



REPORT ON STIGMA, SHAME AND DISCRIMINATION TRAINING

HELD ON

**11th- 12th October 2007
AT S.O.S YOUTH CENTER NAIROBI KENYA**

FACILITATED BY:

**REV. JOHN KAMAU
NATIONAL COORDINATOR
Organization of African Instituted Churches-KENYA:
HIV AND AIDS PROGRAMME**

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INTRODUCTION

Stigma, shame and discrimination training was designed by Rev John Kamau from Organization Instituted of Africa Churches (OAIC) as requested to them by Stay alive youth support group and members of GYCA Kenyan chapter as a way to educate youth in their community to be able to reach out to members of the community especially the youth to help fight HIV and AIDS in their community Makadara constituency 2007.

OBJECTIVES

This was a call to young people in the community who are both affected and infected with HIV/AIDS to be able improve their campaign and advocacy skills on Stigma reduction in the community.

Day 1 Thursday 11th October 2007

After the registration of the young people attending the workshop, the members went through introduction, setting their expectations, norms of the training and ground rules to govern them through the 2 days of the training.

The introduction as done by Ms. Christabell Opudo who briefed them and explained the whole process and reminded the participants the importance of this training which was to build their capacity to be able to effectively execute Together against stigma campaign 2007 that they had registered to be members of the team.

She then introduced the Speaker Rev. John Kamau

Rev John. Started took the members through the objectives of the training as:

To equip the participants with Knowledge on HIV/AIDS and SDD

To come up with effective responses to combat SDD

He then highlighted on basic information that we needed to be able to effectively campaign against Stigma. The session of the training we outlined as:

1. DEFINITION: MORE THAN THE BASICS.

Participants were taken through defining and identifying the difference between HIV and Aids and this enlightened us since most were confused the young people while communicating to the community.

2. HOW THE HIV ATTACKS THE IMMUNE SYSTEM

Rev John took the participants on how the HIV virus attacks the body system and weakens. He highlighted on how our body s made up of the white blood cells which protect us by fighting germs and diseases. When the HIV virus attacks it kills all the white cells leaving our body unprotected and many other diseases attack our system leading an individual with Aids.

3. STAGES OF HIV ILLNESS

Phase 1

Entry stage

Window period stage

Phase 2

Sero-conversion stage: Laboratory test can detect presence of HIV in the body

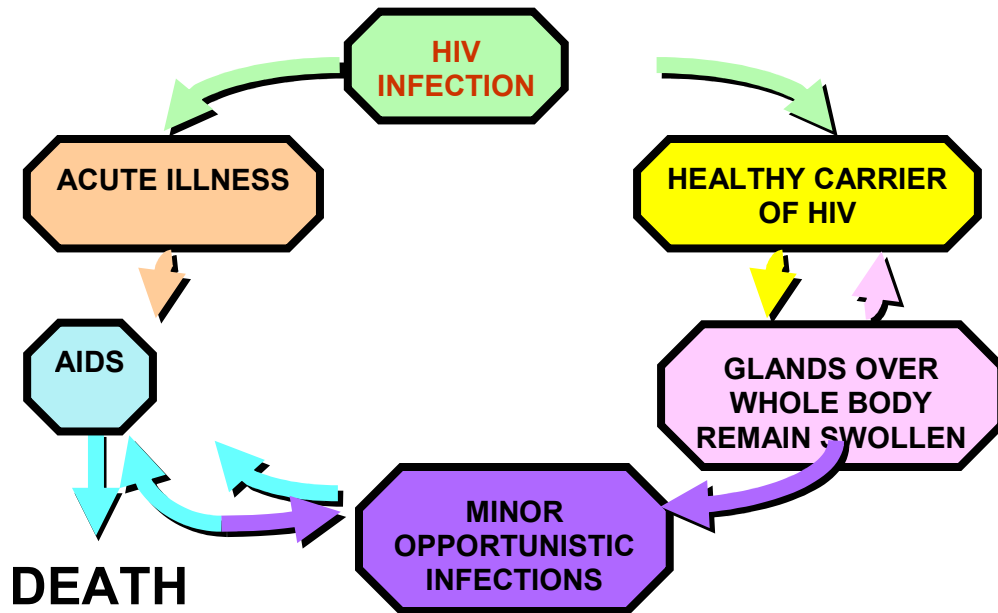
Asymptomatic stage: No symptoms for 2 months to 3 several years.

