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YOUTH MANUAL ON
ANTI-STIGMA MESSAGES
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“Stigma is more dangerous than the HIV/AIDS itself”

Mr N'Diaye

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ACKNOWLEDGEMENTS

This manual is the result of the intellectual support and assistance of a number of people, very committed to the fight against the HIV infection.

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I would also like to thank the members of the Regional Reference Group of West Africa of EHAIA. This manual owes a lot to their resolve to put at the disposal of the youth of our continent a working tool which integrates their universe, their language, their behaviour and their reality.

I would like to pay tribute to two persons whose personal commitment were very instrumental in the realisation of this manual: Rev. Godson Lawson-Kpavuvu whose presence, patience, assistance and advices were very important in the production of this manual; Professor Komla Messan NUBUKPO, Minister of Higher Education and Research of Togo who always accompanied and advised me in my academic orientations.

Finally, I am grateful to all the people living with HIV who have accepted to share with us their sufferings and the discriminatory behaviours that they are subject to. For reasons of confidentiality, I cannot mention their names. I plead with all of them to find here the expression of my compassionate support and my gratitude.
This manual comes at the right time for several reasons. When the United Nations General Assembly declared that: “the HIV/AIDS pandemic represents through its scope and consequences, a global urgency and one of the strongest challenges of our times”, it was not a mere exaggeration aimed at frightening those, who by ignorance or carelessness are selling off their human dignity and are ipso facto eliminating themselves from the economic and social development process of their country.

The aim is to promote a salvation awareness of everybody at all the levels of the global human family. One can wonder and this is right, if this initiative does not come at the wrong time. The truth is that, despite the scope of the disaster which characterises the current situation in Africa at the health level, experts keep on reminding us that we are not yet in the doldrums. If we must still be afraid of a worse situation, so the general mobilisation launched here and there to control the infection deserves to be supported where it has started bearing fruits and amplified elsewhere.

This youth manual in the fight against stigma is part of this effort of the last chance. It gives a list of multitude questions and the answers proposed give us more clarification. The youth is the target because if they are more affected by the invalidating disease which is AIDS, the future of the country is more jeopardised than one can think of.

The risk is however enormous to mix up the necessary fight that we have to wage against this disease with the unfortunate stigma that almost all the people living of this virus are subject to.

This manual reminds us that people living with HIV are not plagues that should be eliminated from the society. Let us all put this teaching tool of a very high quality to the service of our information, of our sensitisation and our humanisation.

No matter our religious believes let us not forget that we are all created at the
image of God and as such, we rather have the duty to help one another to move on the acting fraternity path. Let us put this fraternity into action by disseminating the information contained in this manual and by considering our brothers and sisters suffering from the disease from a better perspective.

*Professor Komla Messan NUBUKPO*

*Minister of Higher Education and Research, Togo*
INTRODUCTION

In July 2000, the whole world was shocked by the testimony of the young Nkosi Johnson, who was addressing the International Conference on HIV/AIDS held in Durban (South Africa) on the theme: "Break the Silence".

"Good Morning, he said. My name is Nkosi Johnson. I am eleven years old and I am an HIV patient. I am HIV positive [.....]. When I was two years old, I was living in a health care centre for people infected by HIV/AIDS. My mother was also infected and did not have enough resources to keep me with her, because she was afraid that the community in which she was living will discover that we were both infected and we will be chased out [.....]. I know that she loved me a lot and she was visiting me whenever she could [.....]. My adoptive mother, Gaîl Johnson took me to the funeral of my mother [.....]. I would want her to be with me but I know that she is in paradise. She is on my shoulders, protecting me and she looks into my heart [.....]. I hate HIV/AIDS because sometimes I become very sick and very sad when I think about all the other children and babies who are infected [.....]. When I will grow up, I would like to teach more people on HIV/AIDS and if mother Gaîl so wishes, I want to go and sensitize the whole country [.....]. I want people to understand HIV/AIDS [.....]. Take good care of us and accept us. We are normal people [.....]. Don't be afraid of us. We are all the same people [.....]."

That day, Nkosi Johnson revealed to the whole world the inner and outer drama and trauma people living with HIV/AIDS go through. He also portrayed the characteristics of our society who passes judgement on a disease and who elaborates discriminatory images rather than health protection images.

The debate on HIV infection seems to move from the medical sphere towards a repressive moral debate. That was the image Alice Desclaux was portraying when she said: “the analysis of the observations made on HIV positive people shows however that some institutions have developed views of exclusion which are diversely used by the society. By declaring that people living with HIV (PLWH) were

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contaminated because they do not respect the social and moral norms enacted by their texts of reference, some religious authorities assert the value of their own rules by supporting that the non respect of these rules leads to the sanction of the disease. By proposing the eviction of the infected people, the political authorities are playing on the obsolete but indestructible representations which provide them some support and popularity. Through these motivations, the impact of these proposals in terms of discrimination of PLWH is less important compared to other challenges, like their legitimacy or their popularity [...]. Other institutions can have ambivalent views: it is when they often base their preventive messages on stereotypes to stigmatising effects that public health authorities think that they are more efficient in terms of communication".  

This sad observation shows not only the difficulties related to the understanding of the disease, but also highlights a new crisis of consideration and behaviour towards the virus and those who are infected.

