex groups or with boys and girls together. Some exercises are designed for single sex groups – to create the level of comfort needed to talk openly about these issues – but there is also value in having the girls' and boys' groups sharing what they have learned from their single sex group discussions.

## TIMING ISSUES

The sessions are short – one or two hours – so you will need to manage time carefully. Decide how much time you need for each part of a session and work to these time limits. Small group work takes more time than you may think. Give small groups enough time to do their work and allocate time for groups to report back.

## PLANNING FOR ACTION

The toolkit is designed to encourage young people to put their new learning into action. So, you should also work on solutions to problems and plans for action. The aim is to help young people agree on what needs to be done and support each other in working for change.

Plan for what happens after each session. How will group members apply what they have learned? What follow-up support do they need? They will need support to be able to implement what they have learned – someone to give them feedback on what they are doing and encourage them. The aim is to keep the process, started by the sessions, sustainable – young people actually doing relevant activities to make changes in their lives.

## PART B – GENERAL FACILITATION TIPS

### WHEN YOU HOLD YOUR FIRST MEETING WITH THE GROUP:

- Explain the objectives of the meetings and how you would like to organise them.
- Explain that the sessions will be built around drama, other creative learning activities and discussion (rather than lectures) and explain the importance of everyone participating actively.
- Get participants to discuss:
  - > What they would like to learn from the sessions – what issues are they concerned about? What questions do they have about HIV and stigma?
  - > The ground rules – the rules for working together as a group. Agree on rules to ensure that everyone gets an equal chance to participate, and encourage those who are less confident to participate.

### AT EACH GROUP MEETING DO THE FOLLOWING:

- Prepare the room, materials and session plan.
- Push the desks to the back of the room so participants can move around easily.
- Make sure there is space for the group to sit in a circle on the floor (so everyone can see and hear each other) or for some sessions you could all sit outside in the shade of a tree.
- Arrange the materials you need for the exercise.
- Think about how best to facilitate each session. What is the objective and what do you have to do to achieve the objective? What is the best way to explain the exercise or to ask questions? What examples can you give if the group doesn't understand clearly what you mean? What extra information or ideas can you provide in the summary?

## EXAMPLES OF GROUND RULES

- ✓ We respect one another's ideas.
- ✓ We treat one another in a positive way and are considerate of one another's feelings.
- ✓ We do not talk about personal matters discussed in class with people outside the classroom – we keep personal matters confidential.
- ✓ We do not interrupt one another.
- ✓ We do not put down or criticise each other.
- ✓ We have a right to pass if we do not want to answer a question.
- ✓ We can choose not to do an activity if we are uncomfortable with it.

## BREAK THE ICE AND INTRODUCE THE SESSION

- Start with an energiser – a game or song to help participants relax, have fun and spark some energy. See Annex E for suggestions of energisers.
- Explain the objectives for the session and remind the group about the ground rules.

## GIVE CLEAR INSTRUCTIONS FOR GROUP EXERCISES

- Give clear instructions on what the group is expected to do: a) the questions to be discussed, or the task to be done; b) how they will report back and c) the time limit.
- Keep your instructions simple and clear and use examples to help with understanding.
- If the task is difficult, write the instructions on a flipchart or blackboard.
- If participants have blank looks, check that they have understood by asking, *What are you being asked to do or discuss?*
- After groups have been formed, go around to check that each group is clear about the task. Ask them to explain what they are expected to do to make sure they understand.

## DIVIDING INTO GROUPS

- The aim of dividing into groups is to mix participants up so that they work with different people. Keep changing the members in a group for each exercise.
- To do this, select groups on a random basis. Decide on the desired number of people in each group (e.g. six people) and divide the total number of participants (say 30) by this number to determine the number of groups, e.g. 5. Then count off around the group: “1, 2, 3, 4, 5, 1, 2, 3, 4, 5, etc.” and ask the 1s to form a group, 2s to form a group, etc. Or count off five different names going round the group: “Mango... Orange... Banana... Coconut... Guava... Mango... etc.” and ask the ‘mangos’ to form a group, ‘oranges’ to form a group, and so on.
- Some group work can be done in ‘buzz groups’ – groups of only two people. With only two people in a group everyone gets a chance to talk.

## ORGANISING REPORT BACKS

After groups have completed their work, they will often be asked to give a report. There are different ways of doing this:

- **Round robin reporting:** each group presents only one point at a time going round the circle until all the points are exhausted. The group reporter should only give new points. This method helps to equalise contributions by different groups and avoids repetition.
- **One group, one topic:** each group reports on a different topic or question.
- **Creative report:** groups give their report in the form of a picture or a role play.

## RECORDING ON A FLIPCHART OR BLACKBOARD

Keep notes of the main points on a flipchart or blackboard. This helps participants see what has been discussed and what needs to be added. These points will help you summarise the discussion. Here are a few tips on recording:

- write only the main points or key words, not everything that is said;
- use the children’s own words as much as possible;
- write big and clear so everyone can see.

## GIVING SUMMARIES

At the end of each exercise give a five-minute summary of what the participants learned from the session. Base your summary on what the young people said during the session and other points from the key information.

## TIMING AND PACING

- The sessions are short – one or two hours – so you need to manage time carefully.
- Decide how much time you need for each session and work to these time limits.
- Remember – small group work can take more time than you expect.
- Don't go too fast. Let the group help you set an appropriate pace.

## ACTION PLANNING

- At the end of each session, get the young people to decide on one or two practical things they can do to tackle stigma, based on what they have learned. These could be done at school or at home.
- They can decide on what they can do to challenge stigma individually (i.e. changes in their own lives) and/or what they can do as a group.
- Allow time for discussing what could be done at home.

## EVALUATION

- Organise a short evaluation at the end of each session. Ask: *What did you learn? What did you like or dislike?*
- Go around the circle getting a quick comment from each participant.

## ORGANISE LEARNING REVIEWS – 'HOT POTATO'

- At the start of each session do a quick review of what was learned at the previous session.
- Use the 'hot potato' method, using a paper ball. Ask a question about the last session and when a participant volunteers to answer it, throw them the 'hot potato'. After catching the 'hot potato', the participant answers the question. Then ask another question, invite other participants to respond, and throw the 'hot potato' to the person who puts up their hand. Three or four questions are enough for a review. Get different participants to answer each session.

## PART C - HOW TO FACILITATE DISCUSSION

Discussion is the core activity so, as a facilitator, you need to be good at facilitating discussion – asking good questions, listening actively, rephrasing, and encouraging everyone to participate. Here are a few tips:

### OPEN QUESTIONS AND PROBING

- One of your main tasks as a facilitator is to ask effective questions:
  - > **Open questions** – that encourage many different opinions and gets all participants talking and contributing.
  - > **Probing questions** – follow-up questions to get more information.
- Probing is to ask more questions to get more information, to find out how the children feel about an issue or to look for solutions to the problem.

### ACTIVE LISTENING

- After each question, **listen** carefully to what each child says. Give them your full attention and concentrate on what they are saying.
- Active listening involves:
  - > **Eye contact** – looking at the person most of the time to show interest and understanding.
  - > **Encouragers**, e.g. nodding your head, saying things like, "Yes... Okay... I see... That's interesting... Tell me more..." These let the speaker know that you are listening.
  - > Rephrasing to check that you have understood what the person is saying.
- If you listen actively, participants know that they are being heard and understood. This encourages them to share their experiences and feelings.

## REPHRASING

- Rephrasing means to make a summary of what someone has said in your own words, for example, “What I heard you say is that you want to...”
- The aim of rephrasing is to show the speaker that you value and have heard what they have said, to help clarify ideas and to help others add their own ideas.

## ENCOURAGING PARTICIPATION

In some groups you may find a few children dominate. Find ways to equalise participation with the big talkers talking less and the shy talking more. You could:

- use the ground rules as the basis for encouraging everyone to contribute;
- thank the big talker for his/her contribution and say, “*We would like to hear from everyone*”;
- ask questions to those who are silent and praise their responses – this will encourage them to talk.

## WORK WITH FEELINGS

Many of the exercises involve working with feelings. If young people can express their feelings and experiences, it can help them understand the impact of stigma and where certain beliefs or attitudes come from. But if, as a facilitator, you create a safe space where children and young people feel free to express themselves, any exercise may result in some participants sharing powerful stories or expressing feelings that they may not have had a chance to share before. Some activities could trigger strong emotions and you need to be ready to deal with them. The following tips may help:

- Don't panic! It may be touching to witness children or young people sharing difficult emotions or crying, but the most important thing is to allow them to do so, stay with them and offer plenty of reassurance. For this reason it is recommended that you have at least one other adult with you while you are doing stigma work with young people – even if they are not a facilitator. They can take a child aside or take care of other participants when needed.
- Discuss the exercises with your co-facilitator, or other adults who are there to help you, before you try them out. Agree on what you will do if participants get in touch with strong emotions or need extra support.
- Prepare yourselves emotionally by thinking about your own experiences of these issues and by trying out some of the exercises yourself. This will help you feel more confident in managing the feelings during the exercise.
- Remember that everyone has the right to participate at their own level of comfort. Emphasise that no one is forced to share their experiences – the sharing is voluntary. Emphasise the importance of confidentiality and active listening (see the ground rules).
- Encourage people to express their feelings openly and let people know they will be listened to. Allow each person to talk and give them time to talk. Don't interrupt.
- Prepare how you will respond if a child or young person discloses or raises issues of exploitation or abuse. Ensure that you and your school or organisation has guidelines on what action should be taken in such cases.
- After an emotional session you may want to take a break or use a song to help people come back together and pick up their spirits.

## HANDLING SENSITIVE ISSUES

Be prepared to manage sensitive issues, e.g. talking about taboo topics such as sex. Here are some tips:

- Start with yourself. Prepare yourself by discussing with colleagues about any anxieties you have about the topic.
- Check with colleagues the kind of language and terminology that is appropriate to use.

## FEELING EXERCISES

Some exercises explicitly ask participants about their feelings, e.g. 'Feeling stigma' (exercise 3) and 'Name calling and stigma' (exercise 5) where participants are asked to reflect on their own experiences of being stigmatised or called names.

- It may help to set clear ground rules and agree on them with the group. For example, listen to each other, respect different experiences and opinions, and honour the right not to participate.
- Ensure that you are gender sensitive, for example, it is more appropriate for girls to discuss sexuality issues with a female facilitator and boys with a male facilitator.
- Beforehand, get as much information as possible on what the potentially sensitive areas are, so that you can work out strategies to bring them out and handle them.
- Build an open atmosphere in which the children feel comfortable talking about these issues. The body mapping exercise helps to get young people talking about body parts and about sex.
- Be clear about setting boundaries for a discussion. If you feel discussion is becoming inappropriate or out of control, say so. For example, "I think it would be better to discuss that with your aunty/uncle/ grandmother".
- Observe the group's body language to understand when to probe further on an issue and when to back off. For example, people who don't want to discuss something may avoid eye contact or have their arms crossed across their chest.
- Usually participants will have more questions than you can answer. Be prepared for this and don't worry about having to admit that you don't have an answer, but show you are willing to find the answer.
- Ensure that you can debrief with a colleague after the session.

### AVOIDING DIFFICULT SITUATIONS

In many countries, incidents of teachers abusing their power and taking advantage of pupils is not uncommon. Teaching pupils about sensitive topics like sex and rights is an important part of combating this abuse, but it needs to be done with awareness and sensitivity.

Always work with another adult when you are leading an exercise about sex and sexuality, e.g. another teacher, a parent, a friend or volunteer. Ideally one of you should be male and one female. Working with someone else not only helps you to support each other with difficult topics but also provides protection in case there is any misunderstanding or allegation of inappropriateness by a young person or parent.

### FACILITATORS' COMFORT LEVELS

Some facilitators may not feel comfortable talking about sexuality with young people, perhaps because of religious, moral or traditional values. If this is the case, try to find a solution rather than avoiding the exercises about sex.

- Talk to colleagues and see if there are others who are more comfortable in tackling these topics.
- See if you can work with a colleague who has more experience in these issues – agree together which topics you feel comfortable covering and which your colleague will talk about.
- See if there is a local HIV organisation in your area and if you could discuss the tricky areas with a staff member.
- Find out if there are any training courses you could attend – there are NGOs working to support teachers who are tackling HIV in schools.

### MANAGING LARGE GROUPS

For teachers who have large classes, especially more than 40 students, it may be a challenge to use the participatory activities in this toolkit. Difficulties may include getting full and equal student participation and addressing a wide range of abilities, needs and opinions.

Having one or two willing community volunteers – parents or community leaders – may help you manage a large group. Having extra facilitators allows you to break a large group into smaller groups, each with a facilitator.

# Chapter B

## Using the arts for awareness and action

This chapter looks at the medium – creative activities – and the message – reducing HIV stigma.

**Part 1** looks at HIV stigma – its meaning and causes, what we can do to solve it, forms of stigma in the home, school and community and how women and girls are more stigmatised. Then, basic information is provided on HIV – how it is and is not transmitted. This information is aimed at reducing people’s fear of getting HIV through casual contact with people living with HIV – one of the causes of stigma.

**Part 2** looks at using art and creative approaches and their importance and presents specific art forms or creative approaches and how they can be used to trigger ‘head’ and ‘heart’ learning – to show issues, express ideas and feelings, spark discussion and challenge thinking.

### Part 1: HIV stigma and discrimination

#### What is stigma?

Sometimes we treat people badly because of how they look or what we suspect they do. We isolate them, e.g. refusing to sit beside an orphan child in school or we gossip about people living with HIV and call them names because of the way they look. When we isolate or make fun of people, this is called stigma. It makes the person feel ashamed or disgraced.

Stigma is a process where we (society) create a ‘spoiled identity’ for an individual or a group of individuals. We identify a difference in a person or group, for example a physical difference (e.g. sore on the body), or a behavioural difference (e.g. people assumed to be promiscuous) and then mark that difference as something negative – as a sign of disgrace. In identifying and marking differences as ‘bad’, we stigmatise the person or group. Stigmatised people lose status because of these assigned ‘signs of shame’, which other people regard as a sign that they have done something wrong or bad (sinful or immoral behaviour).

When we stigmatise people living with HIV, we judge them, saying they have broken social norms and should be shamed or condemned, or we isolate them, saying they are a danger or threat to us (because of our fear of getting HIV through physical contact with them).

Stigma is the belief or attitude; discrimination is the action resulting from stigma, i.e. when people act on their stigmatising attitudes and treat people unfairly or differently (e.g. sacking a person living with HIV from their job or evicting them from accommodation).

People living with HIV are often blamed and shamed for being infected with HIV. We need to support them, not blame them. People living with HIV have the right to be protected from stigma and discrimination.

HIV stigma is unacceptable! It hurts people living with HIV and drives the epidemic underground.

## STIGMA AND DISCRIMINATION HURTS – IT CAUSES GREAT SUFFERING!

Stigma **hurts** people. When we stigmatise people living with HIV, it makes them feel lonely, ashamed, sad and rejected. They feel unwanted and lose confidence and as a result, they may take less care in protecting their health (e.g. stop using clinics and condoms).

Stigma destroys people's self-esteem – people begin to doubt and hate themselves. They feel very alone at a time when they really need the support and company of others.

### WHAT ARE THE EFFECTS OF STIGMA?

- Feelings of sadness, loneliness, rejection, hopelessness and self-doubt.
- Feelings of guilt, self-blame, stress, suicidal impulses and depression.
- Increased risk of alcohol and drug abuse.
- Shame and loss of confidence – people living with HIV feel they are no longer accepted by others.
- Staying quiet (not disclosing) to avoid drawing attention to themselves and avoid stigma.
- Discrimination – kicked out of the family, job, social activities, etc.
- Stop disclosing their status and using HIV services – people who think they might have HIV may fear getting tested, telling others and may be less likely to access care.
- People living with HIV may remain silent and take the risk of passing HIV on to others.

### HOW DO PEOPLE STIGMATISE?

The main **forms** of stigma include:

**Isolation and rejection** – physical separation from family, friends and neighbours. People living with HIV are forced to stay in a separate room and to use separate utensils. This form of stigma is based on ignorance and fear about how HIV is spread.

**Shaming and blaming** – gossiping, name-calling, insulting, belittling. People condemn or judge others, blaming them for getting HIV through 'bad behaviour'. This form of stigma is based on moral or religious views.

**Self-stigma** – some people living with HIV stigmatise themselves in reaction to society's attitudes. They accept the blame and rejection of society and criticise themselves.

**Stigma by association** – the families of people living with HIV are stigmatised, e.g. an orphan is stigmatised by others because his/her HIV positive father or mother has died.

**Secondary stigma** – some groups (e.g. women, sex workers and street children) are already stigmatised. This adds another layer of stigma if they become infected with HIV.

**Discrimination** – stigma leads to discrimination – people living with HIV are treated badly, e.g. fired from work, evicted from lodgings or treated unfairly in the clinic.

### WHAT ARE THE CAUSES OF STIGMA?

**Moral judgements** – People may judge others as sinners or promiscuous. They may say that people living with HIV have done something bad or wrong (sinful or immoral behaviour) so they should be shamed or condemned.



**Fear and ignorance** – Lack of knowledge about HIV transmission leads to fear about getting HIV through casual contact and this leads to people isolating and rejecting others.

**Gender and poverty** – Women, youth and poor people are more stigmatised than men, older people and rich people.

**Appearance** – The appearance of someone who is sick (e.g. thinness and skin rashes) is used as a basis for stigmatising.

## WHAT CAN WE DO TO STOP STIGMA?

**Stopping HIV-related stigma** will take a huge effort from everyone. The starting point is to change ourselves – the way we think, talk and act towards people living with HIV. We first need to change our own attitudes – the way we feel towards people living with HIV. We should treat people living with HIV like other people – there is no difference!

- Stop condemning people living with HIV as ‘bad people’. Irrespective of whether you agree with someone or not, we do not have the right to belittle them. We should empathise with people living with HIV as though they were our brothers or sisters. We should put ourselves in the shoes of the other person – how would we feel if we were stigmatised in this way?
- Look at people living with HIV as people with an illness, **not** people who behave badly. We should stop labelling people living with HIV as immoral and focus our attention on helping them to stay healthy and prevent HIV transmission to others.
- Talk with your family and friends and persuade community leaders to speak out against stigma. Help everyone see that stigma is wrong.
- Provide information about HIV transmission so that families no longer isolate people living with HIV out of fear of casual contact.
- Reach out to people living with HIV and support them. Once they feel accepted, they will be more open to discussing their situation with others, disclosing their status to other family members and accessing health and other services – and they will help to educate others.

Only after we have changed ourselves can we educate and challenge others. It takes courage to stand up and challenge others when they stigmatise people living with HIV, but this is one of the ways to stop stigma. Breaking the silence and getting people to talk openly is the first big step.

## Stigma in different contexts

Stigma can take place anywhere – homes, schools, clinics, workplaces, churches and even bars. People living with HIV may be shamed and rejected by their families, isolated and made fun of at school, mistreated at health facilities, sacked from jobs and banned from faith groups. There may be few places where they feel safe from stigma. They may feel people are watching them and may face stigma and hostility wherever they go.

In this section we will look at a few of these contexts – what happens to people living with HIV and what we can do in each of these to stop the stigma and discrimination.

### STIGMA AT HOME

The most common place where stigma occurs is in the home. Stigma at home is particularly painful as it is a place of last resort. If your family stigmatises you, you may have nowhere else to go. Many families find it difficult to understand or accept family members who are HIV positive. When they find out, they are often shocked, confused and angry and don’t know how to handle the situation. Instead of responding with love and concern, they take their anger out on the family member.

If we can stop blaming and shaming and instead accept people living with HIV then we can make a difference!

People living with HIV need their families' love, understanding, acceptance and support. This will help give them what they need to survive in a difficult world.

### Forms of stigma in the home and family

- There is no respect or love. Family members stop touching or comforting the person living with HIV.
- Isolation – hide the person living with HIV in the back room, use separate bed, blankets, clothes, plates, food.
- Verbal abuse – insults, belittling and blame, e.g. “Why did you bring shame on the family?”
- Loss of place and recognition within the family. Excluded from family decision-making.
- Treated as useless – no longer able to contribute and viewed as a burden on the family.
- Give up on the person living with HIV – refuse to take him or her to the clinic, saying s/he is going to die anyway.
- Women are blamed first for bringing HIV into the home – abused verbally and physically.
- Property grabbing by relatives – women lose out, resulting in poverty.

### ACTION!

#### How can families be more accepting and supportive to PLHIV family members?

- Treat the person living with HIV in the same way as you would treat other family members.
- Create a supportive environment where the person living with HIV feels comfortable to talk.
- Encourage the person living with HIV to talk openly about his or her feelings and listen.
- Help the person living with HIV overcome self-stigma and build confidence and self-esteem.
- Encourage the person living with HIV to contribute in the household and find work.
- Encourage him or her to join a PLHIV support groups for sharing and emotional support.
- Talk with family members about HIV stigma and how it hurts people and causes HIV to spread.
- Stop the isolation of people living with HIV (e.g. separate plates and cups) and teach the family about how HIV is spread so they no longer fear getting HIV through casual contact.
- Get all family members to provide love, respect and acceptance for the person living with HIV.

### STIGMA IN THE COMMUNITY

Stigma also takes place in the community. Here are some examples of what happens:

- Neighbours stare, look down on and remain at a distance from PLHIV.
- Whispering, gossiping, finger-pointing – making fun of their appearance (e.g. too thin).
- Neighbours stop visiting the HIV-affected family and sharing food.
- Some neighbours condemn or blame the family for not raising the boy or girl properly.
- Parents tell their children not to play with children from the HIV-affected family.
- Rumours of AIDS are used as a weapon to shame other families.
- The community stops PLHIV from attending weddings and funerals.

## ACTION!

### What can the community do to stop stigma and support people living with HIV?

- Stop the isolation and blaming of HIV-affected households.
- Treat HIV-affected families in the same way as you would treat other families. They deserve the same rights and opportunities that their neighbours enjoy.
- Get community leaders to understand and speak out against stigma.
- Encourage people living with HIV to participate in community activities.

## STIGMA IN SCHOOLS

HIV stigma also takes place in schools:

- Children may be targets of gossip and name-calling.
- They are often prevented from playing with other children or taunted and teased.
- They are isolated – other children refuse to sit beside them in the classroom.
- Teachers who are HIV positive, or assumed to be, are also stigmatised.

## ACTION!

### How can schools become more accepting and supportive to HIV-affected students?

- Implement a new code of conduct – treat all students equally with non-judgemental attitudes.
- Teach students about HIV and the need for love, respect and acceptance. These topics should be incorporated into the life skills curriculum in schools and student clubs.

### Hold extra activities to help students learn more about HIV and stigma

- Assign mini-research projects on HIV to students.
- Conduct a 'language watch' – school children or youth groups can make a 'listening survey' to identify stigmatising words being used in the school or neighbouring community.
- Integrate HIV issues into the life skills programme and other school subjects, e.g. getting students to read a story on the life of an orphan.
- Organise a picture-drawing and/or drama competition on these issues.
- Get students to write articles on HIV issues in the school newspaper.
- Invite members of a local HIV support group to give testimonies on their experiences.