Phase 3

AIDS related illness stage (symptomatic)

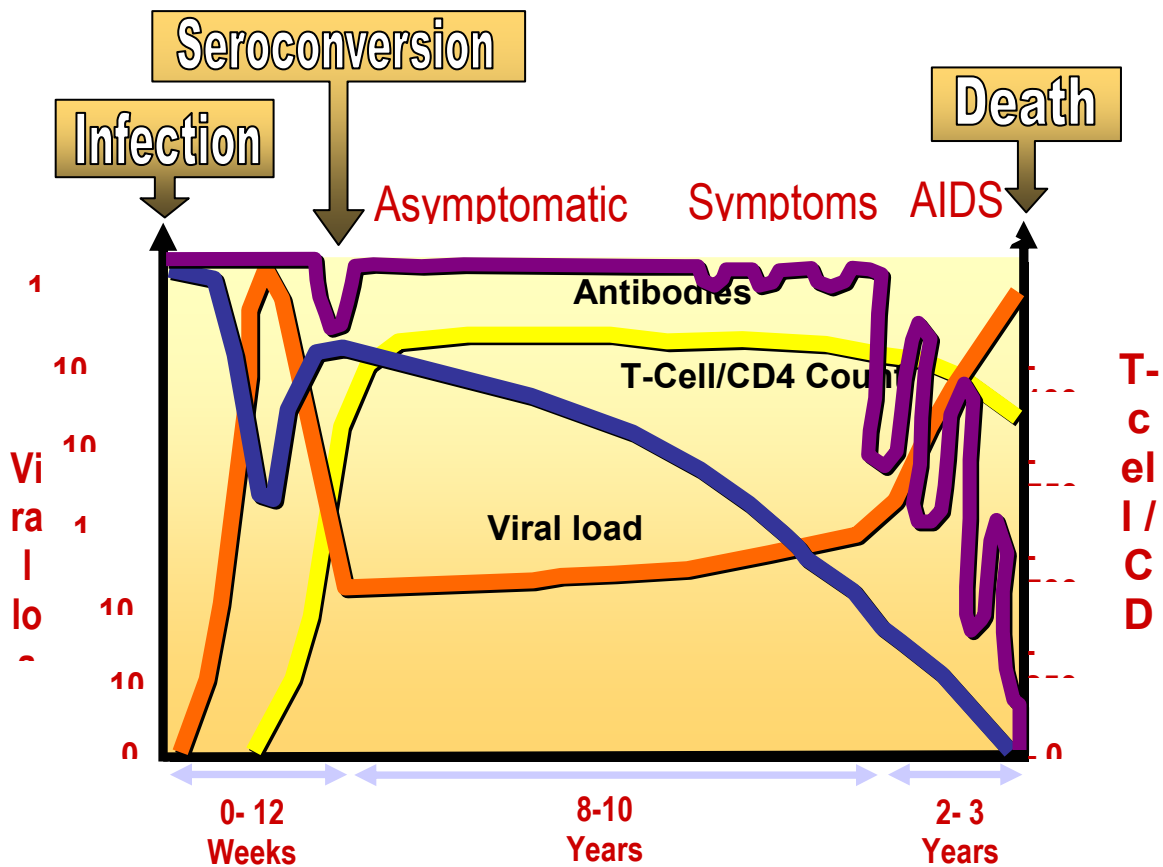
Full-blown AIDS stage (advanced stage of AIDS)

Stages of HIV illness from infection to AIDS



After Lunch the participants went through the second session of the training highlighting HIV and AIDS condition.

4. PROGRESSION OF HIV AND AIDS



5. SIGNS AND SYMPTOMS

He highlighted the different signs that an individual could note when infected with HIV virus. These are signs like swollen glands, loss on weight, lung diseases, skin disease, mouth infection etc. he went ahead in details on elaborating on some of these facts

6. MODES OF TRANSMISSION

The facilitator went ahead and explained on the modes of transmitting HIV virus highlighting on the modes with high HIV concentration like breast milk, blood, semen and vaginal fluid and on modes with low HIV concentration like urine, sweat, tears, and saliva.

He stressed on the risk increasing condition and also on ways in which HIV virus is not transmitted.