The irruption of HIV in the socio-cultural, political and religious arena put into jeopardy some values which constituted the foundation of our societies and our life in community.

With HIV, our society tends to size up the fundamental values of solidarity, hospitality, kindness, humility and compassion.

There is no use to hide the drama that people living with HIV are going through in our communities today.

Testimonies from people living with HIV show that the disclosure of their HIV positive status is the beginning of sufferings for which nobody can predict the end.

This situation condemns not only the patient but also and especially prevents him from living positively with his infection through the adoption of efficient preventive and protective methods. The fight against stigma and all forms of

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Youth manual on Stigmatisation
discrimination becomes a matter of urgency and necessity in this context.

This fight starts on the one hand with the correction of the displaced look, language and behaviours and on the other hand with the effective involvement of PLWH through testimonies and information sharing.

Several young men and women have understood very early the need and importance of this process and suggested that a manual is put at their disposal. The publication of the YOUTH MANUAL AGAINST STIGMA will allow the youth to build their capacity and improve their knowledge on HIV, to use the testimonies of their brothers and sisters infected by the virus, to understand their sufferings in order to get themselves involved personally and collectively in the fight against HIV and its consequences.

The manual also calls on its readers to dip into their traditions and draw lessons from their tales, fables, idiomatic expressions, proverbs, games … and adapt them to the conditions of people living with HIV in order to allow them to live in their respective communities and feel that they are supported and loved.

It is also a training tool of the youth from the various case studies and activities it contains.

Finally, this manual does not claim to answer all the challenges raised by the fight against HIV and stigma. It only invites us, just like the Good Samaritan (Luke 10), to be the guardian of our brothers and sisters through the protection, the enrichment and the enhancement of life.

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CHAPTER 1:
HIV AND AIDS
1.1. **INTRODUCTION**

HIV (Human Immune Deficiency) is the virus responsible for AIDS (Acquired Immune Deficiency Syndrome). HIV damages the immune system and weakens it to the extent that it cannot fight the disease (AIDS).

HIV is found practically in all body fluids but in heavy concentration in the blood, genital secretions (sperm in male and vaginal secretions in the female), breast milk etc.

1.2. **MEANS OF TRANSMISSION**

HIV is transmitted through three clearly identified routes:
- Sexual means
- Infected blood and blood products
- Mother to child

1.2.1. **Sexual transmission**

In Sub-Saharan Africa, the vast majority of transmissions are attributable to sexual transmission (80 to 90% of new infections).

The transmission essentially takes place during unprotected sex (without using barrier contraceptives) with an HIV positive person. These relationships can be homosexual (between two men or between two women) or heterosexual (sexual relations between a man and a woman).

These factors and some other sexual practices increase the risk of transmission of HIV during sexual relations.

**Factors which increase the risk of sexual transmission:**
- *Multiple sexual partner;*
- *Sexual practices (anal penetration and violent sex),*
New information technologies and developments in the area of audiovisual have given a new dimension to our sexual practices. Techniques, which hitherto were considered as taboo or belonging to the western culture (licking) are acceptable today. Those who indulge in these practices, however, ran a risk. Research has made it possible to quantify the risks associated with certain practices.

Risk situations include: bursting of condoms, unprotected sexual relations and rape.

Practices and their risk:
- **Anal receptive** (the partner who exposes his anus during sexual rapport between two men or in the case of sodomy in the woman): **0.5 % to 3 %**.
- **Vaginal receptive** (the woman who exposes her vagina during heterosexual relationship): **0.05 % to 0.15 %**.
- **Vaginal insertion** (Vaginal penetration by man): **0.1 % to 0.18 %**.
- **Anal insertion** (anal penetration of male or female partner by male) **0.03 % to 0.12 %**.
- **Oral receptive** (licking of the male organ or female organ): **0.01 % to 0.18 %**.
- **Oral insertion** (male or female partner whose sex organ is licked): not quantified.

In sum, the risk of sexual transmission from the man to the woman if the man is HIV+ is **0.15 %** during each sexual act. It is **0.09 %** if it is the woman who is the source of the contamination. In the case of “**anal receptive**” (if the source is HIV+)
the risk is from 0.5% to 3% and in the case of mouth to genital receptive, it is 0.03%.

1.2.2. **Transmission through blood products**

This happens through the coming into contact of the blood of an infected person and the blood circulatory system of a person who is not infected. The following are some of the cases where this happens:

- Contaminated blood transfusion not tested for HIV. (Especially at the beginning of the epidemic).
- Transfusion of blood coming from a donor who is at the stage of seroconversion. (The usual test done at this stage can be negative while the person is already infected).
- Transmission through intravenous drug injection sharing the same needle.
- Transmission through HIV contaminated blood stained objects (syringes, razor blades needles, etc.). This mode of contamination occurs especially in medical circles where the personnel always have to deal with accidents and are exposed to blood. There are also traditional healers (abrasions), communal circumcision and excision practices.
- Contact of the mucous membrane (the eye, for instance) with contaminated blood.