## Stigma and beliefs

When HIV first started affecting communities, some people believed that it was a disease linked to witchcraft, and that those who were affected had been bewitched or cursed in some way, or that HIV was a punishment for a wrong-doing. There are also some religious leaders who preach that HIV is a punishment from God.

Because HIV is linked to taboo issues like sex and death, different beliefs have sprung up around the virus, and it can be a challenge to help people separate myths and beliefs from facts. It is a complex topic – sometimes these beliefs can lead to stigma, and at other times they can protect people from stigma.

## NETWORKS OF PEOPLE LIVING WITH HIV

Every country in southern Africa has a national network of people living with HIV. These networks are often made up of locally-based groups of people living with HIV.

Make contact with the group in your area and invite them to help run a stigma educational programme for young people. They can help in conducting the sessions or by giving a short talk about their own experiences. They know a lot about HIV-related stigma and can help to make these issues real.

## BELIEFS WHICH CAN LEAD TO STIGMA

- You have done something bad to someone and HIV is the result.
- You have been bewitched as revenge for a wrongdoing and are now getting sick.
- HIV is a punishment from God for a sin that you have committed.
- You should stop taking ARVs because God will cure you anyway if you are not a sinner.

### ACTION!

#### How can we work with people to ensure that beliefs about HIV do not lead to stigmatising people living with HIV?

- Allow people space and time to express their beliefs and a chance to explore the facts.
- Remember that many of us hold a range of beliefs that may seem conflicting at times – the important thing is to help people to see when their beliefs lead to stigma.
- Remember that our beliefs are influenced by many things. To help understand stigma, it is important to look at the context and background behind the beliefs.
- Try to see the **big** picture. What we think about a person is influenced by many things, e.g. their relationship to us, their reputation, background, age, social status. When someone becomes infected with HIV, our treatment of that person will depend on our beliefs about them in relation to these factors.
- If we know that a particular church or religious leader is preaching beliefs that are leading to shaming and blaming and discrimination, we can ask to meet with them and talk to them about stigma.
- Remind people that an open heart and an open mind prevents stigma!

## Girls and women face more stigma

Girls and women are more stigmatised than boys and men and this increases the impact of HIV on the lives of everyone.

### WHY DO GIRLS AND WOMEN FACE MORE STIGMA?

- Girls and women are treated as inferior or subservient to boys and men – this inequality or differential treatment is a form of stigma.
- Girls and women are taught to be submissive to men, i.e. to accept and not question the words or behaviour of men.
- Girls are regarded as a burden to the family and married off quickly.
- Women are blamed for HIV even if her sexual partner is the carrier. Teenage girls are blamed for being HIV carriers.
- Women are blamed for STIs including HIV, which are often described as ‘women’s diseases’.
- Women and girls are targets for violence – a form of stigma. Women are not only blamed, they are also beaten and this is viewed as acceptable.
- Women may be unable to refuse sex even if they know that their sexual partner is having sex with other women, for fear of being beaten.
- If the husband gets HIV, the wife is expected to remain quiet, stay in the marriage and care for her husband. If the wife gets HIV, the husband feels he has the right to beat her, divorce her and take all the property.
- Young women can be targets for rape, given the belief that sex with a virgin will cure HIV.

## WHAT ARE THE EFFECTS?

- Stigma and violence affect girls and women physically and emotionally. They get hurt through injuries, miscarriages and trauma, and they feel belittled, worthless, anxious and depressed.
- Stigma and violence towards women make women and men more vulnerable to HIV infection. Fear of stigma (a form of emotional violence) and physical violence prevents women from negotiating safe sex with their partners, e.g. asking their partners to use condoms. This fear prevents them from disclosing to their partners if they think they are HIV positive.
- Teenage girls feel depressed and drop out of school.

### ACTION!

#### What can be done to stop stigma and violence towards girls and women?

- Start with ourselves – change our attitudes towards girls and women.
- Girls and women should be respected and treated as equals.
- Educate everyone that stigma and violence towards girls and women is wrong.
- Help everyone understand the effects of stigma and violence on the HIV epidemic.
- Support community leaders to speak out against stigma and gender violence.
- Stand up and challenge others when they stigmatise women.
- Educate girls and women about their rights and how to get support when they are abused.
- Build up women's self-esteem and courage to speak out when they are stigmatised or abused.
- Encourage girls and women to report violence to the police when it occurs, and get the police to treat these cases seriously.
- Invite women to work together and support each other.

## HIV and AIDS - the basics

### WHAT IS HIV?

HIV stands for human immunodeficiency virus. HIV only infects humans. It attacks the body's immune system. The immune system is the body's defence against sickness and disease.

Most people who are infected with HIV do not notice that they have been infected. Soon after being infected, some people may suffer flu-like symptoms for a few weeks. Otherwise, there are no signs of early HIV infection. However, the virus remains in the body and can be passed to other people. At this stage the person is HIV positive but does not have AIDS.

HIV invades the body like termites invading a mud hut. To begin with there is no visible damage. The virus is inside the white blood cells and multiplying – just like termites that are eating up the poles which hold the house together, and slowly weakening the structure. Nobody realises that anything is wrong until a strong wind knocks the hut down.

### WHAT IS AIDS?

AIDS stands for acquired immune deficiency syndrome. After a number of years of living with HIV, a person's immune system becomes weakened by the virus and he/she becomes vulnerable to diseases and opportunistic infections which result in illness. This is the 'syndrome'. The symptoms of AIDS include swollen glands, weight loss, frequent fever, diarrhoea, cough and skin problems.

If HIV goes undiagnosed it can be like termites in a mud hut. Nobody realises that anything is wrong until a strong wind knocks the hut down.

HIV cannot pass through the skin on the outside of your body unless there is an open cut. Your skin protects you. However, the skin on your private parts is much thinner and has small openings where HIV can pass through.

## WHAT IS THE DIFFERENCE BETWEEN HIV AND AIDS?

A person infected with HIV can remain healthy for many years with no physical signs or symptoms of infection. A person infected with the virus is called HIV positive. Many people living with HIV do not even know that they are HIV positive.

Once a person with HIV begins to get sick and develop opportunistic infections, they are said to have AIDS. AIDS is a clinical definition given to people with HIV who have a CD4 count of below 200 or one of a number of infections including TB, rare cancers, and eye, skin and nervous system conditions. (A CD4 count is a test to count the number of CD4 cells in the blood. These are infection-fighting cells which are attacked and killed by HIV. Once these cells are destroyed, the body's immunity is lowered and it becomes susceptible to different opportunistic infections.)

## WHERE DID HIV COME FROM?

Nobody knows where HIV came from, exactly how it works, or how to eliminate it from a person. In each country, when AIDS first appeared, people blamed it on groups such as poor people, sex workers or foreign workers – people who were marginalised and more vulnerable to HIV infection because of poverty and lack of access to services or information. These groups were blamed and people thought that only these groups were vulnerable to HIV infection and that 'it can't happen to me'. Confusion about where HIV came from and who it affects, makes many people deny it even exists.

## HOW IS HIV TRANSMITTED?

There are three ways in which HIV is passed from person to person. The most common way is through unprotected sex.

**Sex:** if one person is HIV positive, HIV can be passed from his or her infected blood, semen or vaginal fluids directly into another person's bloodstream through the lining (mucous membrane) of the vagina, penis or rectum. During sex it is normal that there is friction which causes tiny scratches (or micro-abrasions) in these linings, and this is how HIV gets into the bloodstream.

**Mother-to-child transmission:** HIV can be passed to the baby during pregnancy, delivery and breastfeeding. However, not all babies born from HIV positive mothers will have HIV. About one third become infected with HIV.

**Blood transfusions and unsterilised equipment:** HIV can be transmitted by HIV-infected blood transfusions, contaminated injecting equipment (syringes and needles) and razors. HIV can be transmitted through unsterilised razor blades and sharp instruments if they are used to make cuts on different individuals' skin quickly – the virus is not very resistant to external conditions outside the bloodstream. People who inject drugs are at high risk of getting HIV if they share needles as this is how the virus is spread. Needles for injections and razors should be sterilised before each person uses them.

For HIV to infect another, the virus in an infected person's blood, semen, or vaginal fluids, has to get inside the other person's blood supply through the cuts in the skin. Open wounds are best kept covered, especially if we are living with HIV or a care-giver.

## HOW IS HIV NOT TRANSMITTED?

- HIV can only live inside the human body. It cannot survive outside the body as it starts to die as soon as it is exposed to the air. If it is exposed to heat (for example, if someone bleeds into a cooking pot) it will die.
- HIV cannot pass through the skin on the **outside** of your body unless there is an open cut. Your skin protects you.
- HIV cannot be transmitted through saliva, tears, vomit, faeces or urine, even though small amounts of HIV have been found in these fluids. HIV is not found in sweat.

- HIV cannot be transmitted through casual contact such as touching, sharing eating or drinking utensils or using the same toilet seats. HIV can be transmitted through razor blades and sharp instruments. Sterilise sharp instruments by boiling them, or use a new razor blade every time.
- There is no risk in caring for a person living with HIV if the person follows sensible precautions such as using gloves when cleaning up blood and keeping cuts covered.
- HIV is not transmitted by mosquitoes or other blood sucking insects. Most insects do not pass blood from one person to another when they bite. The malaria parasite enters the bloodstream in mosquito saliva, not blood.
- Can a man be cured of HIV by having sex with a virgin? **No.** A man will still have the virus in his body after sex, and he will probably have infected the girl as well.

### WHAT IS ANTIRETROVIRAL (ARV) THERAPY?

ARV therapy is a combination of medicines – usually two or more – that are taken by an HIV positive person to slow down the growth of HIV in the body. ARVs help to improve the immune system and this helps the body protect itself against AIDS-related diseases. If the medicine is properly taken, it can help a person live a healthier, more productive and longer life.

ARVs are more available in southern Africa than they used to be and, in some cases, the state subsidises them. The medicines reduce the amount of virus in the body and make people feel healthier. They are not a cure for HIV since the virus is still in the body.

Once people start ARV therapy, they should continue with it for the rest of their lives. If people stop taking the treatment, the HIV will start to grow again and they may become sick. Stopping treatment also runs the risk of the virus becoming resistant to the medication and no longer working. ARVs need to be taken at the right time and in the right way every day.

When people start taking ARVs, their bodies may react to the medicine. These side effects may include painful stomach, nausea and vomiting, diarrhoea, skin rash, excessive tiredness, headaches and sleep disturbances. People should not stop taking the medicine when they have these side effects, but should report them to their health worker.

Not every HIV positive person needs ARV therapy. Only those whose immune systems have been seriously weakened by HIV need ARV therapy. ARVs are not the only medicines available for people with HIV and AIDS. There are other medications for opportunistic infections and TB.

People taking ARVs should try to live healthy and positive lives to help the medicines fight the virus. Below are some tips.

#### LIVING HEALTHY AND POSITIVE LIVES ON ARV THERAPY

- Eat healthy food and drink plenty of liquids for strength and body weight. (Opportunistic infections and diarrhoea or vomiting can result in weight and nutrient loss.)
- Keep active. Make plans and goals.
- Get enough sleep and rest. Tiredness can weaken the immune system.
- Keep the body and home clean to reduce germs that bring disease.
- Practise safe sex (use a condom). People taking ARVs can still transmit HIV to others. Safe sex will also protect against re-infection which can increase the amount of virus in the body.
- Live with hope and emotional support from family and friends. This love and acceptance helps strengthen the resolve to live a long and productive life.

## QQR – A TOOL FOR UNDERSTANDING HIV TRANSMISSION

For HIV transmission to take place, the **quality** of the virus must be strong, a large **quantity** must be present, and there must be a **route of transmission**.

**Quality: For transmission to take place, the quality of the HIV virus must be strong.**

- HIV cannot survive outside the human body. It starts to die the moment it is exposed to air.
- HIV is not an airborne virus. This is why there is no risk of transmission in sitting close to or sharing the same room with someone living with HIV.
- HIV does not live on the surface of the skin; it lives inside the body. There is no risk from shaking hands or hugging someone.
- HIV will die if it is exposed to heat (e.g. if someone bleeds into a cooking pot).

**Quantity: For transmission to take place, there must be enough quantity of the HIV virus.**

- HIV is found in large quantities in blood, semen, vaginal fluids and breast milk.
- HIV is not found in sweat or tears.
- HIV can be found in tiny amounts in urine, faeces, and saliva, but the quantity is not enough for there to be any risk of transmission. Cleaning or bathing a patient is quite safe, provided all wounds are covered. Kissing, even deep kissing, poses no risks.

**Route of transmission: For HIV transmission to take place, the virus must get inside your bloodstream.**

- Our body is a closed system and HIV cannot pass through skin.
- HIV can pass through the skin on the genitals – penis, vagina or anus – during sex because the skin here is much thinner and has small openings where HIV can pass.
- Even if you have cuts or sores on the skin, there is a very low risk of transmission for the following reasons:

- a) If you have cut yourself, the blood flows outwards, away from the bloodstream, and it is impossible for anything to swim into your body against that flow; cuts do not suck things in. For example, if you hit a plastic bag of water with a sharp knife, water flows out and not in.
- b) If you touch someone else's cut, their blood will not swim into your bloodstream (and your blood will not swim into theirs).

Common sense and everyday hygiene means that many concerns are unfounded. For example: you would not share a toothbrush if it was covered in blood; you would wash if you cut yourself; you would wear gloves or cover your hands if you were cleaning up someone's diarrhoea.

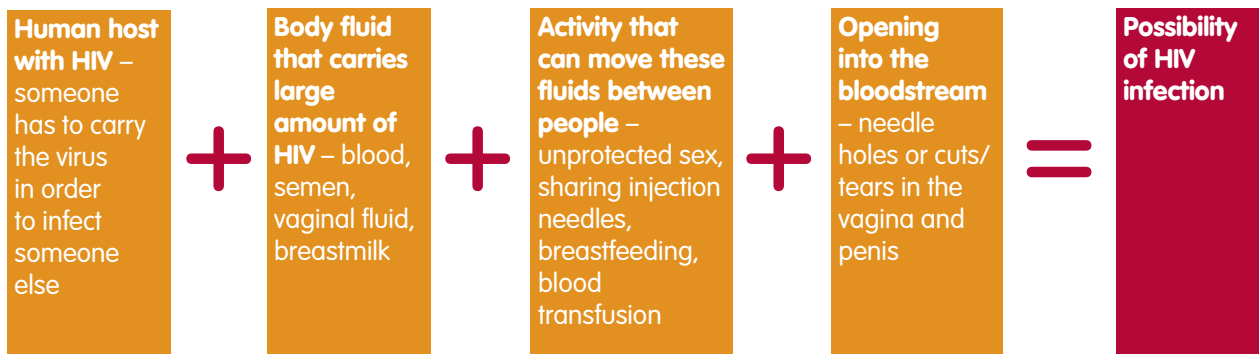
Remember – there must be enough **quantity**, the **quality** of the virus must be strong, and there must be a **route of transmission** where HIV gets inside your bloodstream for there to be any risk.

Using QQR you can see why there is no risk by shaking hands, hugging, sharing cups and plates, sharing toilets, using the same washing water or going to school together.

### OTHER FACTORS WHICH INCREASE THE RISK OF SEXUAL TRANSMISSION:

- Viral load of an infected person – having a higher viral load increases the risk of HIV transmission. The highest viral loads are at the initial stage of infection and when the person has AIDS.
- Presence of cuts or wounds on either partner increases the chance of HIV entering the bloodstream.
- Presence of other STIs as they cause sores or broken skin, making it easier for infected blood to get through the skin into the bloodstream
- Having sex during the menstruation period when a woman is bleeding.

## THE HIV TRANSMISSION EQUATION





## Part 2: Why use art and creative approaches?

### WHAT ARE THE ADVANTAGES OF USING ART AND CREATIVE APPROACHES?

When we asked people in Zambia what the advantages are of using art and creative approaches and how can they make a difference, they said that the arts are an... *“excellent medium for raising the stigma issue... challenging and changing attitudes towards people living with HIV... and triggering discussion to do something about stigma.”*

People said that the arts provide:

- communication that uses all our senses and emotions – people learn through seeing and hearing, through using the different forms of art and through engaging our emotions
- communication which does not need literacy skills or ‘clever speaking’ to be effective
- a tool for showing the stigma problem so that people can examine it and decide what to do
- a mix of education and entertainment – young people learn while entertaining themselves
- a way of capturing the interest, enthusiasm and involvement of young people
- a way of learning both ‘head’ things (facts) and ‘heart’ things (feelings)
- a focus for bringing people together and getting them to learn together

#### Other advantages of using art and creative approaches:

- familiar and rooted in culture – African communities already use the arts to express various issues, so we are using something which people are already comfortable with and good at
- a way of making concepts concrete and real for people – ideas are presented in terms of real people who are deeply and personally affected by the issues
- flexible – a tool which can show how stigma is experienced in different contexts
- a way of exploring personal situations and experiences in our lives
- a confidence builder – playing out a role or scenario helps young people build more confidence
- a vehicle for advocacy – for educating the community and speaking out on issues
- a medium to build positive peer pressure among young people for changing attitudes
- a way of looking for and testing out solutions and strategies for action – to find out what works

#### ADVANTAGES OF USING THE ARTS TO ADDRESS STIGMA

- They allow people to ‘get into the shoes’ of those who are stigmatised. This helps them to empathise and understand how it feels.
- The arts provide a medium to talk about sensitive issues such as sex. People are more comfortable saying things through role playing, rather than as themselves.
- They allow for the expression of feelings. Stigma has a lot to do with feelings, so the arts creates a powerful medium to express these.
- The arts provide a vehicle for the powerless or ‘voiceless’ – those who have been stigmatised, e.g. people living with HIV, women, the poor and young people – to speak out.

Art and creative approaches are a way of learning both ‘head’ things (facts) and ‘heart’ things (feelings).

## Creative techniques

The exercises in the toolkit use the following creative techniques, which are combined with discussion and small group work. The number below indicates the number of the exercise. Each technique is described in more detail on the following pages.

TECHNIQUE	EXERCISE	WHAT HAPPENS?
<b>Games</b>	1, 11	Games, songs and other activities to break the ice, help everyone have fun, build energy, pay attention and create a group spirit.
<b>Sculpturing</b>	2	Participants put themselves in certain poses using their whole body, including gestures and facial expression, to communicate an image of an issue or relationship. The 'sculpture' is then discussed.
<b>Role playing</b>	3, 5	Improvised drama in which participants take on roles and act out real life situations to show participants' analysis of an issue or their ideas on how to solve it. The role plays help to make things real.
<b>Stop-start drama</b>	4, 8	A continuing cycle of drama and discussion to explore different ways of solving a problem. Each role play is used to try out one way of solving the problem; then it is discussed, limitations identified and a new role play is done to try out other ways of solving the problem.
<b>Mime</b>	6	A silent form of acting, using movement and action and no dialogue. Used to communicate without using words.
<b>Hot seating</b>	7	Participants ask the actors questions at the end of a drama in order to find out more about the reasons why they acted the way they did in the drama – the actors remain in role in replying to the questions.
<b>Puppets</b>	9	Puppets are doll-like representations of humans. The puppets are used to perform plays, with the puppeteer behind the screen moving the puppet and providing the dialogue.
<b>Debate</b>	10	Participants debate specific human rights issues which are facing young people.
<b>Stories</b>	12, 13, 14, 15	Written descriptions on situations facing young people – used as the focus for discussion and problem solving. Participants read the story and then discuss it – identifying problems and looking for solutions.
<b>Picture codes</b>	16	Picture codes are discussion starters. Participants look at the pictures and discuss what they mean for them.
<b>Drawing</b>	17	Participants draw their own pictures to show a situation in which they were badly treated by other people. The resulting pictures are then discussed, focusing on how people felt.
<b>Picture cards</b>	18	Set of picture cards, each card showing a different form of casual contact, e.g. hand shaking, accidents. Used in an exercise to determine which forms of contact have a high, low, or no risk of transmitting HIV.
<b>Body mapping</b>	19	Participants make a large drawing of a woman's or man's body. The drawing is used as a focus for discussion on body parts, including sexual body parts – and these are also recorded on the body map.
<b>Collage</b>	20	Participants make pictures from torn up pieces of coloured magazines which are then pasted to make a new picture. A good technique for groups who lack the confidence for drawing.

## Drama-related activities

This sub-section includes seven activities – games, sculpturing, role playing, hot seating, stop-start drama, puppets, mime and story-telling.

### 1. GAMES – EXERCISES 1 AND 11

Games can be used for the following purposes in your regular sessions:

- **Warm-ups or ice-breakers** – games help people to relax and feel free to participate actively in the sessions. They help participants overcome any feelings of shyness or nervousness.
- **Wake-ups or energisers** – games re-energise participants when they are feeling sleepy or energies are low, e.g. after sitting for a long time.
- **Tension relievers** – games can bring a light, fun mood back into the session after a heavy or tense session.
- **Community builders** – games help participants get to know each other and to build a spirit of unity or teamwork within the whole group.
- **Topic introducers** – games can be used to introduce a new topic. For example, a game is used in exercise 1 to show how it feels to be stigmatised.

### 2. SCULPTURING – EXERCISE 2

Sculpturing is an ‘imaging’ activity using participants’ bodies. Participants put themselves in certain poses using their whole body to produce an image of an issue or relationship, e.g. the relationship between stigmatiser and stigmatised. The images are frozen, not moving, and there is no dialogue. Everything is communicated through body position, gesture and facial expression.

Participants work individually, in pairs or in groups to create the sculptures. After the sculpture has been created, people look at the image and discuss what it means. Part of the discussion may involve getting participants to make changes to the sculpture by adding extra aspects of body language (gestures, facial expressions), so that it shows what participants want to see in the image.

**Sculpturing can be used to:**

- explore power relations, feelings and conflict – for example, stigmatisers staying at a distance from and isolating a person living with HIV;
- express feelings – for example, helping children with HIV to show their feelings, such as the shame of being stigmatised;
- look at how things might change, for example: sculpture 1 – current situation; sculpture 2 – ideal of future situation; sculpture 3 – how the change would take place.

**Techniques for organising sculptures**

- Sculpturing is a new form of drama for many people, so explain it clearly at the start and show what a sculpture is – demonstrate it yourself as part of the explanation.
- Begin with easy warm up sculptures and ask everyone to do their own image so they get used to it. For example, ask participants to make an image of hunger, happiness or freedom.
- Divide into small groups and ask each group to make a sculpture of a theme or issue.
- The sculpture might show a problem and if so, the group might prepare a second sculpture which shows the changed/improved situation.
- The sculptures can be done quickly and then performed and discussed. Each group can present their sculpture(s) in turn.