7. PREVENTION

The participants were taken through the well known ABCD that has always been advocated for by various organizations. This was bated by the participants as most claimed that it was either working on others but not on all. He highlighted that the organization where he is from has been working on moving from ABCD and are now advocating for SAVER noting that Abstinence puts Save Sex before Safe sex:

S- Safe(r) practices

A- Access to treatment

V- VCT

E- Empowerment

R- Reduction of Stigma

As the day came to an end he took the participants on safe, lawful, unlawful, unsafe sexual practice that exposes/protects one to the HIV virus. The days training ended at 4.00pm

Day 2 Friday 12th October 2007

The day begun with participants highlighting some of the new information they learned the previous day. Some of which of these were:

1. Stages one goes through after attending a VCT centre and testing HIV+
2. More details about ABCD approach
3. Functions of the glands
4. SAVER approach meaning
5. ABCD moving to SAVER
6. Someone with AIDS cannot spread HIV virus due to social reasons.
7. Asymptomatic stage
8. T killer lymphocytes and how it works
9. How a HIV+ mother cannot spread HIV virus to the baby

The day's session was the climax of the training as it was tackling the main theme of the training Stigma, Shame and discrimination. The session of the training were outlined as followed:

1. Definition of SDD and related terms

This session took the participants through different definition according to different organization and dictionaries.

2. Forms of SDD

This was broadly highlighted from individual point of view and to the community and environmental perspective. This classification showed how SDD arises among us.

- Fear of contagion
- Fear of immediate death
- Connection with immorality
- Use of scripture uncritically
- Association with poverty
- Language

3. Manifestation of SDD

Rev. John highlighted to the participants on the types and methods on how SDD can be noted and identified. This can be either by person stigmatizing or the person being stigmatized.

External.	Internal.
Avoidance	• Self- exclusion
Isolation	• Overcompensation
Discrimination	• Revenge
Moral judgment	• Self-rejection
Stigma by association	• Fear of disclosure
Marginalization of PLWHAs	• Self-exclusion
Abuse	• Overcompensation

He stressed that most of the SDD going around either externally or internally can either be intentional or un intentional and to be able to fight it one can only be aware of what it is Only by confronting stigma and discrimination, will the fight against HIV/AIDS be won. Participants were surprised on how some of their actions were unconsciously stigmatize especially HIV and Aids person and also the young people living with HIV and Aids at the training identified some of the ways in which they internally stigmatize themselves.

4. Interventions to Combating SDD

The participants were taken through interventions they could take as individuals, groups and n their community to help fight SSD.

This was highlighted with activity of 9 pictures that assisted them to be able to identify types of stigma, Situations where one felt isolated or rejected for being regarded as different from others. This included writing down words, identifying feelings and thoughts that could associate with stigma.

As youth members and role models participants were urged to think about

- what we say
- what we hear other members saying that stigmatizes HIV and AIDS and stigmatizes people living with HIV/AIDS.

Some of the interventions to undertake at any level were as below:

• Skill Building	• Prevention
Empowerment	Value based life skills
Access to resources	Peer guidance
Community mobilization	VCT and awareness through theatre
Training of facilitators	• Care
• Advocacy	Post test clubs
Access to treatment	Home based care
ARVs	Nutrition
Position of Youth & children	• Support
Reduce stigma & discrimination	Create supportive environment
<i>Involvement of PLWHAs in activities concerning them</i>	Peer counseling
Youths capacity to respond to HIV/AIDS	Support groups

Youth have to emphasizing on using peer to controlling HIV and AIDS and not using HIV and AIDS to control our peer.

Reminding ours elves as young people duty to

1. Revisit religious language, doctrines and public messages that fuel SDD
2. Explain difference between
 - What is “lawful” & what is “safe”
 - “refusal” and “failure” to change behavior
 - Individual- and societal morality
3. Evaluate six “P”s
 - Policies
 - Plans
 - Programmes
 - Personnel
 - Partnerships
 - Prayer

4. Plan of Action- implementation plan

After lunch the training was culminated with a plan of action that the participants could go through effective SSD campaign in their community

A vision without action remains a dream.

Action without vision remains a struggle.

A vision combined with action brings Hope for the world.

The training ended at 4.30 pm with all rules observed without a hitch and all information absorbed it was a great experience with new information gained by al members who participated in the training.