**Quantification of risk factors in injury cases if the source is HIV positive.**

- Deep injury: 16.1%
- Blood visible on the material: 5.2%
- Procedure with intravenous needle: 5.1%
- AIDS stage source: 6.4%

1.2.3. **Mother to Child transmission**

HIV infection can be transmitted from the infected mother to the child during pregnancy, birth and breastfeeding.
1.2.3.1. Transmission during pregnancy

The most probable transmission during pregnancy is a transfer of infected cells during foeto-maternal blood exchanges at the final stages of pregnancy.

1.2.3.2. Transmission peri-partum during delivery

The direct contact of the foetus with the maternal blood and the genital secretions containing free viral particles or infected cells can account for infection during delivery.

1.2.3.3. Transmission during breastfeeding

HIV is present in the maternal milk. The child can be infected through small inflammations which are created in the digestive tube.

Factors influencing the transmission of HIV from the mother to the child.

- **Factors of maternal origin:**
  - Immune depression at an advanced stage, clinical sickness (AIDS),
  - High viral load (quantity of virus circulating in the organism),
  - Recent infection,
  - Vitamin A deficiency,
  - Drug consumption.

- **Factors of obstetrical origin:**
  - Linked to mode of delivery (low means exposed to genital secretions),
  - Pre-maturity,
  - Obstetrical manoeuvres e.g. forceps deliveries,
  - Premature rapture of membranes (when the woman loses water) over 4 hours,
  - Prolonged labour (e.g. obstructed delivery),
  - Use of episiotomy during delivery.
Factors related to breastfeeding

Mixed feeding (maternal and artificial or porridge) increases the risk of contamination of the child more than by exclusive breast milk feeding.

1.3. WHAT DOES NOT TRANSMIT HIV

HIV is not transmitted through daily contacts. For instance handshake, eating from the same plate, sharing the same office, the same bathroom etc. with an HIV positive person does not transmit HIV. In the same way, mosquito-bite or bite from other insects does not transmit HIV.

1.4. MEANS OF PROTECTION

Means of protection from infection are related to the mode of transmission. The principle is to avoid every contact of HIV with body fluids of a healthy person. There is therefore prevention of transmission through blood products, and the prevention of mother to child transmission (PMTCT).

1.4.1. Prevention of sexual transmission

The principle of prevention being the avoidance of every contact with infected genital secretions, the surest way to prevent the sexual transmission of HIV therefore is abstinence from sexual contacts.

The second way of preventing sexual transmission is mutual sexual fidelity between two seronegative partners.

Finally there is the possibility of using condoms (male and female) during sexual intercourse between partners who do not know their HIV status.
1.4.2. **Prevention of transmission through blood products.**

1.4.2.1. *Prevention during blood transfusion:*

- All blood meant for a recipient must be tested for HIV.
- Transfusion should be a last resort.

1.4.2.2. *Prevention of transmission through contaminated objects*

- Intravenous drug users: avoid sharing of syringes
- Prevention of transmission through contaminated objects.

  i. During accidents with possible blood contact, take steps to reduce accidents.
  
  ii. In medical circles, wear gloves when giving treatment, use disposable materials.
  
  iii. In the traditional milieu, avoid using the same material for many persons (male circumcision, excision) or sterilize the equipment after each use (in the case of “special knives” for healers of diseases).
  
  iv. In the house every sharp object must be owned individually.
  
  v. Clean every trace of blood with a disinfectant.

1.4.3. **Prevention of mother to child transmission.**

This type of prevention brings into play many actors; the pregnant woman and her spouse and for that matter the family and the medical personnel.

The following are recommended:

- Voluntary testing during ante-natal consultation. This helps to test women who would benefit from prevention arrangements.
- Follow-up of preventive arrangements put in place in the country.
- The choice of feeding for a new-born baby to reduce transmission from breast milk.
- Regular observation of baby by a doctor.

1.5. PREVENTION: AN INDIVIDUAL AND A COLLECTIVE RESPONSIBILITY.

It is not always easy to prevent HIV transmission by prescribing abstinence, mutual faithfulness, the correct use of correct condoms or the use of individual syringes by intravenous drug users.

Commercial sex could be the only means of survival for some persons. A young girl cannot say no to a forced marriage arranged her by parents who are ignorant of the sexual activities of their son-in-law. Women and children can be victims of rape. The housewife can hardly refuse her HIV+ husband sex.

The drug user who is very often marginalized can affirm his belongingness to the community by sharing syringes with others. Then what is urgent for the user is to have his dose no matter what type of syringe is used.

Prevention today is an individual issue. Everybody, at his level and in line with his mode of life must choose the appropriate means of preventing HIV infection. Religious bodies on their part, in view of the fact that they command considerable following, can provide moral lessons aimed at ensuring that abstinence and mutual faithfulness between partners who are not infected remain two essential means of preventing HIV transmission. But some people cannot or will not be able to adhere to these “moral principles” of prevention. It is the duty of religious bodies to target the causes of these risk behaviours and to resituate the problem of prevention in the socio-cultural context.

1.6. VULNERABLE GROUPS

Some persons or socio-professional groups are more exposed to the risk of HIV infection than others. But it must be noted that no one is above the infection. Some circumstances can render people so vulnerable that they adopt risk behaviours.
1.6.1. **Commercial sex workers or prostitutes**

They are exposed to risk by virtue of the multiplicity of their sexual partners. But research has indicated that in some regions, HIV+ status in married women is higher than in unmarried sexually active women. For example, in rural areas in Uganda, among women from 15 to 19 years infected by HIV, 88 % were married (Kelly and al).