### HOW TO SELECT AND USE GAMES?

- Use energisers at the start of a session to get everyone’s attention and spark some energy, and then use short energisers when participants are looking sleepy.
- Use games as a lead into the next activity, e.g. a game played in pairs to prepare for a role playing exercise done in pairs (for example exercise 19).
- Don’t take too long introducing each game. Explain the rules quickly and get participants playing the game.
- Try to keep everyone involved. In games, where people get eliminated, get those eliminated to become the referees.
- Some of the games can be used as the focus for learning. So, remember to ask the question, *What did we learn from playing the game?*
- A list of energisers is in Annex E.



Role playing allows people to try out new behaviours and skills in a non-threatening situation. It helps people confront situations which they have difficulty with and try out new approaches to them. Strategies are discovered and explored as a group.

- When sculptures are presented, ask – *What do you see? What does it mean? Would you like to change anything?* Make sure they do not over-interpret the scene, but look carefully at what the body language and facial expressions communicate.
- You can also ask participants how they can strengthen the image by adding extra bits of body language, such as gestures or facial expressions.

### 3. ROLE PLAYING – EXERCISES 3 AND 5

Role playing is improvised drama in which participants take on roles and act out a real-life situation. Participants imagine that they are part of the situation and work out their responses in dialogue and action. There is no written script; the actors agree on a rough story line and then play it out. Through role-playing participants try out new and unfamiliar roles, play out problem situations or try out different ways of solving a problem.

Role playing is always followed by discussion – this helps participants get a deeper understanding of the situation, the roles and feelings involved, the problems and how to solve them.

#### Role playing is used to:

- explore problems in depth and try out different strategies or approaches to solve problems;
- practice communication and assertiveness skills, e.g. how to approach a parent, counsel someone with a problem, or demand fair treatment for an orphan;
- build confidence by rehearsing different ways to cope with difficult situations;
- explore attitudes, e.g. 'shaming and blaming' attitudes of stigmatisers;
- help participants examine their feelings about different issues and express them openly;
- get inside other people's shoes and see how they think and feel, e.g. through playing the role of a girl who has been stigmatised, a participant can begin to understand how she feels.

#### Techniques for organising role plays

- Divide into groups and ask each group to make a role play based on the issue or problem.
- The group can also create a role play to show how the problem might be solved.
- The role plays should be no longer than ten minutes and even shorter is better.
- Once groups are ready, ask each group to perform their play for the other groups.
- At the end of each performance, ask questions to encourage the audience to analyse what happened: *What happened? Why did it happen? Was it realistic? Would the solution work? If not, what else might be done? What does it mean for us?*
- Sometimes the questions can be addressed to the actors to tease out their reaction to the situation they were in, e.g. *How did you feel when your brother said...*
- Paired role playing is a way of making role playing easier for shy people. Divide into pairs, explain the situation and ask all pairs to act it out at the same time. Since everyone is performing at the same time, no one is watching others and participants will be less inhibited. After the role plays are finished, invite a few pairs into the circle to perform for the others. This gives you a focus for discussion.

- Role playing can be done:
  - > in pairs with no observers
  - > in small groups with one or two observers, or
  - > with the whole group – a few actors at the centre and the others observing.
- After the role play help players get out of role, especially if they played a distressing role or an unpopular character. Ask each player to change seats or identify themselves by their real name and say something about themselves. Remind the group that everyone was playing a role, not themselves.
- At the end provide a brief summary listing new insights which participants have discovered. This will give participants a sense of achievement.

#### 4. STOP-START DRAMA – EXERCISES 4 AND 8

Stop-start drama uses role playing and discussion in a continuing rotation to look at problems and how to solve them. A few participants act out a short scene to show the problem and then the facilitator shouts “Stop!” and asks the group to discuss the problem, e.g. *Is the problem real? Why is there a problem? How to solve it?* Ideas which emerge from the discussion are then turned into new scenes, performed by participants. Each new role play, after completion, is stopped for further discussion and then a new role play starts.

##### Techniques for facilitating stop-start drama

- Ask a few participants to show the problem through a short drama.
- Stop the drama and ask: *What do you think? Does this show the real problem? What is missing?*
- Use the most appropriate responses to develop a new role play. Invite those who make suggestions to act them out. Give the actors enough time to develop the scene before stopping it.
- Ask questions at the end of each scene or when another problem arises during the role play. Use questions to:
  - > analyse the problem
  - > pull out solutions
  - > assess the realism and consequences of each solution tried
  - > get agreement on action
- Direct some of the questions to the actors, e.g. *How are you feeling right now? Why did you decide to go with her?*
- Keep restating the focus to ensure the group is on track, for example, *We are trying to figure out how people living with HIV can be treated in the most caring and supportive way?*
- Connect play acting with reality – *This has been a fun drama but what does it mean for us? What are we going to do in real life tomorrow?*

#### 5. MIME – EXERCISE 6

Mime is a silent form of acting, often with exaggerated gestures or body movement. There are no words. Mime emphasises movement, actions and physical responses rather than dialogue. Mime helps us to develop skills in communicating without words.

The Nakasanka Dance – a traditional dance from Zambia – uses mime to show an orphan asking for help and being refused. At the end of the mime someone helps the orphan and the mime ends with celebration.

#### THE ROLE OF THE FACILITATOR IN STOP-START DRAMA

The facilitator shapes the drama-making and discussion, and keeps it focused on the problem and how to solve it. The facilitator gets each scene going, stops the drama at appropriate points, asks questions, draws out ideas from participants, encourages them to act out their ideas, and then leads the discussion.

Puppets have been used all over the world as an educational medium in schools and in the community. Remember the Muppets on the TV show Sesame Street?

It is easy to make a hand puppet  
See Annex C.

## 6. HOT SEATING – EXERCISE 7

Hot seating is a technique to get at the motivations underlying people's behaviour. It is used after a short role play performed by a few participants. The role play shows a situation with a bad result for the main character. The role play includes a number of characters who have some influence over why this situation happened. At the end of the play the actors remain on the 'stage' and the 'audience' (other participants) ask the actors questions about what they thought and felt as their character, and why they behaved in the way they did, e.g. *Why did you try to force the girl to sleep with you? How did you feel when she rejected you? What were you thinking when you approached her father?* The actors, staying in role, respond to the questions. The aim is to try to understand the motivations and feelings of the characters.

### Techniques for hot seating

- At the end of a short role play, ask the actors to remain seated on the stage, facing the audience (other participants).
- Then, ask the audience to ask them questions about what they thought and felt as their character and why they behaved in the way they did during the play. The aim is to explore the motivations behind their actions.
- Focus on one actor/character at a time then move on to the next.
- Ask the actors to remain in role (continuing to play the character) when they respond to questions.

## 7. PUPPETS – EXERCISE 9

Puppets are doll-like representations of humans. The puppets are controlled and manipulated by a puppeteer who hides behind the stage with the puppet in the front, facing the audience. The puppeteer moves the puppet and provides the dialogue. The puppets are used to perform plays.

There are different types of puppets – hand puppets, rod puppets, rod and hand puppets, body puppets, shadow puppets and many others. One of the most common types of puppets, and the one used here, is the hand puppet.

Puppets are very successful with children – not only as an audience, but also as puppeteers. Children who are shy of performing as actors on a stage find it easier with a puppet as they remain hidden at the back of the stage.

### Basic techniques on using puppets

- The puppets should not remain lifeless on the stage. Remember that puppets can shake hands, kiss, dance, drink beer, fight, hit mosquitoes, fall asleep – so keep them moving! Even when they are in dialogue, they can keep moving, with gestures to emphasise points.
- Puppets are good at using props (objects that support the action), e.g. condoms, firewood, beer bottles. Prepare the props beforehand – along with the puppets – to suit the story.
- When holding your puppet avoid some of the following weaknesses: don't hold it too low so you can hardly see it; don't hold it leaning forward, it is better to stand upright; don't hold it for long periods without it moving.
- Puppeteers can practice in front of a mirror to learn how to make their puppet look realistic.

## Story-related activities

### EXERCISES 12, 13, 14 AND 15

Stories can be used to give examples of situations where stigma takes place, then participants can analyse the stories to identify what happened, why people are stigmatising, how this makes the person feel and what should be done to challenge the stigma.

The stories used in the toolkit have been written to illustrate certain issues, but they are based on real life situations. They bring real experiences from the lives of people living with or affected by HIV into the classroom as a focus for discussion.

### Techniques for using stories as the focus for discussion

- Hand out copies of the story. Each of the three exercises has a number of stories, so each group can focus on a different story.
- Explain the group task – to read the story and analyse it. Usually the analysis of a story involves:
  - > describing the problem in the story and its root causes
  - > deciding on ways to solve the problem
- When groups have completed their work, ask each group to give a report and then invite the other participants to ask questions.

## Picture-related activities

This sub-section includes five activities – picture-codes, picture-cards, drawing, collage and body mapping.

### 1. PICTURE CODES – EXERCISE 16

Picture codes are ‘discussion starters’. In Annex A you will find a set of pictures on different forms of stigma which can be used as a focus for discussion. Participants, working in pairs, interpret what they see in the pictures.

#### Tips on how to use the picture codes

- Display the pictures on the wall. Divide into pairs and ask each pair to select one picture.
- Ask the pairs to discuss, *What is happening in the picture? What does it mean? Have you seen similar things in your own family or community?*
- Then in the plenary ask each pair to give a report on what they have discussed.

### 2. DRAWING – EXERCISE 17

Participants draw their own pictures to show a situation in which they or others were treated badly by other people. The resulting drawings are then discussed.

We have introduced drawings with a younger age group as a way of encouraging them to express their feelings about the painful experience of being stigmatised. We find that young people express themselves more easily through drawing rather than through talking.

#### Techniques for facilitating drawing

- Encourage everyone to draw their own picture and not to worry about how it looks.
- Explain that you will not judge or criticise the quality of the drawings.
- Don’t interfere when participants are drawing.
- Remember to praise the drawings.

### 3. PICTURE CARDS – EXERCISE 18

Picture cards are used by sorting the cards into different categories. In Annex B you will find a set of cards illustrating common forms of casual contact, e.g. shaking hands, mosquito bites, accidents, washing a person who has HIV, a person living with HIV cooking food. Participants can sort the cards into three piles – high risk, low risk and no risk. The results can then be discussed to learn more about how HIV is and is not transmitted.



Body mapping has many different uses. In our approach we use body mapping to talk about sex.

Talking about sexual body parts is something we normally don't talk about but the body mapping process provides a non-threatening way for young people to talk about what they know about their bodies and about sex.



Alternatively, participants can select the forms of contact which they are most worried about and these can be used by the facilitator as the focus for a discussion using the new QQR message tool on page 22.

#### 4. BODY MAPPING – EXERCISE 19

A body map is a life size picture of a boy's and/or girl's body drawn on several sheets of flipchart paper taped together. The boy or girl lies on the paper and someone else draws around them with a marker pen. The resulting picture becomes a focus for discussion on body parts, including sexual ones, which can be recorded on the picture. Participants have fun and at the same time have a serious discussion about sexual body parts and sex, triggered by the drawing.

Body mapping is usually done in separate gender groupings to allow boys and girls to talk freely.

Preparing the body map is only the first step. The important part is using the body map – the picture of our body – as a focus for a discussion on sex.

##### Tips on how to facilitate body mapping

- Organise the body mapping in single sex groups.
- Put several sheets of flipchart paper on the ground, taped together, and ask one volunteer to lie down on the sheets. Ask another participant to draw an outline of her body, using a marker pen.
- Ask participants to mark the sexual body parts on the body map. Get them to use local names for each part. Explain clearly that you are not discussing or naming the sexual body parts of the person who has been outlined but rather doing so generally.
- Participants may be shy about naming sexual body parts. As the facilitator you should let them do it, rather than doing it for them. Encourage them, even to the point of putting your finger on the sexual body parts and asking *What do we have here?* Once people get over the embarrassment the process usually goes smoothly.
- Use the picture as a focus for discussion on sexual body parts and record these on the picture.
- Some body maps may trigger traumatic memories for some participants, for example, if someone has been abused or raped. Be prepared to manage these strong feelings.

#### 5. COLLAGE – EXERCISE 20

Collages are another form of drawing. Participants cut out pieces of pictures from magazines and paste them onto paper or card to make a new picture. Some people who find drawing difficult produce beautiful collages – it is a real confidence builder!

##### Tips on facilitating collages

- Hand out coloured magazines and glue or paste.
- Explain what a collage is and show them the example in Annex D.
- Ask participants to make a collage on a certain theme, e.g. a favourite game or animal, their family, or their hopes for a stigma free world.
- Let them get started with the cutting and gluing to make the collages.
- When they are finished, display the collages and get participants to talk about them.



# Chapter C

## Games and exercises

for young people to tackle HIV -related stigma



### USING DRAMA AND DANCE

1. We are all in the same boat!
2. Showing stigma
3. Boys, girls and stigma
4. Family matters
5. Condoms and stigma
6. Asking for help
7. Finding Aunty Rose
8. Standing up to stigma
9. Sharing our messages
10. It's my right!
11. Putting on the pressure



### USING STORIES

12. Living with HIV
13. Name calling and stigma
14. The little schoolgirl
15. Problem solving



### USING PICTURES

16. Seeing stigma
17. Feeling stigma
18. Fears and stigma
19. Body mapping
20. Feeling happy and strong



### KEY INFORMATION

Being excluded from a group can help us to understand how stigma feels. Often we stigmatise others without realising the impact on the individual – we may just be having fun.

Although this is just a game, it can help us to see parallels with the HIV situation – we are given simple instructions (use condoms/be faithful) but we can still become infected; we can then become isolated (our actions no longer count); we might laugh at those on the edge of society and not realise how they are feeling, etc.

### OBJECTIVES

By the end of this exercise, young people will have:

- discussed the dynamics of stigma.

### AGE

All ages

### TIME

20 minutes

This game can be used as an energiser or a warm-up with young people. It is fun but can also help to get people talking about stigma and what it means. You may have a similar local game which involves exclusion (i.e. someone being eliminated if they fail to do something) which can be used in the same way.

### ACTIVITY

1. Ask the group to stand in a circle.
2. Explain that you are going to play a simple game with two instructions: 'in the river' and 'on the bank'. When you say "in the river" everyone takes a step forward. If you say "on the bank" everyone steps backwards. If you say anything else, no-one should move. Anyone who makes a wrong move must stand in the middle of the circle – they are out of the game.
3. Continue to play until there are a number of players standing in the middle.
4. Now ask everyone to stay where they are and ask:
  - *How did it feel to be out of the game?*
  - *What happened when someone made a mistake?*
  - *How are the winners feeling?*
  - *How did you feel when more people made mistakes?*
5. Bring the discussion to a close with a simple summary. Although this is a game, it helps us to see what can happen when people are excluded in society.



### KEY INFORMATION

It is important to understand that sometimes stigma can be expressed through body language – facial expressions, judging eyes, finger pointing and keeping a distance. We give each other messages using our bodies as well as with words. Sometimes we express our feelings through body language without thinking about it. We read each other's body language and this affects how we respond to a situation. People believe our actions more than our words. If we say one thing and our body says another, people will not believe us.

### OBJECTIVES

By the end of this exercise, young people will be able to:

- show how we stigmatise through body language;
- analyse the attitudes behind this form of stigmatisation;
- demonstrate how to use our bodies to show love and acceptance.

### AGE

All ages

### TIME

45 minutes

### INDICATORS

Young people are able to make links between what happens in the game and how people living with HIV may be treated in the community.

This exercise gets young people to look at how body language communicates HIV stigma. It uses a technique called *sculpturing*, in which groups of young people show an issue in the form of a frozen image using their bodies. The images are then used as a focus for discussion. (See page 25 for more information.)

### ACTIVITY

#### 1. Warm up: Oh Mutinta

Ask participants to stand in a circle. Explain that this game will show how we communicate through our voices and bodies. Demonstrate how to play the game. Show how you can say "Oh Mutinta" in different ways, e.g. with anger, fear or humour. Then ask each participant (going around the circle) to say "Oh Mutinta" in a different way, expressing a different feeling.

When everyone has had a turn, ask: *What did you learn about the way we express emotions or feelings?* (e.g. loud or soft voices, confident or unconfident tones, facial expression).

#### 2. Sculpturing: Practice 1

Explain and demonstrate that *sculpturing* is using our bodies in a frozen image. Emphasise that this is a stationary, not moving image, like a picture or statue.

Ask young people to get in pairs then ask the pairs to make a sculpture showing how people treat orphans. Ask them to decide on roles. One partner is the orphan, the other is the person stigmatising.

Then ask some pairs to show their sculptures in the centre of the circle. After each demonstration, ask: *What do you think this person is saying? How do you think these people are feeling?* Ask the people in the sculpture: *What are you thinking? Why are you doing that? How are you feeling?*

#### 3. Sculpturing: Practice 2

Ask the pairs to make a new sculpture showing how people treat young people living with HIV.

This time the pairs should swap roles. One partner plays the young person living with HIV, the other plays the stigmatiser. Ask them to make the new sculpture. Then ask a few pairs to demonstrate in the centre.

After each demonstration, ask: *What do you see in the sculpture? What is the meaning of the body language? How do you think they are feeling?* Ask the people in the sculpture: *What are you thinking? How are you feeling?*

#### 4. Sculpturing in facing lines

Divide participants into two groups and ask them to face each other in two lines.

Ask: *How can we use our bodies to show someone that they are our friend; that we love them and accept them as they are? Show us!*

5. Bring everyone together. Discuss:
  - *What have we learnt about body language and stigma?*
  - *How and what can we tell our friends about this?*

## 3

## Boys, girls and stigma



### KEY INFORMATION

Stigma changes according to gender – usually as a result of other commonly held prejudices. Often girls and boys are labelled and judged if they do not conform to cultural norms. Stigma can increase a young person's vulnerability to HIV and risky behaviours, especially if it results in rejection from the family. This vulnerability may be greater for girls.

### OBJECTIVES

By the end of this exercise, young people will have:

- discussed and understood the interplay between gender and stigma;
- explored how stigma increases vulnerability;
- discussed possible options to reduce stigma and vulnerability.

### TIME

1 hour

### AGE

14+

### INDICATORS

- Young people demonstrate in different scenarios how gender and stigma makes them vulnerable to getting HIV.
- Young people produce a list of resources and places for help.

This exercise helps young people to explore how stigma differs if you are a boy or a girl. It uses two simultaneous role plays, with the same story line but one with a central male character, the other with a central female character. Each scene requires different actions from the group. (See page 26 for more information on role playing.)

### ACTIVITY

1. Divide into same sex groups and explain that you are going to read a story which has four parts. After each part you will ask the groups to act out the scene in a different way.

The girls' group must think of the main character in the story as a girl and the boys must think of the main character as a boy.

2. Read the story (on the next page) scene by scene, giving the instructions in the action points.
3. When you have finished the story, discuss with the group the differences in the types of stigma that the girl and the boy faced. You can review the main points in each scene to help.
4. Discuss with the group if anyone knows places to go to for help.

## THE STORY

### Scene 1

You are 15 years old and have been living with your aunty for the last two years since your mother passed away. There are three smaller children in the house.

**Action 1:** Ask the group to think about the kind of jobs they are asked to do around the house. First ask the girls to act out some of the jobs while the boys watch, then swap. Each time ask a few of the actors what they are doing.

### Scene 2

Your aunty remarries and her new husband moves into the house. He is very harsh and beats you if he thinks you are not working hard. One day he sees you standing near a tavern (you are waiting for your friend). He shouts at you.

**Action 2:** Ask the group to think about the kind of things he shouts at you and the names he calls you. Ask the boys to pretend that they are standing outside the tavern and the girls to pretend to be the uncle and shout at them. Then swap and girls stand by the tavern while the boys shout at them.

### Scene 3

You decide that you can no longer stay at home with your new uncle and you run away.

**Action 3:** Ask the group to think about some of the ways you can make money to survive. Ask for suggestions from both groups and write them on slips of paper. Now give everyone a slip and ask them to act out what is on their paper – everyone does it at the same time (you could prepare some slips in advance).

### Scene 4

A year passes. You have fallen sick and decide to return to your aunty's house.

**Action 4:** Ask the group to think about what kind of welcome you will get when you arrive.

Ask the groups to get into pairs and decide who will be the young person returning and who is the aunty or uncle. Ask the pairs to act out the homecoming (everyone at the same time). Ask to see a few of the pairs in front of the group.

# 4

## Family matters



### KEY INFORMATION

All families face problems at one time or another and stigma can make things worse. Families are important and ideally provide support during difficult times. Because of values based on shared experience, togetherness, respect for elders, and solidarity, a family can be a source of strength when challenging or coping with stigma.

When a family member stigmatises another, it can often be because of previous bad relationships – if members are close they are more likely to support each other.

### OBJECTIVES

By the end of this exercise, young people will have:

- explored how stigma can impact on a family;
- tried out some possible solutions to stigma in the family.

### TIME

1 hour

### AGE

All ages

### INDICATORS

- The drama will demonstrate family stigma.
- Young people will come up with realistic and innovative solutions to try out during the drama.

This exercise uses stop-start drama to explore stigma in the family (stop-start drama can be a bit unpredictable with younger children so be prepared!). It is important to explain the technique to the whole group before you start. The drama will play for a few minutes and once the problem has been shown, you will shout "Stop!". You then ask what has been happening. The audience will be invited to make suggestions about what should happen next. (See page 27 for more about stop-start drama.)

Try to get to a point where some solutions to the stigma emerge. You may choose to photocopy the roles to give the actors.

### ACTIVITY

1. Explain the stop-start drama technique to the group.
2. Ask for five volunteers to be in the drama. While they are being briefed about their roles by one of the facilitators, the other can do a simple energiser.
3. Start the drama, and after a few minutes, once the problem has been shown, shout "Stop!". The actors should freeze. Ask the audience what has been happening. Ask the players how they are feeling. Ask for suggestions on what should happen next. Get the group to agree on one solution to try out. If new characters are suggested, ask for volunteers. If someone makes a suggestion about an existing character, ask them to take up the role.
4. Play the drama again and continue the technique until some effective solutions have been tried out.
5. Ask if there are any final comments or questions as you wrap up.

### STOP-START DRAMA SCENARIO

Mapalo has come home to tell his mother that he tested HIV positive six months ago. He is going to appear on a local television show to talk about living positively with HIV. He is taking ARVs and is very healthy. As they are talking, the rest of the family arrives home.



-----  
**Mapalo.** You are the older brother and work in a packing factory. Very outgoing and friendly.

-----  
**Mother.** You are a teacher, a regular church-goer and you love Mapalo very much.

-----  
**Father.** You are an old man and a lot of people respect you in the community.

-----  
**Young sister.** You are in the first year of secondary school. HIV has never been one of your concerns. You are quite close to Mapalo.

-----  
**Cousin.** You just finished your university studies. You never really got along with Mapalo and think he is too playful.

-----  
**Brother.** You are the youngest in the house and are not sure what is happening.

-----



### KEY INFORMATION

Male and female condoms protect us against STIs, including HIV, as well as HIV re-infection, and pregnancy. They have no bad effects on the body and young people should not feel ashamed to use them if they are sexually active. Some people think that learning about condoms will encourage young people to have sex, but they need this information in preparation for having a sexual partner.