1.6.2. **Sexually transmitted illnesses (STI).**

Carriers of STI are more disposed to the risk of infection because STI and HIV have the same sexual means of transmission. Furthermore, abrasions or sores created by STI make the mucous exposed during sexual intercourse more fragile.

1.6.3. **Injectable drug users**

The sharing of syringes by intravenous drug users constitutes risk. Even the so-called “smooth” drugs in view of their effect on the nervous system can expose us to risk behaviours.

1.6.4. **Security agents**

By reason of their excessive mobility and their exposure to risk, military men constitute a vulnerable part of the population especially when they are on a mission: wars, peace-keeping duties, guard duties, and generally assignments which take them away from home and families for a long period of time.

1.6.5. **Prisoners**

The conditions, under which prisoners are kept in Africa, make them vulnerable to HIV infection. Not only are these conditions filthy and unhealthy but also and especially the inmates lead promiscuous and pervert lives in all its excesses.
1.6.6. **Audio-visual entertainment**

The pattern music and dance steps adored by our youths and the content of video movies promoted in our communities are too sexually suggestive. The youths also enjoy themselves in the cyber cafes watching pornographic movies.

The absence of censorship sometimes makes the young people fall prey to temptations by trying to apply or to enact what they have learnt from these films.

1.6.7. **Long distance drivers / Sailors**

Drivers who drive long distances belong to a very mobile and vulnerable class among the population. The nature of their work pushes many of them to have multiple sexual partners. The same goes for sailors who may be away from home for long periods.

In most cases, at each transit point, the drivers have concubines or wives. This situation increases the risk of HIV infection.

To these social groups, can be added pupils and students, street children, traders, itinerant traders, barbers and hairdressers, migrant workers, bar attendants, medical and health workers, etc.

1.7. **CONCLUSION**

The fight against HIV is in the first place a personal and individual fight before being a collective one. A personal awareness of the danger that faces humanity will undoubtedly help to gauge the gravity of the situation by integrating in our daily lives the different preventive methods.

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CHAPTER 2:
STIGMATISATION
2.1. INTRODUCTION

It is no longer a secret for anyone that the question of HIV/AIDS is at the centre of preoccupations and even concerns in the economic, political, socio-cultural and religious circles.

The evident mobilisation today by eminent personalities in the world shows the degree of seriousness of the problem.

The great actor, Richard Gere, goes to the extent of declaring that he would invest more in the fight against HIV and AIDS than in TIBET.3

HIV and AIDS disorganises all programmes, plans and strategies put in place by developing countries in terms of sustainable human development.

It reveals clearly the weakness and frailty of socio-sanitary, educational and administrative institutions. Besides, it has revealed the weakness of our method of communication in testing our traditional system of solidarity and communal life.

Apart from HIV and AIDS, there is the emergence of new forms of stain on the dignity, honour and integrity of certain vulnerable classes of the population.

The stigma, discrimination and rejection phenomenon has become a factor which increases the suffering of persons living with HIV/AIDS and of their families.

Persons living with HIV/AIDS and their relatives refuse to own up and to play their part in the fight. In this situation, one could think that the increase in the HIV prevalence rate may have to do with the stigma today whereby one observes a withdrawal of people within the context of poverty and precariousness.4

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The fight against stigma is seen in these conditions as a new war for more justice, respect and protection of life of people. Any laxity vis-à-vis the stigma phenomenon would throw into jeopardy all the efforts made in the fight against HIV/AIDS. Stigma kills and as such, it must be fought on all fronts.

2.2. **STIGMA: DEFINITION**

According to *Petit Larousse* dictionary, to stigmatise is to mark with stigma, with an iron, it is also to criminalise and blame publicly.

As for the term “stigma”, it translates the mark that a wound or disease leaves. It is a sign or shameful mark. (An example of stigma is that of Jesus and the cross which is a scandal for the Jewish faith).

Slaves also wear mark of stigma because they have a sign of the owner or the organisation to which they belong.

In the light of that, one can easily say that stigma involves a variety of practices, of attitudes based on perceptions and speeches which span gestures to a well considered decision, from a passive negligence to a violence characterised by rejection. This can easily affect relations between social groups and people.\(^5\)

With regard to discrimination, it involves distinguishing. It introduces the idea of separation, segregation, leading to differential treatment or rejection. A stigmatised person is one way or the other exposed to curiosity, stigmatising and discriminatory attitudes, to denial and quarantine.

Hence, the recipes to contain the virus are well known: Information, Education, Communication, Prevention, Testing and Treatment.

In Africa for example, Botswana has all the ingredients: the drugs are free and the country has a network of the best VCT centres in the world.

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However, the country has almost 40% of PLWHAs and only 10% are under treatment. 90% of HIV positive people are not aware of their status. This paradoxical situation is explained by stigma and discrimination against HIV positive people.⁶

For Evelyne Micoller, the stigma attribute or deviance is a question of degree: these attributes are not in themselves categories. According to interactionist thought, the stigmatised is not a person but an opinion which is socially constructed. It is therefore a question of roles within an interaction and not of actual persons. It is for this reason that the condition of stigmatised persons can change. The stigma associated with PLWHAs can therefore be transformed; more so, completely effaced by virtue of relevant information and education, that is, which would take into account research results based on interactions between normal and stigmatised persons and who would work towards the change of perception. These changes could only contribute in reversing stigma if information and education are endogenous and take into account the following factors.

2.3. EPIDEMIOLOGY

For a long time the debate on HIV and AIDS has been confined to medical research circles overshadowing the socio-cultural and anthropological approaches to the disease and restitution by the concerned population.

Most often the languages and expressions used during training and sensitisation sessions beat the imagination and intellectual faculties of target populations.

There are all indications that the people are being educated on an epidemic which does not fundamentally concern them. In reaction, people have come out with expressions very stigmatising and humiliating to the human being to translate the reality of AIDS.

2.4. THE DIFFERENT NAMES OF HIV/AIDS

In Togo for example, the local language has come out with specific terms about HIV/AIDS. In EWE, HIV/AIDS is called “DIKANAKOU”, that is “the disease which makes one grow lean till death”. Suddenly when a person or a section of the population suffers from malnutrition or other ailments connected with worms like tapeworm, etc. they are systematically categorised as the AIDS group.

Another appellation describing the HIV/AIDS situation is “DOTADEGE” which means “the fat head disease” because of disequilibrium between the mass of the body and the head of PLWHA.

In enlightened circles, they speak of the “four letter disease.”

In Burkina Faso, the disease linked to HIV/AIDS is “the dry shinbone disease”, “the sleek hair disease”, “the runny stomach disease”, “the insatiable appetite disease”, “lovers disease” or “the disease” for short.7

In Sierra Leone AIDS is translated by “Seven plus one = AIDS”.

In the medical sphere, AIDS is the “great disease”.

In the public and private media, the adverts on the prevention of HIV/AIDS infection confirm these dehumanising languages towards PLWHAs at the point of death. It is difficult for PLWHAs to watch these adverts because they are reminded of the state in which they will be condemned in their daily fight against the virus.

These forms of expression instead of producing the desired results by their authors, on the contrary, produce a reaction of refusal, denial and fear especially as far as sensitisation for voluntary counselling is concerned.

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When PLWHAs come in a group, all sorts of preconceived ideas pass through their minds. The reaction which follows is either one of sadness and pity towards the sick person or of disdain.

So in families of PLWHAs, HIV/AIDS is not talked about openly in order to avoid a 'social disgrace'.

### 2.5. MAIN FACTORS OF STIGMATISATION

#### 2.5.1. Cultural and economic factors

According to UNESCO and UNAIDS: “with regard to the prevention and treatment of HIV/AIDS, the adoption of a cultural approach signifies that all of the references and cultural resources of a given population (mode of life, value systems, traditions and beliefs, fundamental human rights) are fully taken into consideration in the elaboration of a framework by projects and strategic planning. These references will serve also as resource and basis for elaborate and adequate response and a sustainable action in the prevention, treatment and reduction of the impact of HIV/AIDS that is an indispensable condition for achieving far-reaching and sustainable changes of risk behaviour and to make totally coherent, the strategies and medical and health projects”.

If it is true that the African society today is an open and exposed society, it is also true that during cultural meetings, the African does not say much about his own culture.

This is as crucial as denying the other's universe which will be to deny one's universe and dignity by stopping every communication with him or her.

Some American tourists have learnt their lessons when they tried to convince Indians of the Amazonian jungle without trying to know their universe as said by Jean Claude Lavie.

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8 Alfred Yambangba Sawadogo, ibid. P. 27.
“In the night of 21st July 1969, at the heart of the Amazonian jungle, three American ethnologists kept some Indians awake through the nasal sound of their radio (...) the memorable words pronounced by Neil A. Armstrong during his first trip in the moon. They tried to explain to the Indian Chief, who was surprised to see them in that condition, that they heard the voices of two of their compatriots who, for the first time, were trying to walk on the moon. The Indian congratulated his visitors. Then, with all respect due to strangers and without the intention of reducing their pride, he told them that his wizard went every month to the moon...”

The socio-cultural world of the black African is a complex one which since the colonial encounter unceasingly adapts or resists in the face of compelling events.

The black African world is an endocentric one where nothing is left to chance. This world presents itself in the form of a system of concentric circles which fit themselves into one another.

**African vision of the world: Diagram of the reigns of man**

![Diagram of the reigns of man](image)

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9 Jean Claude LA VIE. Qui-je... Paris, Gallimard, 1985. P. 77
10 From Matougulu, “L’Endocentrisme, univers de la Parole”, CERVA, P. 8
For the black African, a distortion in this system affects one or the other element and especially human being.

In this system, disease is understood as a disorder inside the system or in default a non-compliance of the principles regulating harmony between different elements of the system.

The HIV and AIDS crisis appears therefore as a veritable menace against the black African and as such, it is important to stigmatise it.

The fact that HIV is linked to human sexuality means that the latter brings back the old clichés and sexual taboos.

The interpretation of the disease as a punishment therefore takes root in the cultural and religious taboos and in the non-respect of social norms.

With HIV/AIDS, one runs face to face with the resurgence of issues linked to blood and the question of an evil spell cast on the sick person and the conception of two distinct bodies where one is subject to magical aggression\(^\text{11}\) while the other is alright.