### OBJECTIVES

By the end of this exercise, young people will have:

- explored how young people having condoms triggers stigma;
- recognised that knowing about and using condoms is being responsible;
- thought about different ways to challenge this form of stigma.

### TIME

45 minutes

### AGE

14+

### INDICATORS

Young people demonstrate how condoms can bring stigmatising reactions.

Young people may not easily talk about condoms because of the association with sex and assumptions about people who use condoms. We need to change this, so that carrying condoms is linked to being responsible. This exercise will help to explore the link between condoms and stigma. It uses small, group role plays as a basis for more in-depth discussions. (See page 26 for more about role plays.)

### ACTIVITY

1. Ask the group if anyone has seen a condom before.
2. Pass a packet of condoms around the group. Ask participants to pair up and discuss: *What might happen to us if we are seen carrying a condom?* Ask for one point from each pair.
3. Divide into small groups and give each group a role play scenario. Ask participants to prepare a role play to show to the whole group.
4. Watch the role plays, and when they have all been shown, discuss with the group:
  - *What did we see happening in the role plays?*
  - *How can we challenge the stigma around condoms?*
  - *How can we show that knowing about them and using them is being responsible?*

If there is time try out some of the ideas as role plays.

### ROLE PLAY SCENARIOS (PHOTOCOPY AND CUT OUT)



#### Role play A

Your mother asks your older brother for some change. As he pulls out his wallet, a packet of condoms falls out.

#### Role play B

A father asks his daughter to see her homework book. As she pulls out the book from her schoolbag, she drops a packet of condoms.

#### Role play C

A girlfriend and boyfriend are talking about having sex for the first time. The girl brings out a packet of condoms.

#### Role plays D

A group of girlfriends are chatting together at home. One is very religious. Another brings out a packet of condoms.

#### Role play E

A young couple do not know their HIV status, the boy insists on having sex with the girl so that she can prove her love for him. They discuss their future. The boyfriend gets out a packet of condoms.





### KEY INFORMATION

The theme of this particular Nakasanka dance is about asking for help. Many young people feel ashamed if they are stigmatised and find it difficult to ask for help. This may lead to further isolation. The message behind this dance is that it is important to reach out to others for help, and although some people may reject you, in the end there will always be someone to help you.

### OBJECTIVES:

At the end of this exercise young people will have:

- learnt the importance of asking for help;
- explored stigma without using words;
- learnt how to use traditional dance to convey messages about stigma.

### TIME

1–2 hours

### AGE

12+

Nakasanka is a traditional dance from the Western Province of Zambia, which involves rhythmic repetitive mime movements. The dance is particularly powerful when the dancers use strong facial expressions and body language. Note that the dance can be used to explore difficult issues but should always end on a happy note.

If possible find a member of the community who knows the Nakasanka dance to beat the drum or to teach you simple rhythms, which match with the actions of the dance. Nakasanka dance can be used as a technique on its own to explore stigma or it can be part of a performance.

There should be a drum ready or a surface on which to beat. The actors should be briefed about the story and be aware of the roles that they are playing.

### ACTIVITY

1. Discuss with the group the different character roles that could be in the dance, e.g. family members, teachers, friends, religious leaders, neighbours (all people that a young person would go to for help) and ask for a volunteer to be the central character – a young person needing help.
2. Have a drum ready or a surface. If there is someone who knows the rhythm ask them to play the drum or teach you how to do it. If nobody knows the Nakasanka rhythm, then any rhythm that matches with repetitive actions could be used.
3. Emphasise that the dance is non-verbal so the actors should mime (acting without speaking) and exaggerate the actions.
4. Brief the participants that all of them will be involved in the dance and ask them to choose the roles they prefer (you can have a group of neighbours, group of teachers etc.) ensuring that the identified characters are all taken up.
5. Finish with the group or person who is going to help the young person, and a celebration dance for everyone to enjoy.
6. Bring the group together and ask: *How did it go? Do you have any observations or comments?*



### KEY INFORMATION

When young people face stigma they can end up feeling lonely and isolated and often feel that they are the only one facing the problem. Talking about problems with friends, family members and teachers can help to break this loneliness.

### OBJECTIVES

By the end of this exercise, young people will have:

- explored a range of problems that stigma may cause;
- suggested possible problem-solving ideas;
- discovered that everyone has a wise Aunty Rose inside themselves whom they can call on when needed!

### TIME

1 hour

### AGE

14+

### INDICATORS

Young people suggest creative solutions to the letter problems.

This exercise uses the idea of a wise aunty or elder to help find solutions to different problems caused by stigma. These days lots of young people listen to radio phone-in shows where an 'agony aunt' helps to discuss problems.

Try to ensure that everyone has a turn being Aunty Rose – it reminds young people that they often have skills to find solutions. Photocopy and cut out the letters.

### ACTIVITY

**Preparation:** Arrange the chairs in a semi-circle. Put one chair in the middle of the gap for Aunty Rose (if possible, make it a special chair, like a throne or chief's chair – you could decorate it). Place a chair opposite Aunty Rose's chair.

1. Give out the six letters to different participants.
2. Explain that Aunty Rose is a very wise person who is specialised in helping young people with problems. Tell the group that you – the facilitator – will be the first Aunty Rose.
3. Ask one of the group to read out one of the letters. Suggest a solution. Now ask if anyone has a different suggestion for a solution to the problem. Get them to come and sit in the chair. Clap to show appreciation for each piece of advice. Continue until you have heard a few ideas.
4. Leave Aunty Rose's chair empty and ask for someone to read the next letter. Anyone who has an idea to help can jump into Aunty Rose's chair. Try to keep it moving fast.
5. When all the letters have been read, ask if anyone has a different problem that they would like help with – perhaps something that a friend or neighbour is going through? Continue for few minutes.
6. Discuss what the group learnt from the exercise.
7. Think of a way to bring the group back together – use a song or a game.



Dear Aunty Rose

My name is Mary. I have been HIV positive since I was born and now I am 14 years old. I haven't told any of my friends at school because my father told me to keep it secret. But I really want to tell my best friend Mwape so that I can feel free with her. What do you think?

---

Dear Aunty Rose

My name is Daliso. I am 15 years old and have never had a girlfriend. There are some boys in my class who always laugh at me and even call me 'a gay' because they have not seen me with a girl. At the moment I just want to concentrate on my studies but I don't want them to keep laughing at me. Please help.

---

Dear Aunty Rose

My name is Jacob. I am HIV positive and have been dating my girlfriend for three months. We are very close and I think I love her. I have not told her yet about being HIV positive – I am scared she will leave me. When do you think is the right time?

---

Dear Aunty Rose

My name is Ngosa. I am 14 years old and I have just moved to a new school. I don't know how to make friends and I feel like everyone is laughing at me because of the way I look. My stomach is too fat and I am too short and I have a lot of pimples.

---

Dear Aunty Rose

My name is Mwansa. I am 15 years old and my boyfriend is 19. We have been going out for the last six months and I really love him. He is asking me if I will sleep with him and I don't know what to do. Some of my friends tell me that I'm too old to still be a virgin but some are saying I should wait until I get married. I'm feeling so confused.

---

Dear Aunty Rose

My name is Enala. I am worried about my young sister. She is 12 years old and I am 14. She is HIV positive and has told everyone at school. At first her friends were nice to her and told her it didn't matter but last week some girls told her she should not play with them anymore because she is 'dangerous'. She is looking very sad and says she doesn't want to go to school anymore.

---



### KEY INFORMATION

Once we have recognised when someone is stigmatising, we need to find ways to challenge that stigma, whether the stigma is targeted towards ourselves, family members or friends or even a stranger. Assertiveness skills can be crucial in helping us to challenge firmly but without aggression – this is important for young people who can be accused of stepping out of line or being cheeky if they are perceived to be angry or aggressive. By being calm, clear and honest in our challenge, we can expect to be heard and taken seriously.

### OBJECTIVES

By the end of this exercise, young people will be able to:

- practice challenging stigma assertively even when not directed at you;
- find the best strategies for challenging appropriately and in different contexts.

### TIME

45 minutes–1 hour

### AGE

All ages

### INDICATORS

Young people intervene and demonstrate effective assertiveness skills to challenge stigma.

This exercise helps young people explore different ways of challenging stigma in a very practical way. It begins with an explanation and demonstration of assertiveness and then uses a stop-start drama where participants can step in at anytime to challenge stigma. Try to keep the play moving to allow as many people as possible to have a go. (See page 27 for more about stop-start techniques.)

### ACTIVITY

1. **Brainstorm:** *Does anyone know what assertiveness means?* Record answers on a flipchart.
2. If young people seem to understand assertiveness, ask for two people to demonstrate the following: two friends are out for the evening – one wants to stay out longer, the other knows they must start home to catch the last minibus. If there is less understanding of assertiveness demonstrate the scenario with a co-facilitator.
3. **Stop-start drama**  
Ask for six volunteers to be in a drama. Give each volunteer the brief for their role and explain the scenario to them. Explain to the whole group that during the drama there will be certain points when someone stigmatises another character. At any of these points, anyone can shout “Stop!” and come into the play as a new character, or an existing one, and try out an assertive way of challenging the stigma.
4. Play out the drama and encourage people to intervene to try out assertiveness techniques.
5. When the drama has finished, recap with the group about the key learning points around ways of challenging stigma.

### STOP-START SCENARIO

A family is getting ready to go to church. The father and older brother are ready. A younger sister arrives late and is wearing a miniskirt. Their cousin is nowhere to be found – he was out drinking the night before. They search for him and eventually find him sleeping under a tree. A policeman is shouting at him.

On the way to church, the sister meets her friend who is pregnant (she is not married). When the friend introduces them to the father of her baby, someone whispers that everyone knows, he has HIV.

## ROLES

**Father.** Traditional man, keeps being surprised by the younger generation.

**Older brother.** A born-again Christian, studying to be a pastor.

**Young sister.** 15 years old, doing well at school, likes fashion and music.

**Cousin.** 18 years old, did well at school but can't find a job. Enjoys going out drinking with friends at the weekend.

**Friend.** 17 years old, has left school. Five months pregnant, looking forward to getting married.

**Boyfriend.** 21 years old, going to marry his girlfriend who is expecting his baby. HIV positive and often gives talks to schools about living with HIV.

# 9

## Sharing our messages



### KEY INFORMATION

The messages that come out in the show will depend on what the young people chose to include from their learnings during your stigma work with them.

This exercise will provide an opportunity for the young people to act as anti-stigma advocates and will help to bring greater awareness of stigma to the wider community.

### OBJECTIVES

By the end of this exercise, young people will have:

- learnt how to make and use puppets to get anti-stigma messages across to community members;
- shared some key messages about stigma that they have learnt during the project;
- demonstrated strategies for challenging and coping with stigma.

### TIME

4–6 sessions for preparation and rehearsal

### AGE

All ages

This is more of a project than a one-off exercise and would be ideal to use when you have carried out a programme of stigma exercises with a group of young people.

The idea is to plan and prepare a show for an audience (e.g. school, community, church group, orphanage) to share messages about stigma and ideas for action. The main actors are puppet characters which are made and played by the young people (see page 28). Using puppets is an ideal way of getting everyone involved, including those who might be nervous of participating in a play as they can act without being seen! Children often use animation when they play so making the puppets speak will be a familiar technique.

As you and the group are preparing to make the puppets and props, you can encourage everyone to search for materials around the community which can be recycled and reused for the project. Tin cans, bottle tops, pieces of chitenge, old stockings, boxes, wire and so on can all be useful things for the show.

### ACTIVITY

Make a simple puppet before the session (see Annex C).

1. Introduce the idea of the puppet show project by using your puppet to 'speak'.
2. Brainstorm with the group:
  - *What should the show be about? Who should the audience be?*
  - *Who are the main characters in the puppet show?*
  - *What kind of props do we need?*
  - *What messages about stigma can we put into the show?*
  - *When and where shall we do the performance? (Allow a few weeks for preparation and rehearsal.)*

Split into small groups and share out tasks. Ask, *Who will write an outline of the story?* Agree who will be responsible for making which puppets, which props, etc. and set the date for the first rehearsal.

3. Organise a day for collecting materials from around the community which can be used for the show. Give some ideas for the uses of things that we might normally throw out, e.g. tin cans can be buckets or cups for the puppets, boxes can be beds or tables, wire can be fences, bottle lids could be plates and so on.
4. Arrange times for making the puppets and props and plan the rehearsal.
5. Nearer the time, plan how you will let the community know about the show.
6. Do the show – good luck!

## 10

## It's my right!



### KEY INFORMATION

Some young people may believe being diagnosed with HIV is their own fault. It is important to emphasise that all young people have rights and this does not change whether you are living with HIV or not.

Children's rights have been defined in the United Nation's Convention on the Rights of the Child and many governments are signatories to this convention. In reality, it can be difficult to exercise and preserve these rights. Often rights are talked about but very little is done to protect them. When talking to young people it can be useful to emphasise that rights are accompanied by responsibilities.

### OBJECTIVES

By the end of this exercise young people will have:

- identified and understood the meaning of rights;
- explored how rights could be defended.

### TIME

1 hour

### AGE

All ages

Some young people may be familiar with human rights and it may be a new concept for others. This exercise uses a debating format which is popular amongst young people, especially those in school. When you pick the teams, ensure that there is a balance of different skills and experiences so that as many views as possible can be expressed. Debating skills can help young people to formulate ideas and build confidence to speak in front of others, enabling their voices to be heard. It can even support the development of advocacy skills.

### ACTIVITY

1. Teach a song, which involves eliminating participants (e.g. Kankuluwele – a common song giving instructions on what some of the participants should do at a particular time, for example everyone wearing trousers should sit down).

When the young people start singing begin to eliminate participants according to what they are wearing: their height, what grade or class they are in, etc. The idea of the song is to show how you can be told to do something without any chance to question why.

2. Discuss with the group: *What do we know about human rights?* Pull out some answers and refer to the information on the next page if necessary.
3. Ask participants to select a motion to debate from the list on the next page. Divide participants into two groups, one for and one against the motion and give them 20 minutes to prepare their case. Each team should choose three speakers to represent them in the debate. Organise a panel of judges (including one facilitator).
4. Conduct the debate session and ask the judges to give feedback.

## INDICATORS

Young people will demonstrate how to defend their rights.

5. After the session pull out some key points and ensure that you correct or challenge any misleading points coming from the debaters. Ask for additions, comments or clarifications arising from the debate.

## MOTIONS

- Young people should take instructions from adults without questioning.
- Children's rights do not have any meaning in our country.
- The rights of young people living with HIV are not taken seriously by the government.

## THE CONVENTION ON THE RIGHTS OF THE CHILD

The Convention on the Rights of the Child can be found at:  
[www2.ohchr.org/english/law/crc.htm](http://www2.ohchr.org/english/law/crc.htm)

- **Provision:** Children have the right to an adequate standard of living, health care, education and services, and to play. These include a balanced diet, a warm bed to sleep in and access to schooling.
- **Protection:** Children have the right to protection from abuse, neglect, exploitation and discrimination. This includes the right to safe places for children to play, constructive child rearing behaviour and acknowledgment of the evolving capacities of children.
- **Participation:** Children have the right to participate in communities and have programmes and services for themselves. This includes children's involvement in libraries and community programmes, youth voice activities, and involving children as decision-makers.





### KEY INFORMATION

As young people reach adolescence, their peers become more important in their life and they may be easily influenced to try things that their friends do as a result of peer pressure.

Supporting young people to think for themselves and have a strong sense of self-identity is a key way of helping them to avoid engaging in risky activities, as they learn to make decisions for themselves.

### OBJECTIVES

By the end of the session, young people will have:

- tried out strategies to resist peer pressure;
- an understanding of how stigma can be used by friends to increase peer pressure.

### TIME

45 minutes–1 hour

### AGE

All ages

This exercise helps young people to explore ways to resist peer pressure and uses small group role plays, where they try to persuade others to join their group. Emphasise to the participants that they are just playing a role but they can base their persuasion strategies on their real life experiences. For example stigmatising a peer who does not join in is often a way of putting pressure on someone to join. If those who are being pressured can try out different ways of saying no, this will help them in real situations.

Prepare the pressure cards below. Make sure you allow enough time for the debriefing questions.

### ACTIVITY

1. Divide participants into small groups. Ask each group to pick a pressure card (see below).
2. Explain that they have to think of ways to persuade others to join their group – give them five minutes to prepare.
3. Give everyone a sheet of paper. Now explain to the group that they have ten minutes to mingle with each other (imagine it is like break time at school). The aim is to recruit as many new people to join your group as possible. The only rule is that if you get asked to join a group and you do not want to, you must give a reason. Each time someone agrees to join, ask them to sign your paper.
4. Debriefing: After the mingling, sit in a semi-circle and ask young people what happened during the game.

### PRESSURE CARDS

Write on separate cards, appropriate to the age group

- Smoking group
- Drinking group
- Starting to have sex group
- Having a boyfriend/girlfriend group
- Dodging classes group
- Making noise in class group

### SAMPLE QUESTIONS

- How many people did you manage to recruit?
- What were some of the reasons people gave for not joining you?
- How did you try to persuade others to join your group?
- How did you feel when you refused to join a group?
- Did you see anyone using stigma as a way of trying to persuade you not to be left out?
- How can we say no to our friends when we don't want to do something?





### KEY INFORMATION

Young people living with HIV receive double stigma, firstly for being young and then for having HIV. Often others are curious about how the young person may have contracted the virus, so they may concentrate on transmission more than on what is currently happening in the person's life.

Additionally questions about whether they should live life like any other young person are raised; it is as if their rights to being young and enjoying life are surrendered once they are known to have HIV.

### OBJECTIVES

By the end of the exercise, young people will have:

- understood the stigma faced by young people living with HIV;
- developed strategies for changing the impact of stigma on young people;
- explore ways to support young people living with HIV.

### TIME

1 hour

### AGE

12+

### INDICATORS

Young people engage with the stories and discuss realistic solutions.

This exercise uses stories that have been picked from real life situations and some young people in the group may be facing similar situations. It is important to take note of what is happening in the group and offer support to those that may be affected by the stories. It is important to encourage the group to come up with realistic solutions from their own experiences.

You can photocopy the stories and cut them out to give to each story teller. (See pages 28 and 29 for more information about using stories.)

### ACTIVITY

1. Split the participants into three or four groups.
2. Assign 'stations' and ask young people to name the stations (they could pick out names of countries, local compounds or areas, etc.).
3. Explain that the stations are story-telling stations and that at each station a different story will be read and the participants will be asked to respond to it.
4. Use a song or a clap to signal that groups should change to the next station.
5. When everyone has been around all the stations, come together in a big group to discuss any arising questions or comments.



**Story 1**

Trywell is a 14-year-old boy living with HIV and is in Grade 9 at school. Trywell has had a bad skin rash that comes and goes and he has noticed that his friends have stopped playing with him. Whenever the teacher mentions HIV he looks directly at Trywell and this makes him feel uncomfortable. He no longer enjoys school.

What should be done to help Trywell?

---

**Story 2**

Isaac is a 12-year-old boy who stays with his grandmother and his young brother. People at Isaac's church know that his parents died from an AIDS-related illness and they often whisper about his appearance. One day he overheard someone saying that she hoped Isaac would not start misbehaving like his late mother. Isaac told his grandmother that he no longer wants to go to church.

What could help Isaac?

---

**Story 3**

Belinda is a 16-year-old girl living with HIV. Last year she got very sick and she was hospitalised. Belinda has since recovered, she is taking ARV's and feeling and looking very healthy. But every time Belinda wants to meet up with her friends or go and play with her sisters, her mother stops her and says that it is better that she stays at home and rests.

What can Belinda do to change the situation?

---

**Story 4**

Danny is a 15-year-old boy and he has been living with HIV all his life. Danny has been dating a girl that he really loves for the last month and everything is going well. Danny is now wondering if it is the right time to tell her about his status and what this will do to the relationship.

What should Danny do?

---



### KEY INFORMATION

There is a strong link between language, culture and stigma. The way we think about different groups may be expressed in ways that can hurt or isolate those groups. We are surrounded by these words even if we do not use them ourselves. Sometimes we use them without even knowing what they mean, or without thinking how they might affect someone.

### OBJECTIVES

By the end of this exercise, young people will have:

- reflected on the impact of name calling;
- explored and shared their feelings about name-calling;
- looked at ways they can try to challenge those who use name calling to harm or isolate others.

### TIME

40 minutes

### AGE

12–14

### INDICATORS

Young people contribute answers to the questions and link language to stigma. They also demonstrate ways of challenging name-calling.

This exercise uses story-telling as a tool to explore the way that some people are labelled or called names, because of something they do or who they are.

The idea is to read a section of a story and then pause to discuss some key questions and pull out the stigma issues. It may be difficult for some young people to say insulting names, especially to an adult. You can offer reassurance that they will not get into trouble – that it is part of the exercise. You could also get people to role play each section of the story as you read it and then answer the questions in role.

### ACTIVITY

1. Sit with the young people in a story-telling circle. Explain that you are going to read a story (on the next page) and that you will be stopping at different points to ask questions.
2. Read each section of the story and pause to ask the questions. Encourage as much discussion as possible and ask people to share their own experiences. Ask them to demonstrate how someone may have called them names, or how they have called others names.
3. At the end of the story, ask young people how they think name calling links to stigma.
4. Now ask young people to practice in pairs what they can do if they see someone calling another person bad names. Let them role play, all at once, for a few minutes and then swap roles. Then ask to see some of the pairs perform.
5. Discuss with the group some of the ways that we can challenge name-calling.

## NAME CALLING STORY

Tobias is 13 years old and is HIV positive. He is in Grade 7. His best friend, Brenda, lives next door and they walk to school together every day. Tobias has told Brenda that he is HIV positive – Brenda's aunty is also HIV positive so she understands. Brenda has told Tobias not to tell too many people because she has heard her aunty talking about how she has been called names because of this.

### Questions

- *What kind of names do you think Brenda's aunty might have been called?*
- *Who do you think has been calling her names?*
- *Why do you think people call her those names?*
- *What do you think Brenda feels hearing about these names?*

Brenda's classmate, Temwani, comes to her one day to ask for help. Temwani is 15 years old and has just found out that she is pregnant. Her father is very angry and has told her she cannot stay at home anymore. She doesn't know where to go.

### Questions

- *What kind of things do you think Temwani's father said to her?*
- *Why is he telling her she has to leave home?*
- *What do you think Temwani's friends at school will say?*

Tobias and Brenda are going home one day on a minibus. At the traffic lights, a street child – a young boy dressed in torn clothes and not wearing any shoes – asks for some money from the passengers through the window. Two of the passengers start shouting at him. Tobias and Brenda feel upset.

### Questions

- *What kind of names do you think the passengers were shouting at the boy?*
- *Have you seen this happening before?*
- *Why do you think Tobias and Brenda felt upset?*

On Sunday Tobias goes to church with his older sister Katongo. They meet their friends and sit together during service. Tobias overhears his sister talking to her friends about Collins, the pastor's son. They are saying he is gay and shouldn't be allowed to be in the church.