If it is true that the treatment and cure of any disease calls for the environment in its entirety and the community in particular, we must admit that HIV/AIDS tends today to destroy the community spirit of care-giving.

Besides, it leads those close to the sick person to wish his quick death with the sole aim of saving what remains for his offspring or conserve the assets and personal effects of the family.

In this process of progressive and tragic degeneration, the reflexes which severely test the fundamental achievements of education in the traditional setting such as love, solidarity, communal spirit of ownership are developed.

This phenomenon becomes more difficult to control when religious beliefs in which the people are wrapped up become a springboard.

2.5.2. Religious factors

Looking at the Negro African perception of cosmology, it is difficult to believe in any fortuitous effect in view of the events which shock man.

Every fortunate and unfortunate event has an origin. It is a result of the blessing or condemnation of the gods.

The HIV/AIDS infection in this context comes with many sacrifices to protecting gods, sacrifices of expiation before and after the death of the sick to implore their clemency and to calm their anger so that tragedy does not extend to the whole family. The sick person is considered in this specific case as a scapegoat on whom everything is cast at the time of burial so that he will assume the responsibility of saving the family and the clan by his death.

These beliefs which are certainly linked to the process of redemption in traditional milieu carry within themselves the seeds of stigma.

Sometimes the dead are always consulted or conjured in public when a member of the clan or the family suffers from a disease whose cause is not known. He is therefore told to “Leave in peace” members of the clan to live a peaceful life after the harm he has caused to his community by going to contract HIV and AIDS and in disobeying the gods.

On the other hand, it is in the Christian community that one observes most of the phenomenon of stigma and discrimination.
In a context where the fight against HIV/AIDS has changed in the official theology of the Church into a fight against Satan and contraceptives, we can quickly determine the gravity of stigma in these communities when the HIV and AIDS positive status of a member is revealed.

In 1998, I was approached by a deaconess of my local Church about differences between her and a young girl of the community. The deaconess who was, after all, older than the young girl, rejected all attempts to calm her down. And it was in full anger that she revealed the HIV positive state of the girl in the following words: “…in any case I would not give up, she is a big sinner, and she has AIDS”.

“This girl is a big sinner, she has AIDS”. This sentence had not stopped ringing in my head when I met this girl whom I finally started to care for last year.

It is evident that vis-à-vis HIV and AIDS, some Churches have developed a misleading and disgusting puritanical attitude themselves in judgemental positions as well as that of redemption.

It is no longer surprising to hear in the long prayers of some pastors useless stigmatising words casting out the HIV/AIDS spirit.

Sometimes the PLWHA is brought in front of the congregation and made to undergo some physical exercises, in spite of his condition, in so called healing sessions.

This exposure of the PLWHA to the whole congregation is not only an act which stigmatises him/her but also assimilates him/her into an object.

According to the experiences of many PLWHAs, the greatest deception comes from health professionals.
2.5.3. Medical practices

The different accounts on the first experiences of stigma such as told by the PLWHAs have, almost all, to do with the delivery of the test results.

The simple look of the laboratory technician during the delivery of the envelope containing the results reveals in most cases the content of the results.

Many PLWHAs cannot forget this first experience, very painful, which sometimes translates disdain on the part of the medical personnel.

This searching look unfortunately marks the beginning of a psychological instability, of irrational fear or of trauma in which he/she is called upon to live with his/her infection.

To the above is added the problem of avoidance by the caring personnel during the routine medical visits.

This situation can be linked to the training of these personnel who seem to be trained solely to take care of the body.

It would be desirable if in the present context of HIV/AIDS, health professionals especially of religious institutions take care of the entire personality of the sick. This aspect of the care and healing seem to be ignored in these moments of specialisation.

Stigma has become an octopus whose tentacles and ramifications escape every control today.

If a change in behaviour must be seen in the preventive methods for efficiency, change is also needed in the manner in which society treats the disease and those who suffer from it.
Mr. N'Diaye\textsuperscript{12} said in his testimony, "\emph{stigma is more dangerous than the HIV/AIDS itself}". In order to carry the fight against this, it is important to mobilise all means available in the fight.

\subsection*{2.6.1. \textbf{Strengthening of information, education and communication sessions}}

The world of the youth in Africa is a mobile and coded one where specific messages go round according to whether one is dealing with the university, shanty town or socio-professional groups such as drivers, artisans or miners, etc.

The integration of these languages and forms of communication into the methods of fighting against stigma will be a determining asset.

The creation of the position of a representative in charge of HIV/AIDS within the youth groups will be an added advantage.

The duty of this representative will be to regularly inform young people on the progress of research, new challenges which come up, difficulties, issues of stigma and all other subjects related to HIV/AIDS.

\subsection*{2.6.2. \textbf{Commitment to advocacy}}

The HIV and AIDS crisis must be an opportunity for young people to rebuild their unity in actions they take giving that they constitute the principal victims.

These actions will among other things be anchored on condemnation of acts of stigma or on the formation of pressure groups starting from youth net values.

The news bulletin of youth structures will be responsible for massive dissemination of information which can promote access to treatment.

The advocacy will also be an opportunity for young PLWHAs to manifest

\begin{small}
\begin{footnote}
\textsuperscript{12}EHAIA-WCC, Youth Meeting in West Africa, Dakar, August 2004.
\end{footnote}
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publicly their anxiety with the support of their brothers and sisters.

### 2.6.3. The production of anti-stigma messages

If it is true that our oral tradition legacy indisputably has advantages since it allows the storage of facts, it must also be emphasised that this tradition makes Africans very sensitive to offence and honour and offence.

The African does not easily forget facts in his education and in his communal life. This mentality sometimes does not help him to overcome humiliating circumstances.

In many cultures, somebody who has ever tasted imprisonment even for a brief period for one reason or the other is considered a former prisoner.

The danger is that when ARVs are made available to all and the improvement in the health of the sick becomes evident, people will perhaps be talking about “former HIV/AIDS patients”.

In the light of that, it is important to create, right now, anti-stigma messages for the various social strata in order to solicit community responsibility for the infection and sick persons in a spirit of love, sharing and compassion.

### 2.7. CONCLUSION

The future belongs to those who know how to create a sound environment for their development.

The HIV/AIDS crisis as we experience it today seems to be a new source of division in communities increasing more and more the suffering of families on the verge of disintegration.

A general mobilisation against stigma linked to HIV/AIDS infection can be seen as one of the paths to freedom in the name of the faith.

*Rev. Godson LAWSON-KPAVUVU*
*Regional Reference Group West Africa EHAIA*
PART 2 : CASE STUDIES AND MESSAGES
CHAPTER 1 : CASE STUDIES
Adandé was a very promising young man and was HIV positive. As a result, the whole family, community and friends rejected and isolated him.

Because of the embarrassment, Adandé brought to the family and his community; they decided to build a shelter for him near the pen. He was fed like a sheep. Tired of leaving in isolation, once in a while he attempted to move to the family house; whenever he did that, he was subjected to ridicule, isolation and humiliation by every member of the family especially his uncle's wives.

Tensions and conflicts mounted and worsened the situation for Adandé. But for the timely visit of the family pastor, who was very disturbed about the family's attitudes and behaviours towards Adandé, the pastor used this as an opportunity to further sensitise the family about their attitudes towards PLWHAs by emphasising the fact that a person living with HIV/AIDS should not be treated as they did because they could not get the virus unless the modes of transmission known were not respected.

The pastor then hugged Adandé. Adandé was welcomed back to the family and he was treated with love and tenderness. He also received support from the family, community and friends.
QUESTIONS FOR REFLECTION

1. Why was Adandé rejected and marginalised?
2. Should we treat our neighbours with wickedness?
3. Why do we create exclusion and marginalisation for PLWHAs?
4. Does the pastor run a risk of contamination by hugging Adandé?
5. Do you think that PLWHAs have dignity and rights?
6. How can we respect the rights and dignity of PLWHA?

ACTIVITIES

1. Divide group into two.
2. Ask members of one group to write one positive or good character about somebody they know.
3. Ask the other group members to write one negative or bad character about somebody they know;
4. Collect all papers from participants (both good and bad) and mix them up.
5. Leader should paste one characteristic at the back of each participant.
6. Ask participants to interact with each other according to the labels of the person.
7. Participants sit down and take the labels from their back and know what was at their back
8. Ask them to share their experiences (good and bad)

NB: Let them relate these experiences to Stigma
In a small village in Guinea Conakry, lived a poor family. Amadou, the oldest son was the only educated person in the family because of lack of funds. Every evening, after dinner, according to tradition, the entire family gathered for discussion.

One day, the educated son went through sensitisation session at school on HIV/AIDS. During the usual discussion one evening, he took permission to share his knowledge on the HIV/AIDS pandemic.

**While doing so, the mother angrily said:** “What is this? Is it the beginning of madness, don’t you know that it is the bad spirits and curse that give this sickness? Remember and listen carefully! Aliou, your auntie Fatou's son died of AIDS because he has stolen fruits from the old Adama's tree who put “juju” on the plants. Therefore, what are you talking about?”

**The boy said to the mother:** “we have been taught about this infection, we watched movies and read manuals and I want to share these with you. Please listen to me”.

**The father said:** “Please, let us listen carefully to Amadou as the saying goes that -if you hear a child tell a story, it is because he has learnt it from an elder-. The family then became quiet and followed the story.”

**Amadou continued:** “We were told that the infection is transmitted through three major ways such as sexual (unprotected sex), blood and infected mother to child.
We were also told that attitudes such as eating with HIV/AIDS positive person, talking, playing, swimming, are without risk of transmitting the virus."

“We can prevent getting infected through abstinence before marriage, mutual faithfulness among couples and the correct use of condoms. THE CHOICE IS OURS."

**Binta, Amadou's sister** bends down her head for a long time. After the discussion, she called Amadou and said: “I am very worried about myself. What should I do?”

He responded: “It is simple. I will go with you to a VCT centre”.

The next day, they went together to the VCT centre. She came later on to get the result of her test which proved to be positive. What sad news for Binta! Questions came to her mind: “Where did I get the virus? What have I done to God? Where will I go if my parents hear the news?”

At home, filled with courage, she decided to talk to her confidant who happened to be her dear mother.

The latter immediately informed her husband and Binta was thrown out of the house.