### Questions

- *What are some of the things they might be saying about Collins?*
- *How do you think Collins might feel if he hears these names?*



### KEY INFORMATION

Children who are known or suspected to be HIV positive often face stigma from teachers, children, neighbours or family members. More children living with HIV are becoming visible, mainly because of access to ARVs. Some children know that they are living with the virus and others may have not been told.

Children can play an important role in helping adults to support other children.

### OBJECTIVES

By the end of this session, young people will have:

- explored the impact of stigma on children living with HIV;
- shared experiences of stigma and how to cope with it.

### TIME

45 minutes

### AGE

12+

### INDICATORS

Young people will have discussed and agreed ideas for helping each other.

This exercise focuses specifically on children living with or affected by HIV. Ensure that you give each participant an opportunity to speak. The story is a bit long so make sure you read slowly. If appropriate translate it into the local language. Some children may have experienced similar situations to the story so it is important to consider how you will respond if children disclose or raise issues of exploitation or abuse. (See page 11 for more information on handling sensitive situations.)

### ACTIVITY

#### Story-telling

1. Arrange the chairs in a circle suitable for story-telling. Read out the story on the next page.

#### Processing

2. In the big group ask the young people to pair up with the person next to them and discuss, *How do you feel about the story? Does this kind of a story happen here?* Give some time to discuss examples.
3. Ask young people to pair with someone on their left and buzz together and ask: *If you were the friend, what would you have done in this situation?*
4. Now change to the person on their right and buzz: *How do you think this kind of stigma will impact on Misozi?*
5. In the big group ask: *What can we do as young people to support someone like Misozi?*

## THE STORY OF THE LITTLE SCHOOLGIRL

One rainy day as I was walking home with my mother, who came to pick me up from school, we met Misozi, a young girl who was at the same school as me. Misozi was soaked all over and using a plastic bag to cover her head from the rain. All her books were soaked. She was carrying broken slippers in her hand. I introduced Misozi to my mother. My mother felt really sorry for her and invited her to walk with us since she lived near our home and we had an umbrella.

As we got near home, I heard someone shouting at us. When we looked back we saw an old woman who said, "Leave her alone. She won't die from standing in the rain, and if she dies, I will have less of a burden." The woman was Misozi's grandmother. I told Misozi's grandmother that it was my birthday and asked if I could invite Misozi home for my birthday party. My mother then checked if this was alright with the grandmother. However, Misozi's grandmother continued with her warnings. She said, "Don't get close to the girl, her parents are infected with HIV. She is our biggest burden. We want her to die but as long as she lives she is our burden."

At my place we helped Misozi to get cleaned up and gave her dry clothes. Then we had lunch together. My mother asked her why she had many sores all over her body and Misozi told us that her grandmother forced her to sleep in the kitchen and there were too many mosquitoes. Before it got dark we escorted Misozi to her grandmother's place.

A few months later we heard that Misozi's father had died in prison. We tried to visit her at home but the house was locked up and empty.

Adapted from a participant's story from the Schools Workshop, Vietnam, 2006.

# 15

## Problem solving



### KEY INFORMATION

Young people are often faced with challenging situations. There is a need to have problem solving skills to be able to identify, cope with and find solutions to such situations. Young people need these skills in order to make informed decisions for themselves and others around them.

### OBJECTIVES

By the end of this session, young people will have:

- identified, analysed and solved a problem;
- worked in a group to come up with creative solutions.

### TIME

45 minutes

### AGE

12+

### INDICATORS

Young people demonstrate creative thinking and come up with effective solutions.

This exercise uses traditional stories as a starting point for exploring problem solving skills. The aim is to help young people think critically and creatively and to understand that there may be many ways to deal with a problem. For example, problem solving may involve coming up with a new idea, trying out something new or even seeking further help. Encourage as much 'thinking out of the box' as possible.

### ACTIVITY

#### Story telling

1. Start with this brainteaser to help the group have a go at solving a problem. *"You have a lion, a goat and some grass that you would like to take across the river. However, you can only take one thing in your boat to the shore at a time. If left at the shore, the lion will eat the goat or the goat will eat the grass. How will you manage to take them all across the river safely?"\**
2. Divide into three groups and give each group a story problem (on the next page).
3. Ask the groups to read the stories and answer the questions that follow in trying to come up with a solution.
4. In the bigger group ask each group to present their story and the solution that they came up with in a creative way. Encourage discussions after each presentation.

\*The answer to the riddle: Take the goat first and leave it on the other side of the river. Come back and get the lion. Take the lion to other side and pick up the goat. Take the goat back and leave it on the other bank. Take the grass and leave it on the bank where the lion is. Finally go back and get the goat.



### THE MONKEY AND THE CROCODILE

A long time ago the chief of Mango village got really sick. People in his chiefdom were worried that he was going to die, so they decided that they had to take the chief to the traditional doctor, Sansa Kuwa. Sansa told the people that for their chief to be cured they needed to bring the heart of a monkey. The people knew that there were no monkeys on their land so they decided to go across the river where there were a lot of monkeys. But the river was very wide and there was no way to cross.

The headmen thought for a while and then one of them spotted a crocodile. He asked him to help to bring them a monkey. The crocodile agreed and headed across the river. The crocodile chatted to some of the monkeys and managed to convince one to go with him, saying it would be fun to have a walk around Mango village and that he could ride on the crocodile's back. As they approached the far bank, they could see a crowd of people waiting. Suddenly, the crocodile felt sorry for the monkey and told him why he was being taken there, thinking he would jump into the river.

But the monkey had an another idea. He told the crocodile that monkeys do not carry their hearts but hang them in the trees. He said that if he took him back across the river he would get him a monkey's heart. The crocodile agreed to the plan. However when they reached the bank, the monkey climbed the tree and laughed at the crocodile for thinking that monkeys do not have hearts.

***What would you have done if you were one of the people of Mango village?***

***What would you have done if you were the crocodile?***

-----

### THE HIGH CHIEFS FROM KABANGA

The chiefs met for a highly secretive meeting to discuss important issues affecting their chiefdom, and insisted that their *kapasos* – (traditional guards, guarding the chiefs) should not attend the meeting as they could easily spread the information to other villagers.

The meeting started and it went on a very long time – over three days of deliberations. In fact it took so long that the *kapasos* got tired and went back to their villages.

After the meeting the chiefs wondered who amongst them would go and call the *kapasos* to prepare some food. The chiefs were all aware that whoever would go to call would have then signified that he or she was the lowest ranking chief. So they kept on staring at each other hoping that one among them would go, but no one went and they got hungrier and hungrier.

***What would you do, if you were among the chiefs of Kabanga?***

-----

### KALULU AND THE HYENA: INCHENJESHI PA CHENJESHI (A CROOK ON A CROOK)

It was the time of hunger and Kalulu was searching for food for his family. He kept dreaming of ground nuts. If only he could find a sack of groundnuts for his family. As he searched the forest, he met Hyena. They stopped and chatted for a while and Hyena told Kalulu that he was also searching for food. Kalulu told him that he knew where there was a sack of meat which he would willingly swap for a sack of ground nuts. Hyena told him that groundnuts were not a problem and they arranged to meet the next day under the baobab tree.

Kalulu ran home and told all the children to collect as many old bones as they could from the forest floor. They put them into a big sack. Then Kalulu put a small piece of meat in the top of the sack. Hyena also raced home and told his children to collect all the groundnut shells from under the trees. They filled a big sack and then hyena put a handful of groundnuts into the top of the sack.

The next morning they met under the baobab tree, both carrying their sacks. They circled around one another, arguing who should give their sack first. In the end they agreed to drop the sacks at the same time, and both ran to pick the other up and immediately ran far away from each other, not wanting their friend to see what they had done. Kalulu ran and ran and then glanced behind him, just at the same time as Hyena was also looking back.

***What did you learn from this story?***

-----



### KEY INFORMATION

Stigma against young people takes many forms: name calling, harsh punishment, isolation from school, denying food, not buying clothes, beating, insults and using derogatory language, rejection from family and even child labour. The results of such forms of stigma can lead young people to feel excluded and not valued. They may end up living on the streets and taking more risks. Some young people may have suicidal thoughts or turn to drug abuse.

### OBJECTIVES

By the end of this exercise young people will be able to:

- identify different forms of stigma;
- explore the causes of stigma against young people;
- discuss experiences of how young people are stigmatised in the community.

### TIME

1 hour

### AGE

All ages

### INDICATORS

- Young people talk about the different forms of stigma, and illustrate them through the role plays.
- There is some recognition of the reasons why stigma might happen.

This is a good starter activity to get participants talking about stigma through discussion and doing simple tasks in small groups. Using the pictures and acting out ideas generated from picture analysis helps young people to identify stigma and to share their experiences. (See pages 29 to 30 for more information about using pictures.)

If there are enough resources, you could give children copies of the pictures to take home and discuss with their families or stick them up in school so that others can discuss them.

### ACTIVITY

Photocopy the stigma pictures from Annex A.

1. Display the pictures on the walls or floor.
2. Divide participants into small groups.
3. Ask groups to walk around and look at as many pictures as possible.
4. Then ask each group to select a picture that they want to analyse further. Give them ten minutes to discuss the following.
  - *What do you think is happening in the picture in relation to stigma against young people?*
  - *Why do you think is happening?*
  - *Discuss some examples on how this happens in your community and come up with a role play to show the example.*
5. Come back to the big group and ask each group to talk about their discussion and show the role play.
6. As a facilitator record the key points and use them for a summary.





### KEY INFORMATION

We often don't realise how much stigma can hurt people, but if we think about it nearly everyone has been in a situation where they have felt different, isolated or lonely – these are the feelings of stigma.

It can be difficult to change stigma. Sometimes we don't even realise that we are stigmatising someone but by remembering some of these difficult feelings, we start to see how stigma hurts.

Often young people will laugh or make fun of each other if someone is different – this could be because of the way they look, or behave, or their background. If a group of young people are laughing at someone, it can be difficult for a friend not to join in or to stand up and challenge those who are mocking.

### OBJECTIVES

By the end of this exercise, young people will have:

- explored their own experiences as a starting point to understanding the impact of stigma;
- expressed and shared some of their own experiences;
- developed a greater and deeper understanding of stigma.

### TIME

45 minutes

### AGE

12+

### INDICATORS

Young people will talk about their pictures and show some understanding that the feelings they experienced are similar to those of stigma.

This exercise really helps young people to understand the impact of stigma. It uses a reflection technique, followed by drawing, which can be powerful as children and young people may get in touch with some difficult feelings. As a facilitator it is important to be prepared, and ideally to have some co-facilitators or other adults present who can provide extra support to the participants. Don't panic if someone cries – try some comforting words. Young people often don't get a chance to express their feelings and will nearly always feel relieved and lighter once they have done so. (See page 29 for more about using drawing.)

This version of the exercise is for ages 12 to 14 years.

### ACTIVITY

1. Ask everyone to spend a few minutes thinking about a time in their life when they felt lonely or were treated badly because they were different.
2. Sit with the young people around a table or in a circle on the floor. Give everyone a piece of plain paper and have lots of pencils, crayons, markers available. Ask them to draw a picture about the experience they were thinking about. Give them enough time and try not to make any comments or to influence what they draw. Let them know that they are free to chat – this is not an exam or a competition!
3. When everyone has finished, break into small groups – each with a facilitator (or another adult). Ask each young person to talk about his/her picture and encourage the others to listen. If someone cannot say much, you can gently ask questions to help understand the picture. If someone is upset check if he/she needs some time out.
4. Come back together into the big group and ask young people how they think their pictures link to stigma. Try to keep the discussion focused on feelings.
5. Finish the exercise with a gentle song to help bring everyone together.



### KEY INFORMATION

Fear of HIV transmission is one of the main drivers of stigma and it is important to allow young people space and time to explore and understand how HIV is and is not transmitted. Being able to give clear information about transmission is an important tool in the fight against stigma.

### OBJECTIVES

By the end of this exercise, young people will have:

- explored and discussed some of the fears they have about HIV transmission;
- understood how HIV is and is not transmitted;
- practised explaining transmission to others.

### TIME

1 hour

### AGE

13+

### INDICATORS

Young people show that they understand QQR by being able to give clear explanations about HIV transmission.

This exercise helps young people explore some of the fears that they might have about HIV transmission using pictures.

To prepare for the exercise read through the QQR tool on page 22 to make sure you understand it. Make photocopies of the QQR tool. Copy and cut out the picture cards in Annex B.

### ACTIVITY

1. Read out or ask a participant to read out this short letter.

*Dear Aunt Maggie*

*I am worried. My uncle has been living in town and now he has come back home. He stays in our house and is skinny and ill, and is very sad. I am worried that he might have 'the killer disease'. He hugged me and I wash his clothes for him. I love my uncle, but I don't want to die. I am afraid of being near him – what should I do?*

*A worried Martha*

Explain that this exercise will help to explore these kind of fears about the way HIV is transmitted.

2. Sit in a circle and ask participants to pair up with the person next to them and then hand out a picture card to each pair. Ask pairs to discuss their picture together about how it relates to a fear that some people may have about getting HIV.
3. Ask each pair to present their picture and talk about the fear. Collect up the cards.
4. Present the QQR tool to the group. Explain it very simply and clearly.
5. Arrange two circles of chairs – an inner and outer circle, so that each chair is facing another. Ask those who feel comfortable to use the QQR to sit in the inner circle. Ask the others to sit in the outer circle.
6. Give each person in the inner circle a fears picture and ask them to explain to the person opposite, why HIV cannot be transmitted this way (using the QQR tool).
7. After a few minutes, ask the outer circle to move around one chair to the left, and ask those in the inner circle to hand their picture to the person on the right. Now explain the new picture fear to a new partner.
8. Now ask the group to swap roles – the outer circle moves to the inner circle and each person gets a new picture and explains to the new partner. After a few minutes, change partners one more time by passing pictures to the right and moving those in the outer circle to the left.
9. Leave time for an open discussion on lessons learnt and any other questions.



### KEY INFORMATION

In many cultures, it is taboo to talk about sex, and especially taboo for young people to ask about sex. They can even face stigma if they ask too many questions. However the less we talk about sex, the more mysterious it seems and this can even lead young people to want to find out more by trying it! If we can teach young people that there is no shame in talking about sex, they can be empowered to make informed decisions about what is right for them.

### OBJECTIVES

By the end of this exercise, young people will have:

- explored the links between sex and stigma;
- had an opportunity to ask questions about and discuss bodies and sex.

### TIME

1 hour

### AGE

14+

### INDICATORS

Young people ask questions freely during the exercise.

This session uses a technique called body mapping. Participants make a large picture of a boy's or girl's body and then discuss the body parts, including the sexual ones, which are then recorded on the picture. Participants have fun and at the same time have a serious discussion about sexual body parts and sex, triggered by the drawing.

The exercise is done in separate gender groups to allow boys and girls to talk freely. The drawings provide a non-threatening way to start a discussion about sensitive topics. They help to create the openness and freedom for people to talk about things which we normally do not. Be aware that some people will feel uncomfortable using local language names for sexual parts. Ensure that a man works with the boys' group and a woman with the girls'. (See page 30 for more about body mapping.)

### ACTIVITY

Tape six flipchart sheets together to make a large sheet of paper.

1. Split into gender groups. Explain to each group that the exercise involves talking about the sensitive subject of sex and bodies. The aim is to talk openly and be able to ask questions – no one will be judged and the discussions will be confidential.
2. In each group ask for a volunteer to lie on the paper and then get the group to draw around that person to make a body shape.
3. Ask the group to name the body parts (write these on the picture). In order to avoid possible embarrassment to the volunteer, ensure that you explain that the body parts to be labelled are not those of the person outlined but of any man or woman. Include parts that can be seen and those hidden by clothes. Encourage participants to use local names. If the group is shy to name the sexual parts, help by pointing and asking gently "What do we call this?" Ask the group which names they feel most comfortable to use.
4. Encourage lots of discussion as the parts are named and try to help the group answer any questions that come up.
5. Come back into a mixed gender group and share the body maps – ask someone from each group to tell the others about their body map.

**KEY INFORMATION**

Building young people's self-esteem is an important way to help them cope with stigma. Being stigmatised can result in young people feeling isolated, depressed and worthless. If young people feel positive about themselves they will be emotionally stronger and any stigma directed towards them will have less impact.

**OBJECTIVES**

By the end of this exercise, young people will have:

- identified and discussed some of the things that help them to feel good;
- learnt how to make a beautiful collage which they can keep as a reminder of their strength and resilience.

**TIME**

1 hour

**AGE**

All ages

**INDICATORS**

Young people make collages that they feel proud about and appear happy (their self-esteem is increased).

This exercise looks at ways to build young people's self-esteem, as a way of coping with stigma. The exercise involves making a collage (making collages can be done by anyone) and while they are making them the group discusses and shares ideas. All of this contributes to the support young people need to feel good about themselves and therefore stronger in the face of stigma. (See page 30 for more about working with collage.)

**ACTIVITY**

You will need a large sheet of paper for each participant, as many old magazines as you can collect and glue.

1. Ask the group to think for a few minutes about some of the things that make them feel happy and strong.
2. Explain that everyone is going to make a collage that shows some of these things. Explain how to make a collage and then help the young people to get started.
3. As participants are making their collages, give lots of encouragement and praise – this is part of the self-esteem building.
4. When everyone has finished, display the collages on the wall and get everyone to look at each other's. They can ask questions and explain the reasons why they have chosen the things in their collage.
5. Allow participants to take their collages home so that they can be reminded whenever they feel low that the feeling is not permanent, and they will feel happy again.

# Annex

- A. PICTURE CODES (USED WITH EXERCISE 16)
- B. PICTURE CARDS (USED WITH EXERCISE 18)
- C. HOW TO MAKE A HAND PUPPET (USED WITH EXERCISE 9)
- D. HOW TO MAKE A COLLAGE (USED WITH EXERCISE 20)
- E. GAMES AND ENERGISERS
- F. RESOURCES ON USING CREATIVE APPROACHES WITH YOUNG PEOPLE TO TACKLE HIV-RELATED STIGMA



Picture code 1

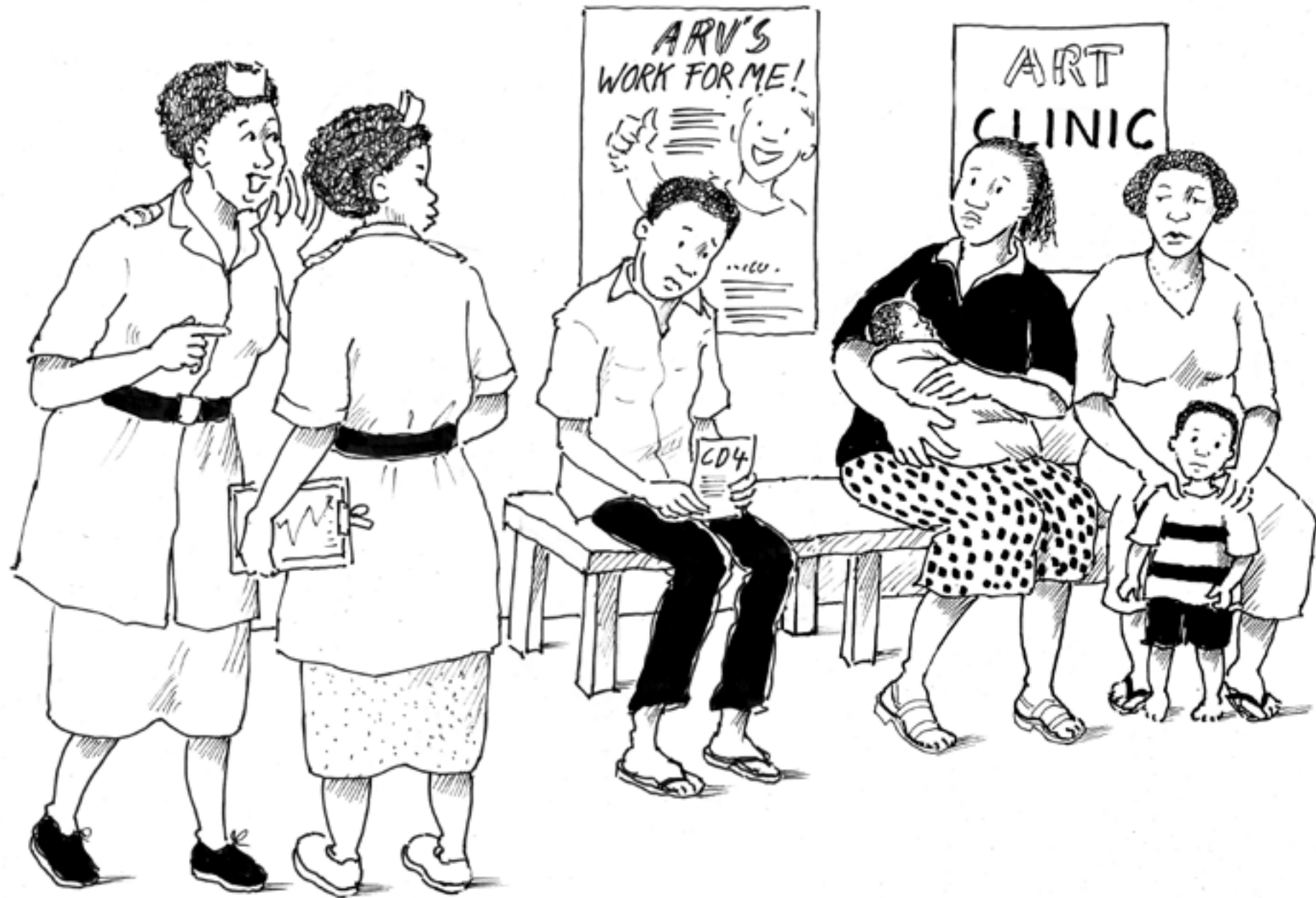




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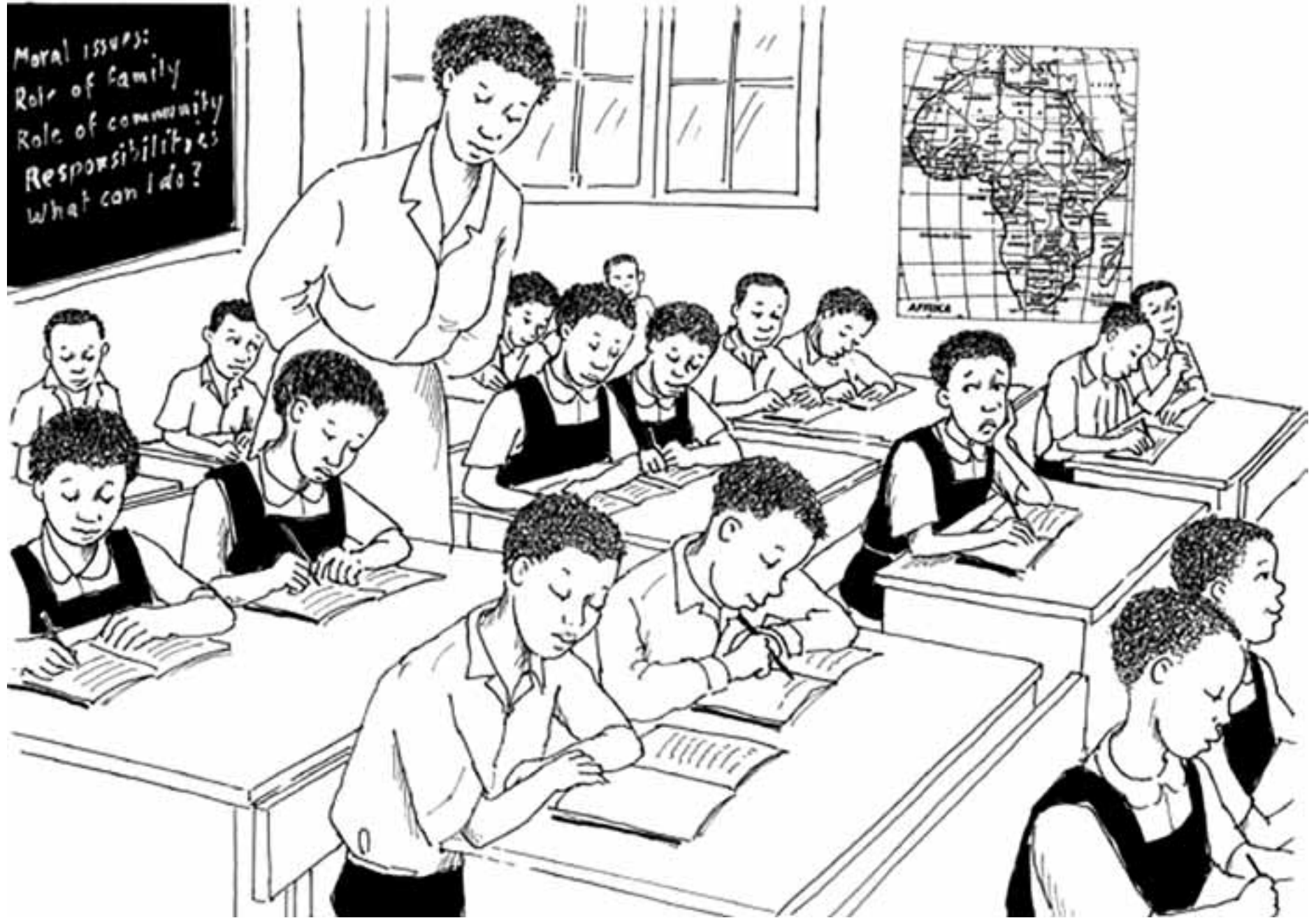






Picture code 5





Picture code 7

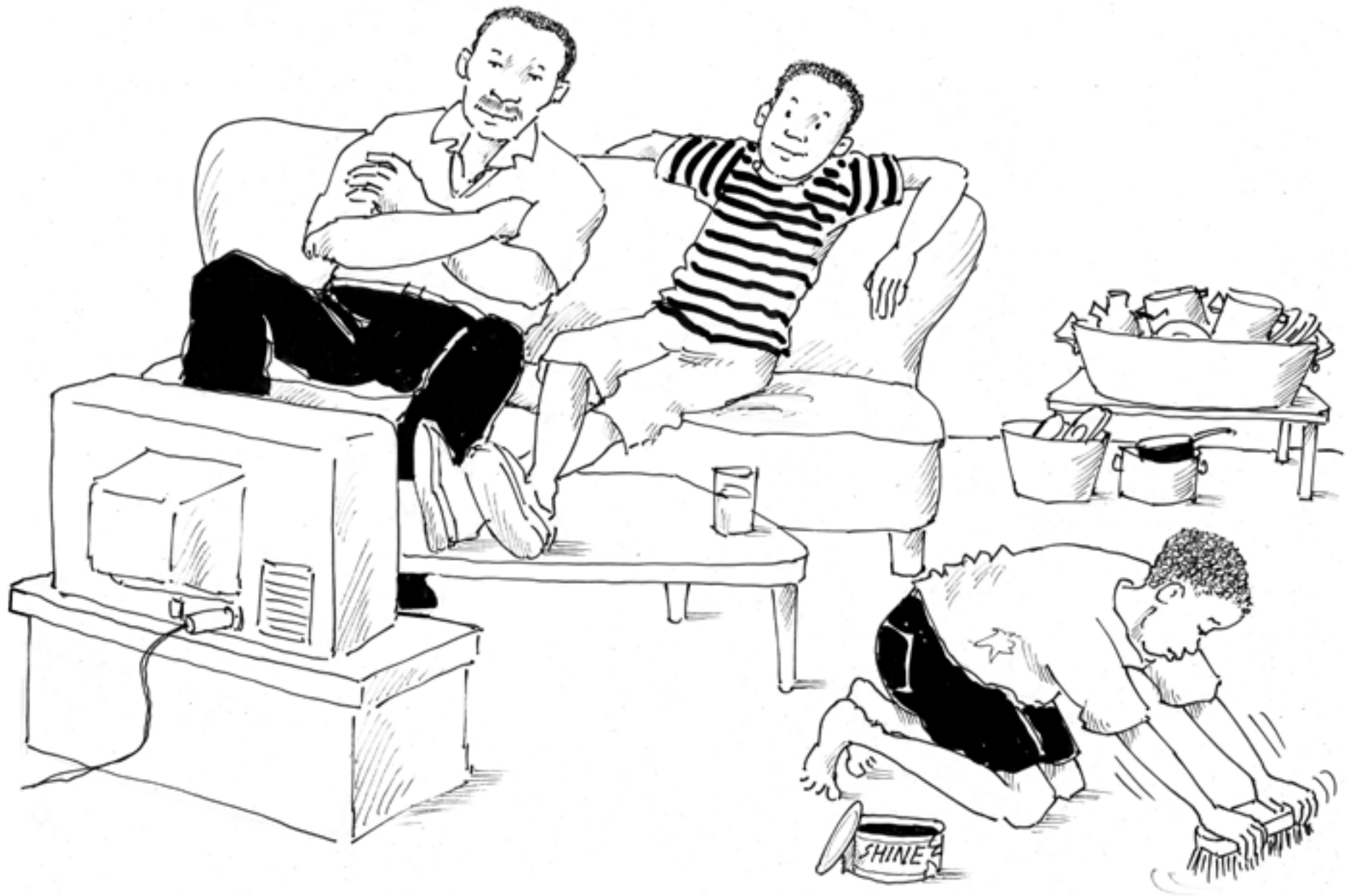




Picture code 9



Picture code 10



Picture code 11

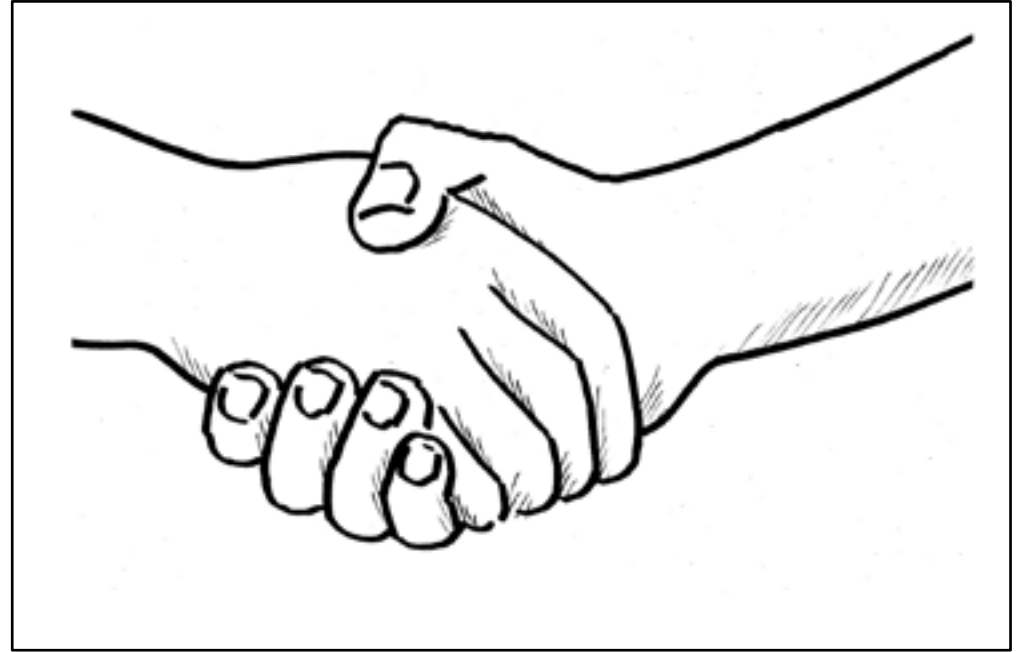




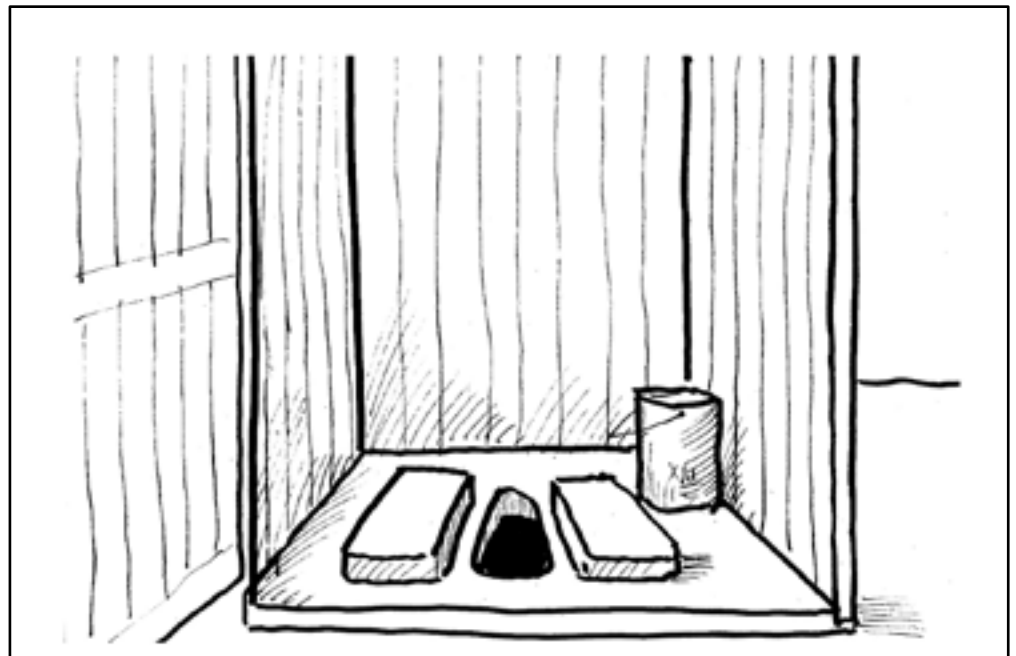
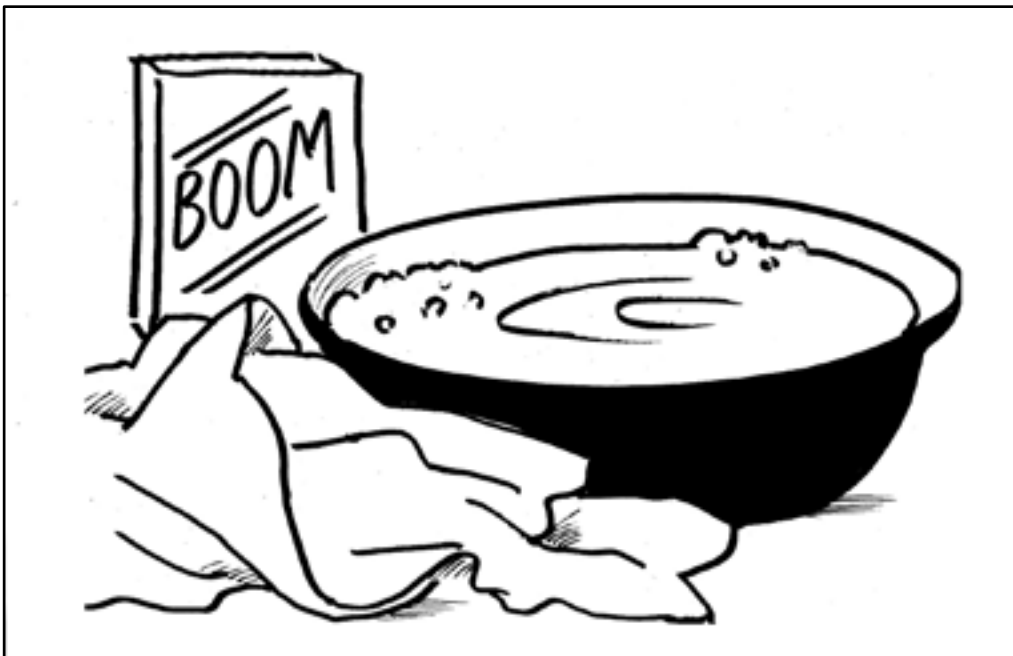
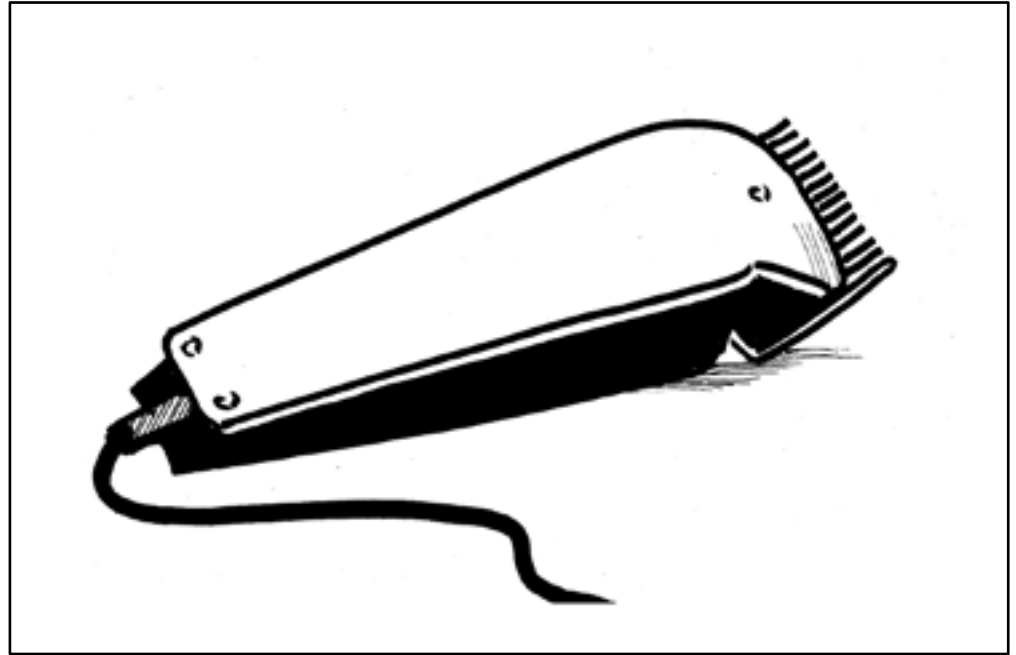
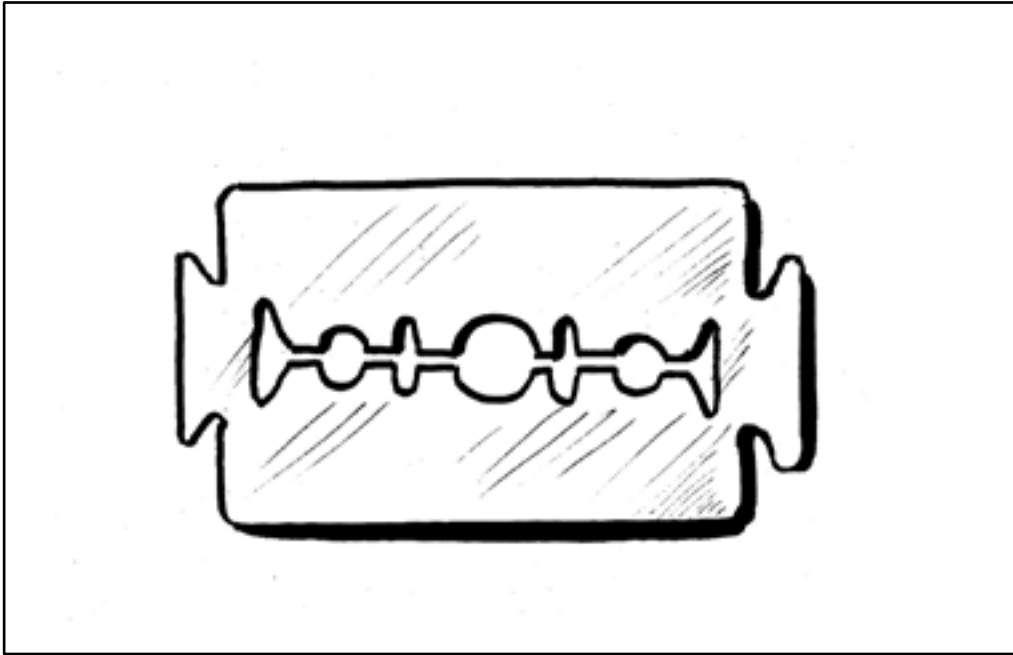


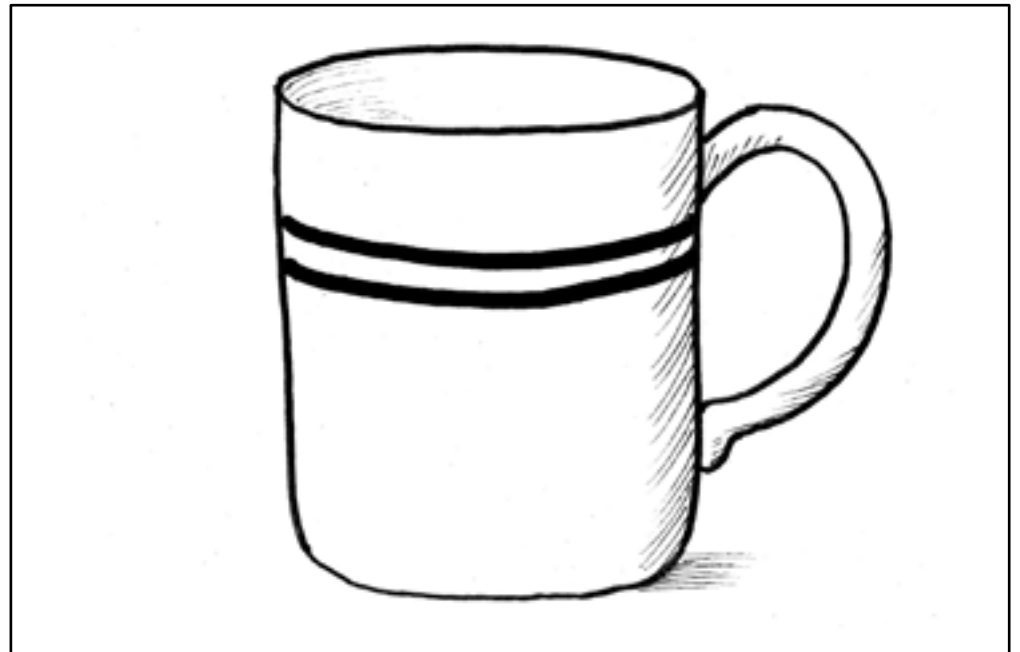
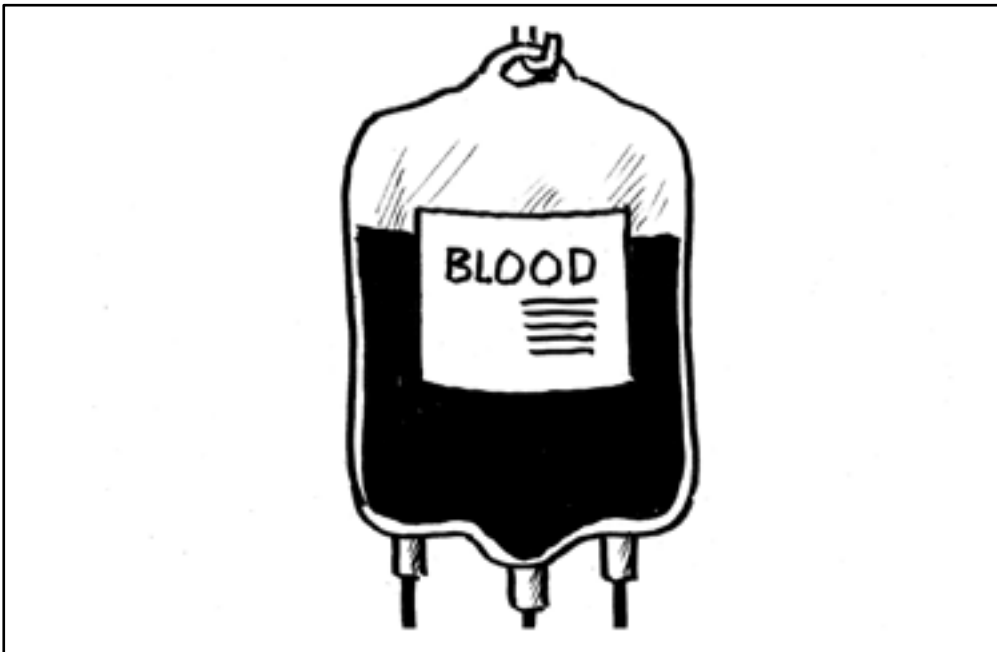
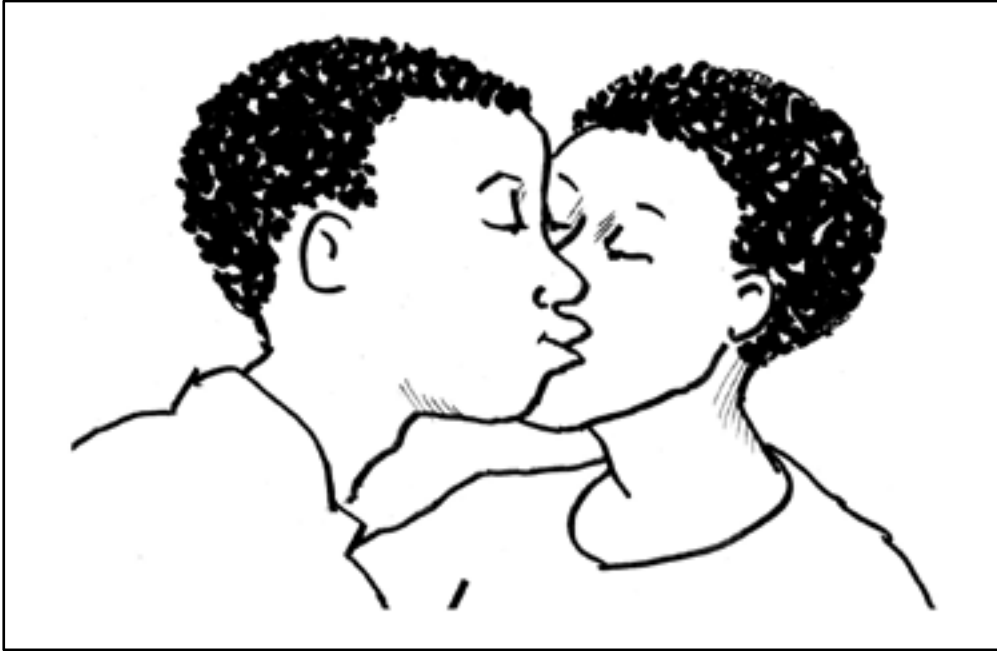
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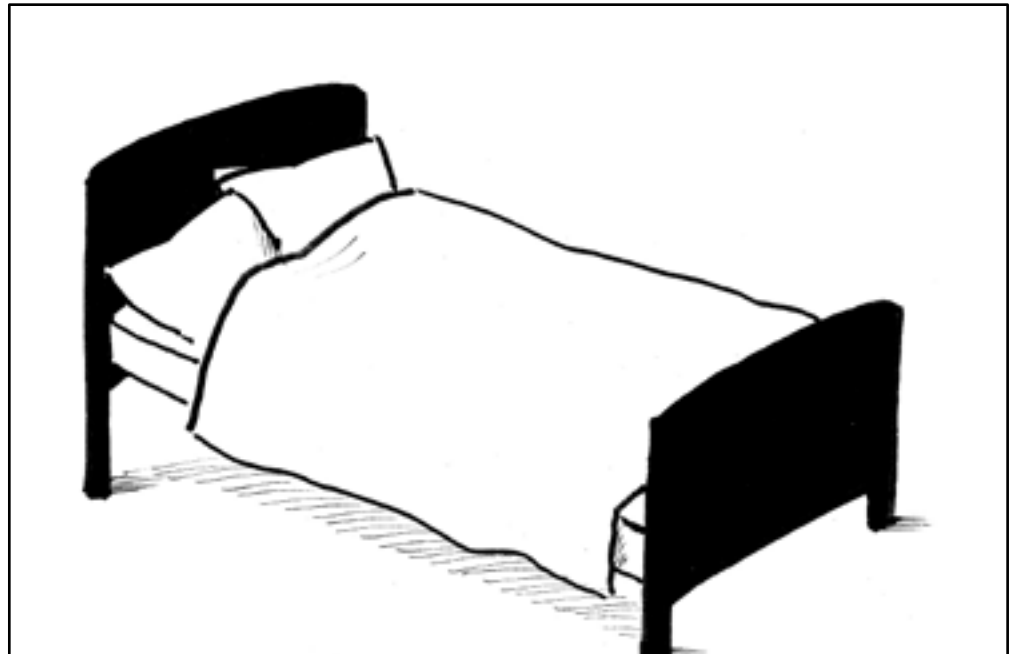
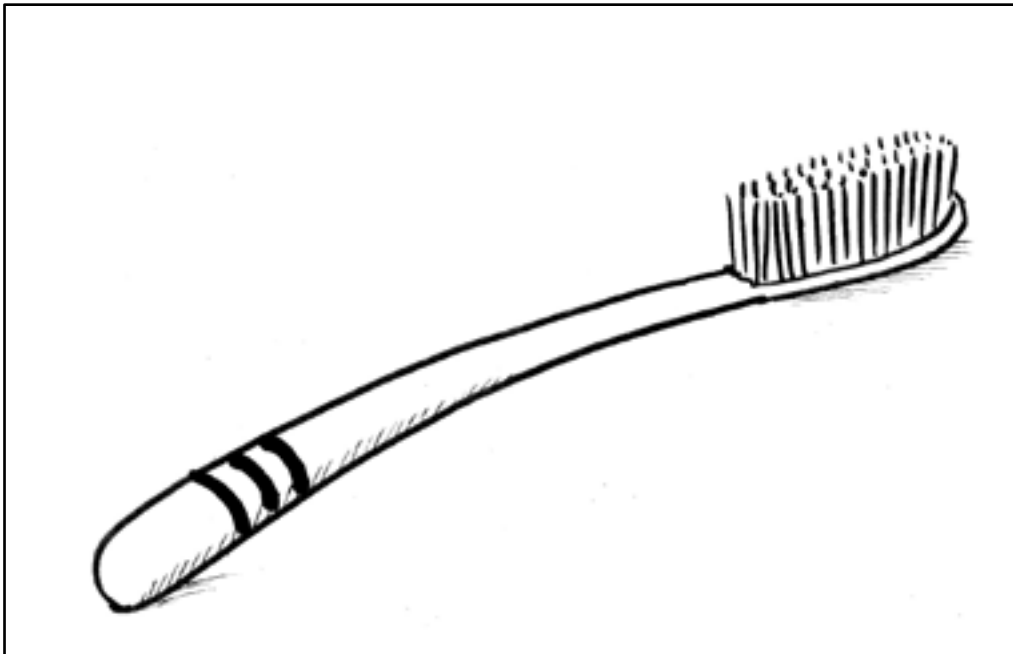
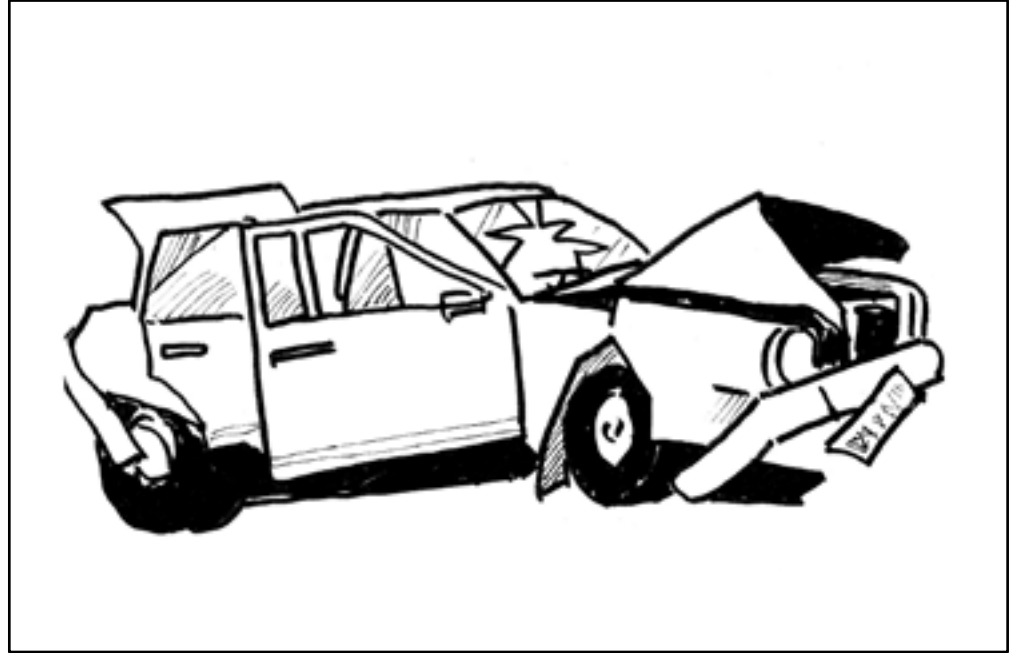


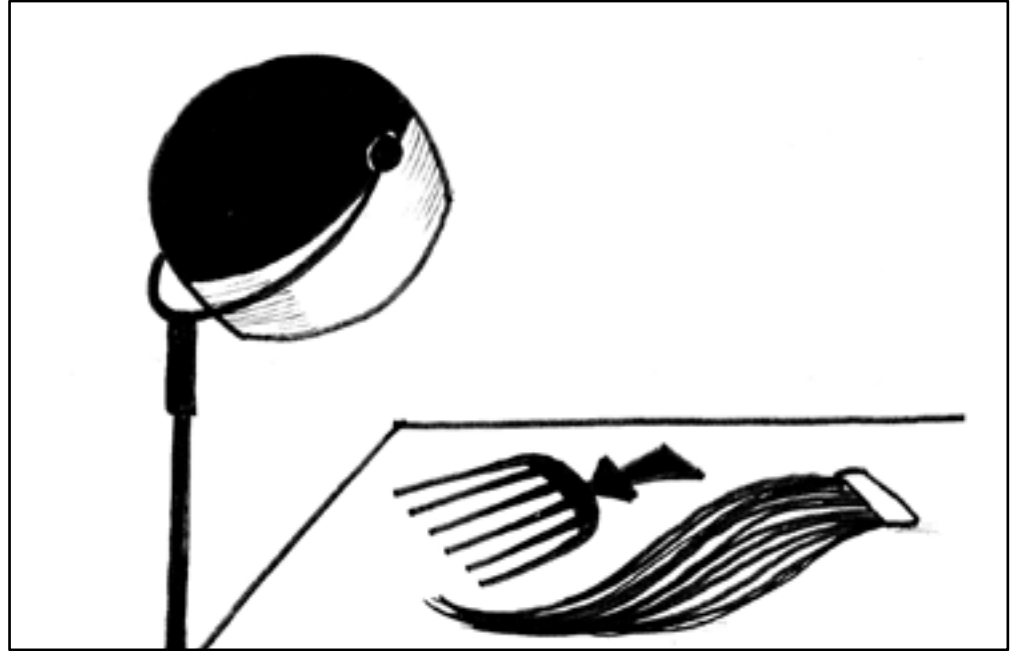
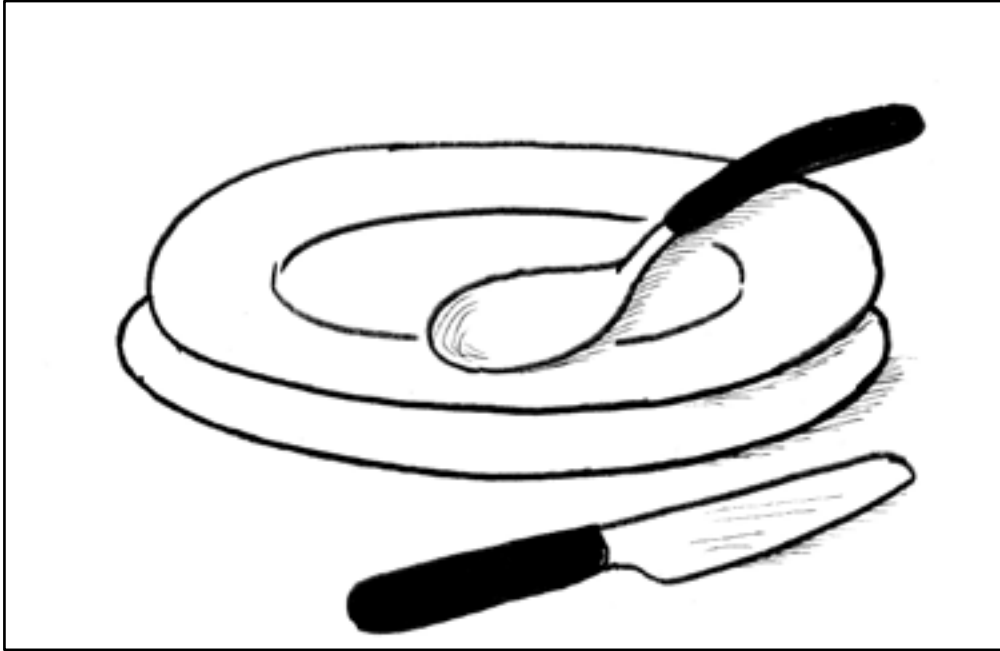
Picture cards 1





Picture cards 3





Picture cards 5



## How to make a hand puppet (Exercise 9)

Puppets are doll-like representations of humans. The puppets are manipulated by a puppeteer who hides behind the stage with the puppet out front, facing the audience. The puppeteer moves the puppet and provides the dialogue. The puppets are used to perform plays.

There are different types of puppets – hand puppets, rod puppets, rod and hand puppets, shadow puppets and many others. One of the most common types of puppets (and the one used here) is the hand puppet.



The simplest way to make a stage is to turn a table on its end. You could also make one by tying a rope between two trees and draping a blanket over it.

### Tips on operating a hand puppet

- Don't hold the puppet still for a long time. Keep it moving! The puppet must not just talk, but do things like shake hands, kiss, dance and chase each other.
- Hold the puppet high enough so that the audience can see it.
- Practice your play in front of a mirror so you can see what the puppets look like.

### Materials to make a puppet

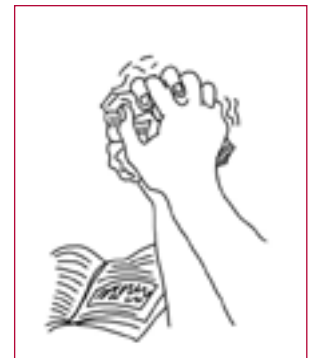
- Bucket
- Flour or starch
- Lots of newspaper
- Paints and a brush
- Scissors
- Needle and thread
- One piece of cardboard
- Two pieces of cloth 35 x 45 cm



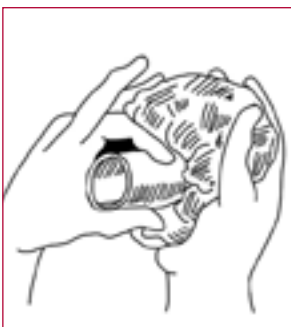
Make the neck by rolling cardboard around your fingers and glue together.



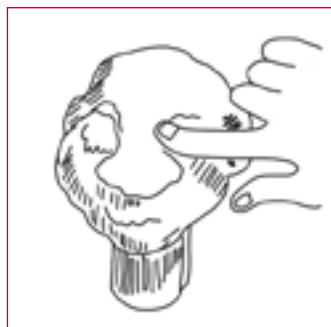
Mix the flour with water, or starch with boiling water, to make a paste.



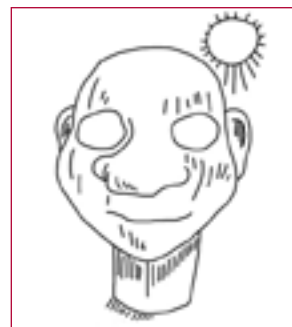
Make a ball from 2 or 3 sheets of newspaper. Dip the ball in glue.



Make a hole in the ball and fit the neck. Secure with newspaper soaked in glue.



Model the features with newspaper soaked in glue. Make them big and strong. Put wads of paper around the neck.



Set aside to dry.



Paint the puppet's head.



Cut out 2 pieces of cloth and sew together.



Attach the 'glove' to the head and your puppet is ready for action.

## MATERIALS

- A large sheet of strong paper or card (thicker paper) for the base – one for each participant.
- Lots of magazines, newspapers, sweets wrappers, silver cigarette paper, advertising posters, leaflets, anything they can find which is printed in colour. Ask the children to collect their own coloured magazines and materials.
- PVA glue (wallpaper paste)
- Brushes
- Water containers
- Scissors
- Pencils

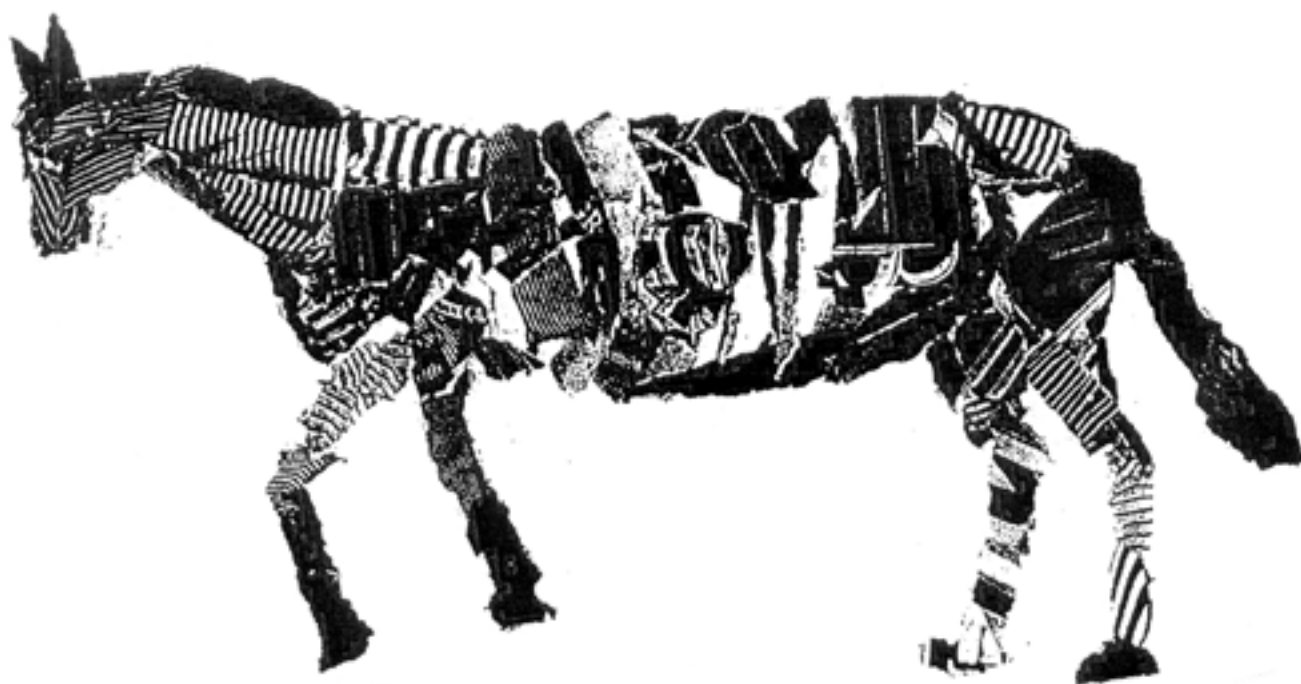
## How to make a collage (Exercise 20)

A collage is a picture made by gluing different pieces of coloured paper together to make one picture. It can be done by anyone. It is good for people who think they cannot draw or paint. It is fun and easy to do – a real confidence builder because most of the results are very successful!

Collage helps to express people's feelings. Children can make a collage about things that make them happy and strong, or their hopes and feelings about their lives, their families, their school or their community.

### Tips on helping children make collages

- Hand out the materials – base paper, coloured magazines, glue and brushes.
- Explain what a collage is and give an example. Show them the collage of a zebra below.
- Ask participants to make a collage on a certain theme, e.g. favourite game or animal, their family, or their hopes for a stigma free world – or how they see themselves in the world, their hopes and dreams for the future, a happy or a sad picture.
- Participants can draw an outline of what they want to make on the base paper.
- Then they cut out or tear pieces from the coloured magazines and paste them to the base paper. Cover the whole image with small coloured pieces.
- Don't stick too closely to the original outline – let the torn pieces determine the shape.
- They should start with the background first and work towards the foreground. If not happy with a colour, they can always glue another piece on top.
- PVA glue looks white but will dry transparent, so there is no problem if the glue is also on top of the paper.
- When they are finished, display the collages and get participants to talk about them.



## Games and energisers

### OPENERS AND ICE-BREAKERS

**Write your name in the air:** Ask participants to write their name in the air – first with right hand, then left hand, then both hands, elbow, nose, knee, or foot.

**Rhyming names:** Each person introduces herself with a 'rhyming' adjective (i.e. starting with the same letter) for example, Brave Beatrice, Gentle Gabriel, Crazy Carol, Sexy Sam. Before introducing a name, each person calls out the names of all those already introduced.

**Action names:** Participants stand in circle. Each person introduces his or her name while giving an action. After each introduction, the whole group repeats the name and action.

**Three greetings and run:** Participants stand in a circle holding hands. The leader walks around the outside of the circle and touches someone on the back. The two race around the circle in opposite directions. When they meet they stop and greet each other (at least three greetings). Then both race to the starting point in the circle. The last person back becomes the new leader.

**Paired action:** Ask participants to pair off and give the following instructions: "Greet this person as if you've not seen them for ten years. STOP – find a new partner. Greet this person warmly but without talking. STOP – find a new partner. Front to front... back to back... side to side ... foot to foot. STOP – find a new partner. Back to back. Hold each other's arms at the back. Now move around the room without bumping into others. STOP! – find a new partner... Pretend you are at a dance. Make your own music and dance with your partner..." Add your own ideas.

**Introductions through buzz groups:** Divide into pairs. Each person tells three facts about herself to her partner. Then new pairs are formed and the pairs tell three new facts about themselves. This process continues until each person has shared with five other people (i.e. has told 15 facts about themselves). Encourage people to talk about things that are unusual. Bring the group back together. Introduce each participant, drawing out the information from those who talked to her.

**Groups game:** The game involves forming into groups in which participants hold each other at the shoulder. Different types of groups are formed. Start with simple groupings to break the ice: 2's 6 4's 6 8's. In each grouping ask members to call out their names. Then add other categories: "Form groups by occupation, home area, gender, age group, height, marital status, favourite food." Once groups are formed, introduce other activities – e.g. move around without breaking contact, or do a group hop, or sing a song and add movement. At the end bring everyone together into one big group. Ask everyone to call out their names. See the game 'action names'.

### Bingo – Find someone in the room who...

This game is a good mixer activity. It could be used on the second day of a workshop when participants know each other. Give each participant one sheet of paper with a set of short descriptors typed in a matrix. Participants move around and tick each box when they find someone who fits the description. The first person to complete all the boxes shouts "bingo!"

### PAIRED GAMES

**Front-to-front/back-to-back/foot-to-foot:** A caller shouts out "Front-to-front", back-to-back, foot-to-foot" etc. and pairs are expected to follow the directions. When the caller shouts "Change!"; everyone finds a new partner. The person left without a partner becomes the new caller.

**Amatingalo!:** Teach the song then participants find partners. Demonstrate the clap – for the last three verses "Ama – Ama – Amatingalo" pairs clap hands: right hand, left hand, both hands (three times). At the end of the song the leader shouts "Change!" and everyone runs to find a new partner.

### GAMES SITTING IN A CIRCLE

**I'm going on a trip (15 or less people):** Start off by saying "I'm going on a trip and I'm taking a hug"; and hug the person to your right. That person then says, "I'm going on a trip and I'm taking a hug and a pat on the back"; and then gives the person on the right a hug and a pat on the back. Each person repeats what has been said and adds a new action to the list. Go round the circle until everyone has had a turn.

**Seven clap:** Count around the circle. Rules – Don't say 'seven' or any multiple of seven (e.g. 14) or any number which has seven in it (e.g. 17). Instead clap. If someone makes a mistake, that person drops out and you start the counting again from one.

**Passing objects around the circle while singing:** Ask each person to pick up any object – book, pen, etc. At an agreed signal everyone starts singing a song (e.g. Amatingalo) and to the rhythm of the song, pass the objects around the table.

**Passing the rhythm:** Set up a rhythm – clap your thighs, your hands together, then your neighbour's hands. This rhythm is passed around the circle. Try to keep the rhythm moving steadily. Once the group can do this, insert the same rhythm into the circle a number of times so that several rhythms are being passed around the circle at the same time.

**The orchestra:** Ask participants to sit in a circle. Divide the group into sectors and give each sector its own sound and rhythm. Do this one group at a time and ask each group to continue its sound while other groups are being briefed. You have created an orchestra.

## GAMES STANDING IN A CIRCLE

**Mime the lie:** Walk into the circle and mime an action, e.g. swimming. Ask the person who was next to you in the circle (B) to ask you what you are doing. You say, for example, "I am praying!". Then ask B to enter the circle and to mime what you said you were doing (praying). When C asks what B is doing, B lies, saying "I am jogging"; and so the game continues, until everyone in the circle has had a go at doing one thing and saying they are doing something else.

**O Kedebyone:** Ask each participant to say the phrase, "O Kedebyone", going around the circle, one at a time. Each person should say it with a different tone of voice, emotion, and body language.

**Shout, whisper and sing:** Cross the circle and shout the name of person B. B should move from his/her position in the circle to the place where you were standing. B then repeats the activity, crossing the circle and shouting out the name of C – and C should move... and so on. After everyone has been called, repeat the exercise, this time whispering the name. In the final round, repeat the exercise, singing the name.

**I once climbed a mountain:** Participants stand in a circle and take turns saying something that they did once, e.g. "I climbed a mountain." After each person mentions his/her action, those in the group who have also done this action must run to the middle of the circle and give each other a high five or hug.

## COOPERATION GAMES

**Stand up partners:** Ask participants to pair off and sit back-to-back on the floor with their arms linked at the elbow. Ask them to stand up. Debrief by asking, "What was difficult about the task? What helped you stand up as partners? Why is it important to work as a team to accomplish goals?"

**The knot:** Form groups of eight people. Ask each group to stand in a tight circle. Each person reaches out and holds the hands of two persons across the circle – not the persons on either side of him. He should not hold the hands of the same person – they should be two different people. This creates a 'knot'. The aim is to untangle without letting go hands until everyone is standing in one circle. Debrief this game.

**Tsunami:** Draw five circles with chalk on the floor, big enough to fit all the participants. Give each island a name. Then say that one island will be hit by a tsunami so those people will have to move quickly to another island. Allow the suspense to build – then call out the name of the island which will be hit. Participants run to the other islands. The game continues, until everyone are squashed into one island. Debrief this game, focusing on cooperation (or lack of it) within the group.

**Group bonding:** Divide into groups of ten people. In each group ask participants to stand in a circle and touch palms with participants on either side of them. Now ask them to go where they want the group to go. Explain that they are not allowed to let go of each other – their palms must be touching at all times. Observe what happens. Usually the group ends up in heaps on the floor as people oppose each other and push in different directions.

Discuss what happened. For example, some groups managed to communicate where they want to go and all moved in the same direction. Other groups could not agree and ended up in confusion.

## COMMUNICATION GAMES

These games are used to create an awareness of how communication works. They simulate various forms of communication and should be analysed afterwards.

**Talking object:** Participants sit in a circle. An object is passed around the circle. Whoever receives the object has to talk and continue talking until his neighbour takes it. He cannot stop talking and pass the object whenever he wants. He must wait until the neighbour takes it from him before he can stop talking.

**The yes/no game:** Form two lines facing each other. Explain that one group is the 'yes' group and can only use the word 'yes'. The other group is the 'no' group and can only use 'no'. Each group should try to convince the other group of the truth of what they are saying, but can only use the one word, 'yes' or 'no'. After a minute or so, get the groups to swap roles, with the 'yes' group saying 'no' and vice versa.

Debrief by asking, "How did you feel doing this exercise?" Ask for comments on body language, use of attacking or avoiding stances, laughter etc. Explain how laughter is an important means of expression: it can be a good equaliser at times, but at others can be very harmful.

**The whisper:** Ask ten participants to form a line and ask the others to observe. Whisper a complicated message to the person at one end of the line and the message is passed through whispers to the other end. The person who receives the message at the end of the line writes it on flipchart paper. Then display the original message on another flipchart sheet.

Discuss: a) What happened as the message got passed along? b) Why did the message change? c) How could people in the group have ensured that it was passed around the circle unchanged? d) How does this game relate to communication in real life?

**Talking stone or talking beans:** This stimulates discussion and analysis on participation in a workshop. Introduce a 'talking stone' which is passed from participant to participant (only the person holding the stone can talk) or give each participant five 'talking beans'. After each contribution a participant is expected to place one bean in the centre of the circle. The game continues until all of the beans are used up. Those who finish early have to wait. Then discuss the significance of the game.

## COMPETITIVE GAMES

These games are competitive, but they can be done in a way that fosters a friendly spirit and lots of fun.

**Tiger-Man-Gun:** Divide into two teams. Introduce three symbols – the tiger (action: claws raised in the air and a roar); man (action: hands folded across chest); gun (action: hands pointing a gun). Then explain the scoring system: Tiger wins over man; man wins over gun (man controls gun); gun wins over tiger. Ask each team to secretly decide on their symbol. Then get the two teams to line up facing each other. At a signal, teams show their

symbols. Announce the winner. Then ask teams to select another symbol (secretly) and the game continues.

**Thread the needle:** Divide into two teams of equal numbers (no more than ten people). Ask teams to face each other in a line, each team holding hands. Each team should number off. When you shout two consecutive numbers (e.g. four and five), the fourth and fifth people in the line hold their hands up high creating a hole and the rest of the team 'threads the needle' – without dropping hands, team members at both ends run through the hole (with other team members following) and back to their original position. The first team back in its original position wins. Repeat this a number of times. Ask one participant to be the judge.

**Find your partner squat:** Form two concentric circles with participants paired off (i.e. one partner in each circle). Start a song and ask the circles to move in opposite directions. When you shout "Stop", partners have to find each other and squat holding hands. The last couple down is eliminated each round. Ask those who are eliminated to help you as judges.

**Quick square lineup:** Form four teams and ask them to stand around you to form a square. Then ask each team to order themselves according to their height. Then explain that the team facing you should always be at your front, the one at your back should always be at your back. After a moment's silence, pivot around, forcing teams to move. Get another participant (e.g. older participant) to be the judge, for example, "The team has reached its position and is in a straight line"

## RUNNING GAMES

In these games players get up from their seats and run to another place in the circle of chairs. This gets participants mixing (rather than staying in the same chair) and helps to energize people for any following activities.

**Switching roles:** Allocate roles to each person going round the circle: "Field worker... community leader... chief... field worker... community leader... chief..." When a role is called out, all those who have been assigned that role have to run and find a new chair. When the caller shouts "Change!"; everyone has to run. The person left without a chair becomes the new caller.

**The wind blows for...** The caller shouts "The wind blows for..." and then adds a descriptive phrase – for example, "Everyone wearing a watch". Everyone wearing a watch has to get up and run to another chair. Other examples, "The wind blows for everyone who...has a beard/wears glasses/is single/is in love/ate too much for lunch/is bored with this game!"

**Touch blue:** Ask participants to walk around. When you shout "Touch blue", each player has to find something blue on another player and touch it. Then give the rest of the instructions: "Touch... someone with beard/wearing glasses/something yellow/someone wearing sandals, etc." Each time, participants must touch what the leader called out.

**Pass the action:** Players sit in circle. Person A stands in the centre of the circle. A walks towards B using a specific action, e.g. hopping or walking with hands above the head. When she reaches B, B walks to the centre of the

circle using A's action. When B reaches the centre, he walks towards C using a new action or movement. The game continues until everyone has taken part.

## GUESSING GAMES

**What am I feeling?** Participants stand in a circle. Each person takes a turn acting out an emotion. Other participants try to guess what feeling the person is acting out.

**Who is the leader?** Participants sit in a circle. Someone volunteers to leave the room. A leader is chosen and her/his job is to lead the group in a series of rhythmic actions or movements (e.g. clapping, raising hands over head, swaying back and forth) which are copied by the whole group. The volunteer then tries to guess who is leading the actions. The group protects the leader by not looking at her/him. The leader must change the action at regular intervals without getting caught.

**What has changed?** This is done in pairs. Partners observe each other, checking for details of appearance. Then one faces in the opposite direction while the other makes three changes to his appearance – e.g. puts his/her watch on other wrist, removes glasses, rolls up sleeves, removes belt, unties shoelace. The other player then turns and tries to spot the three changes. The players then switch roles.

**Who am I?** One participant leaves the room while the others decide on his occupation (e.g. driver, politician, fisherman). When he returns, the others mime activities to help him guess his identity.

**What kind of animal?** Divide into pairs. Each pair secretly decides what type of animal they are. Two participants without chairs are the elephants. They walk around the circle calling the names of different animals. Whenever they guess correctly, the animals named have to stand up and walk behind the elephants, walking in mime. This continues until the elephants can guess no more. Then they call "Lions!" and all pairs run for seats. The pair left without chairs become the elephants for the next round.

**Who Has It?** Participants sit in a circle while one person stands in the centre. While she/he closes her/his eyes, participants pass a small object from person to person. The person at the centre gives a signal, opens her/his eyes, and tries to guess who has the object. She/he has three guesses. Meanwhile the object continues to pass behind people's backs. Fake passes by people who don't have the object are allowed as decoys.

## AFFIRMATION CLAPS

These group claps are used to appreciate good responses or end sessions and help to add energy and fun to sessions.

**Unity clap:** Rub your hands together and shout "Molelo" and everyone joins you in rubbing hands together, and then, following your lead, the whole group does one big thundering clap, all at the same time.

**Thunder clap:** Move your hands in the air forming the shape of clouds and shout in the local language, "Rain clouds" and people join you. Then say, "Let's have a light rain," and start a soft clap, everyone joining in. Then ask

for heavier rain and everyone claps harder. Then shout at the top of your voice “Thunder” and everyone claps once and then another “Thunder” again and a second clap.

**Fingers—hands—feet:** Three finger snaps in the air, three claps, and three foot stomps.

**Chief’s clap:** Ask everyone to clap fast – and then at the end throw their arms and body back and say “Aaaaaaaaaaaaaaaaaaaaaaa”.

**Back clap:** Participants sit or stand in a circle. Everyone claps the back of person to his or her right.

**Locomotive clap:** Do a rotating motion with your hands. Every time you rotate your hands, participants do a single clap. Then you speed up and soon the whole group are clapping fast.

## ELIMINATION (STIGMA) GAMES

Many games ‘stigmatise’ players by eliminating them for making a ‘mistake’. This represents a simulation of stigma – of people being ostracised because of making a perceived mistake. These games can be used to trigger discussion on how it feels to be eliminated or excluded from the group. After playing the game for a short while, stop and ask those who were eliminated, “How did you feel when you were eliminated and left sitting watching the other players?”

**On the bank – in the river:** Draw a line representing the river bank and ask participants to stand behind the line. When the leader shouts: “In the river” everyone jumps forward over the line. When the leader shouts “On the bank”, everyone jumps backwards over the line. If he says “On the river” or “In the bank”, participants who move have to drop out of the game.

**Prrrr and Pukutu:** Stand in a circle. Explain that there are two birds. One calls Prrr and the other Pukutu. If you call out “Prrr”, all the participants need to rise up on their toes and move their elbows sideways, as if they were a bird ruffling its wings. If you call out “Pukutu”, everyone should stay still and not move a feather! Start by calling out the two words at speed and in random order. Anyone who moves when they shouldn’t, or stays still when they should move, leaves the game.

**Simon says:** Ask participants to find an empty space with enough room around them to swing their arms. When you say “Simon says do this” and follow this by some movement or action, e.g. swinging your arms at your sides, the whole group should copy the action. When you say “Do this” (without including the words “Simon says”) participants should remain motionless and refuse to copy the action. Build up a rhythm of instructions using “Simon says” and then suddenly add a new action saying “Do this”. For example: “Simon says lift your right foot. Simon says put your hands over your head. Now lower your right foot!”

Debrief by asking, “Those who were kicked out of the game – how did you feel? Those who remained in the game – how did you feel? What happened when someone made a mistake? How did that person feel? What can we learn from the game about stigma?”

## SIMULATION GAMES: TO CREATE THE EXPERIENCE OF STIGMA

All of these games simulate the idea of certain people being treated differently from others – a simulation of stigma or discrimination.

**Outside the circle:** The group forms a tight circle standing up with their arms around each other. Then two volunteers are asked to force themselves inside the circle while the other participants in the circle try to stop them. Then debrief by asking, “What did you learn from the game?”

**Switching roles/chairs:** Ask participants to sit in chairs in a big circle. Allocate roles to each participant, for example, orphan, street child, sex worker, teenage boy, teenage girl, person living with HIV. When a role is called out, all those who have been assigned that role have to run and find a new chair. When the caller shouts “Change”, everyone has to run. The person left without a chair becomes the new caller. At the end of the game, debrief by asking, “How did you feel about being called a person living with HIV or a sex worker?”

**The whisper:** This game shows how rumours about someone suspected to have HIV can spread and get distorted – and ultimately lead to the persecution of this individual. Ask ten participants to form a line and ask the others to observe. Whisper a message – a statement about a person living with HIV – to the person at one end of the line. The message is passed through whispers to the other end of the line. The message cannot be repeated. The person who receives the message at the end of the line writes it on the flipchart. Display the original message, then discuss: “What happened as the message got passed along? What does this tell us about the gossip fuelling stigma? How would you feel if you were the person spoken about like this? What can we do to stop this form of gossip or rumour-mongering?”

**Treating people differently:** Divide into groups of eight members. In each group hand out four white and four coloured cards at random. Then explain that the coloured cards represent a disease while the white cards stand for good health. Ask each group to discuss what they think about good health. During the discussion, ask those with the white cards to be rude to and ignore those with coloured cards. After five minutes bring the whole group together and discuss: “How did it feel to be the holder of a white card? Why? How did it feel to be the holder of a coloured card? How were you treated? Did you like it? How would you have liked to be treated?”

**Walking in other people’s shoes (building empathy):** Ask participants to take off their right shoes and throw them in the centre of the circle. Then say, “Take any shoe that does not belong to you and go back to your seat – try to find a shoe which is roughly your size. Have a good look at your shoe. Now, put it on!” If participants complain, repeat the instruction and say those who have chosen too small a shoe to put their toes in so as not to damage it.

Ask them to walk around the room for three minutes then take off the shoe, but hold onto it. Then discuss, “How did you feel about this activity?” (For example, I had to adjust the way I walk. The shoe was much bigger/hotter/ etc. than mine.)

Then say, "This activity helps us understand how it feels to 'walk in another person's shoes'. What did you learn about walking in someone else's shoes?" (We may have to adjust the way we see things and change the way we think and change our ideas about other people.)

## BUILDING TRUST – BLIND GAMES

Blind games are games played with the eyes closed. Once people close their eyes, they are forced to use their other senses – hearing and touch. This makes people vulnerable and more open to each other, creating a warmer human experience and a bond between people. This is good for building trust within a group.

Blind games need skilled facilitation and a willingness on the part of participants to accept the new world created by closing one's eyes. They imply a good deal of trust and should be used when that trust has already been achieved. Don't use them with groups larger than 20 people.

Some people will find blind games a bit threatening at first. They may be disoriented by their loss of sight or scared about what others will think. Help them develop some confidence in the new medium through a series of gradual steps – introduce 'stand blind' first, then 'walk blind' then 'find the hand' and so on.

Give the following advice about walking blind: "Move slowly. Stop if you bump into someone. Keep your arms by your sides – reaching out with your hands in front of you might poke someone in the eye or invade other people's privacy. Don't stick your head out – lead from the chest – two heads bumping hurts!"

Select a few 'spotters' to keep participants from bumping into walls. If a player is heading for a wall, stop him/her gently and turn him/her by the shoulders back into the centre of the room. Use your voice lightly to let him/her know you've caught him/her, but not to interrupt the rest of the group.

Blind games should be done in silence for maximum effect, except where sounds are part of the exercise.

Several of the games involve 'leading the blind'. Emphasise the importance of this responsibility. The leader's task is to help the partner use all his/her senses (except sight) while at the same time ensuring his/her safety. Above all he/she should not attempt to scare his partner.

**Stand blind:** Ask participants to find their own space in the room. Give the following instructions: "Close your eyes. Keep your hands at your sides. Find your centre of gravity. Lean forward as far as possible, to the point of falling so that you have to take one step to keep yourself from falling. Then come back to your centre of gravity."

**Walk blind:** This game helps participants get used to moving with their eyes closed. Ask participants to close their eyes and walk slowly around the room. If two people come into contact with each other, they stop and without talking negotiate their way around each other. Emphasize there is no talking.

**Find the hand:** Ask each person to find another player's hand. Use the following instructions: "Touch and get to

know the hand – its texture, temperature, moisture, etc... Clap! Open your eyes, see whose hand you have, and close your eyes again. Take a last feel of the hand so that you know it well. Let go and walk about with your eyes closed... Now find the hand again."

**Blind magnets:** Explain to participants that they will be 'magnets' – at one time repelling, at another time attracting each other. Ask them to walk about with their eyes closed. After a short while clap and shout "Repel! Feel the other participants approaching and pull away. Try to prevent anyone from touching you." Then, after two or three minutes, clap and shout "Attract! If you touch someone, you must remain touching (stuck together) and keep moving." Reverse this many times. A good game for group building.

**Lead the blind:** Person A is blind, person B is the guide. Before the action starts, explain the game: "B will lead A on an imaginary journey, creating the environment and action through movement and sound. Guides – challenge your partners to use all their senses and their imagination. B's instructions might go like this: "Go straight ahead. Turn left. Walk five paces. Stop. You are now entering a stream which is up to your knees. Lift your knees to keep going. The stream is now up to your waist. You have to push harder... On the other side of the stream is some tall grass. Look out for snakes!" Remind the guides to make the journey safe for their partners. At the end of the journey, the pairs debrief and then switch roles and try it again.

## GAMES FOR BUILDING COMMUNITY

**Lifeboats:** This is a starter game at the beginning of a workshop. It gets participants into different groupings and through these groupings participants get to know each other. Groupings are called 'lifeboats' – participants holding each other around the shoulders. Form different types of groups. Start with simple groupings to break the ice, e.g. 2's, 4's, 8's. After each group is formed, ask members to call out their names. Then add other categories for forming groups, e.g. form groups by occupation (or type of work)/home area/gender/age/height/marital status/favourite food or sport. Once groups are formed, introduce other activities, e.g. move around without breaking contact, or do a group hop, or sing a song and add movement. At the end bring everyone together into one big group and say "Let's form a group of all those who want to fight against HIV-related stigma and discrimination"

**Washing machine:** Have participants form two parallel lines together, and facing each other. Send a participant from one end between the lines – 'through the wash'. Everyone pats him or her on the back (gently) or shakes his/her hand while offering words of praise, affection, and encouragement. The result is a sparkling, shining, happy individual at the end of the 'wash'. He or she joins one of the lines, and the process is repeated for another participant.

**Back appreciations:** At the end of a workshop, ask participants to stick a piece of paper on their backs. Each participant then writes something they like, admire, or appreciate about that person on their backs. Participants can take their papers home with them as a reminder.

**Massage train:** Ask participants to stand in a circle, and rest their hands gently on top of the shoulders of the

person in front of them. The task is to massage gently the neck and shoulders, checking that the person is comfortable with this. The circle can move slowly while this is being done. After a few minutes change direction and ask participants to massage the person who was massaging them.

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**Closing Hug:** This is a fun way of ending a workshop or a day's sessions. It helps to underline the closeness of the group. Hold hands in a big circle. Break hands at one point. Ask that person to remain stationary and then the whole circle winds their way around him until all participants are all tightly packed in a big hug!

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## GROUP DIVIDERS

The methods below are fun ways of dividing participants into groups. At the same time they create energy, enthusiasm, and spirit for the small group activities which follow.

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**Love one:** Cross your arms in front of you and say, "This is love one". Then say "Love two" and demonstrate by holding another person around the shoulders. Then say, "Love four" and get two pairs to combine into four people. Then set up groups to fit your group size. If you want six in a group say, "Love one", then "Love three", then "Love six".

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**Singing groups:** Hand out the names of familiar songs on slips of paper, e.g. the national anthem, happy birthday, Shosholozza – enough copies of each song for the number of people in the group. Ask participants to stand up, sing and find the others who are singing the same song. When all the groups have been formed, ask each group in turn to sing its song.

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**Occupational groups:** The same activity as above only with occupations written on slips of paper, e.g. farmer, fisherman, driver, soldier, cook, secretary. Group members find each other through miming the activity.

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**Animal groups:** The same activity with animals written on slips of paper, e.g. buffalo, horse, cat, dog. Group members find each other by miming and making the sounds of the animal.

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**Eyes closed:** For fun try all of the above activities with participants eyes closed.

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**Puzzle groups:** Give out picture puzzles, each cut into the number of pieces needed to make up a group. Group members find each other by matching their puzzles.

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## Resources on using creative approaches with young people to tackle HIV -related stigma

### Materials developed by UNESCO

UNESCO (2006), 'Act, learn and teach: theatre, HIV and AIDS toolkit for youth in Africa'. Available at: <http://unesdoc.unesco.org/images/0014/001492/149283e.pdf>

UNESCO (2007), 'HIV and AIDS myth buster'. Available at: <http://unesdoc.unesco.org/images/0015/001529/152975e.pdf>

UNESCO and UNAIDS (2001), 'HIV/AIDS and human rights, young people in action kit'. Available at: <http://unesdoc.unesco.org/images/0012/001264/126403e.pdf>

UNESCO (2010), 'Positive partnerships: a toolkit for the greater involvement of people living with or affected by HIV and AIDS in the Caribbean education sector'. Available at: <http://unesdoc.unesco.org/images/0018/001879/187912e.pdf>

UNESCO (2003), 'SIDA et théâtre: comment utiliser le théâtre dans le cadre de la réponse au VIH/SIDA?' Available at: <http://unesdoc.unesco.org/images/0013/001324/132444f.pdf>

UNESCO (2008), 'Supporting the educational needs of HIV-positive learners: lessons from Namibia and Tanzania'. Available at: <http://unesdoc.unesco.org/images/0017/001786/178601eb.pdf>

UNESCO (2009), 'The International Technical Guidance on Sexuality Education', vols. 1 and 2. Available at: <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>

Resources on the SIDACULT website: <http://www.unesco.org/cu/sidacult>  
SIDACULT is a non-profit network that gathers individuals and institutions from Latin America and the Caribbean. It responds to HIV through a cultural approach that includes the development of artistic projects, the promotion of creative activities and culture.

### Materials developed by the International HIV/AIDS Alliance

International HIV/AIDS Alliance, International Centre for Research on Women and AED (2007), 'Understanding and challenging HIV stigma: toolkit for action'. Available at: [www.aidsalliance.org/publicationsdetails.aspx?id=255](http://www.aidsalliance.org/publicationsdetails.aspx?id=255)

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# We are all in

# the same boat!

## USING ART AND CREATIVE APPROACHES WITH YOUNG PEOPLE TO TACKLE HIV-RELATED STIGMA

A toolkit on how to use art and creative approaches to build a new understanding about HIV-related stigma, HIV, human rights and how young people can work together to challenge stigma and discrimination.

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