She went to the Church for spiritual support as she was a very active woman and member of various associations in the Church. She went to the Canon and explained her situation to him. Unfortunately, the Canon was not ready and did not find answers to her queries.

As she was explaining, she was interrupted by the Canon who told her that she has sinned.

She left and stayed on the street as a beggar. One day, while begging she was surprised to see the Canon. He took her to the parents and convinced them to accept Binta back into the family.
QUESTIONS FOR REFLECTION

1. How would Jesus have reacted to the plight of Binta?
2. How can we challenge the traditional roles and power relations within our churches which have contributed to the disempowerment of women?
3. Mention the modes of HIV/AIDS transmission
4. Do adults have the monopoly of the truth?
5. Can you get HIV/AIDS by eating with an infected person?
6. What are the consequences of abandoning somebody that is suffering from a disease that cannot be cured?
7. Do we have an HIV/AIDS attack through a mysterious way or satanic attack?
8. Is the pastoral formation enough to know the reality of HIV and AIDS?
9. Is the pastor free from getting infected?
10. How do we ensure that HIV and AIDS becomes a preoccupation in sermons?
11. Is HIV/AIDS a priority for the Church?

ACTIVITIES

1. The leader read an article from the newspaper on HIV/AIDS that comprises facts, opinions and rumours
2. Each participant has a paper and a pen
3. Participants should state at the end of the reading: facts, opinions and rumors
4. The leader reads out the statement:

   *Example:*

   ? Women are highly infected with HIV/AIDS worldwide (Fact)
   ? AIDS is for Homosexuals alone (Opinion)
   ? Slim people are HIV positive (rumour)

5. Participants share experiences and identify lessons learnt. For example:

   ? We should not jump into assumptions
   ? We should respect each others views
   ? When problems come, we should find solutions together
   ? How can we link this to stigma
THE DILEMMA

I know but I have no choice. I met Aimé my fiancé, a student in Law and I in Medicine.

I am the only child of my parents, I am well protected and dearly loved by my parents particularly my mother who likes my fiancé and impatiently awaits our wedding to fill her house with grand children.

Now that we have grown up and are working, we decided to get married as we dearly love each other. The preparations for the wedding at the city council have started after prestigious traditional ceremonies. But during a normal medical check-up, I innocently made an HIV/AIDS test and there I was, almost collapsed, confronted with the reality: I am HIV positive.

Questions run in my mind: “How? Why me?” My religious education has prevented me sexual intercourse up to now. I have then wrong use and needles. But no the mode of reality is there. Systematically, I have a thought shall I do? who examined for Aimé. What Inform him about my status? No, I cannot. He has always condemned PLWHAs because he said it is the consequence of sexual misbehaviour, therefore, the normal punishment from God. How shall I then explain it to him? He will certainly abandon me.
My mother will never forgive me as I will not be able to give her grand children. Daddy will disown me as he did for the younger brother living with the virus sometime ago whom he thought, has brought shame upon his religious leader title and position in the Church.

I have made efforts to shy away from questions from people. What shall I do? I thought of condoms but Aimé will suspect something or a problem and finally know about my status. I cannot, I have no choice and I am afraid.

If I decide to cancel the wedding, everybody will know. I cannot do that. The wedding is in 2 days and I dearly love Aimé and worry about his life but again I have no choice.

QUESTIONS FOR REFLECTION

1. How do you think Aimé would behave or react if he is informed about his fiancé's HIV/AIDS positive status?
2. How can we negotiate sexual contact?
3. If you were HIV positive, would you inform your partner before or after marriage?
4. Is the author infected by HIV/AIDS through sex?
5. Why didn't the author inform her fiancé about her HIV/AIDS?
6. Imagine the reaction of the fiancé if he was informed?
7. Has the author behaved well vis-à-vis her fiancé?
8. To choose or not to choose, is it not a choice?
9. If you were the fiancé, and you were informed before, during or after the wedding, what would you do in each case?

ACTIVITY

The facilitator does a questionnaire on HIV and AIDS to assess knowledge of participants. He/she then shares results with participants for discussion.
In a village named Elavagnon lived Afi, a young woman, 30 years old with her husband and their three children.

One day, the husband fell ill and was evacuated to the village where he died after a long treatment. After some time, one of the children also fell ill and the doctor proposed an HIV/AIDS test for the sick child and his mother. Both were found to be HIV positive.

Afi`s family got to know of her HIV positive status and abandoned her as well as her children. Her brothers and sisters no longer visited her. And they rejected her gifts.

One day, the whole family went to farm. While the mother planted cassava sticks, Afi on her part decided to prepare the food to save time. Her father became furious and condemned her initiative and asked her the following question. “Don't you know that with such a disease you cannot cook for others?”

As for Afi`s in-laws, they denied responsibility for the sickness and affirmed that their son died of a parasitic disease.

Dejected, Afi could neither satisfy the needs of her children one of them was handicapped- nor buy her medicines. She instilled fear in everyone and especially her family.
Thanks to sensitization, she succeeded in registering in an association of HIV positive people where she received support.

Today Afì has regained her courage and composure and lives positively with her disease.

QUESTIONS FOR REFLECTION

1. Why does Afì’s family refuse her gifts?
2. How did Afì regain her composure?
3. Does Afì’s father allow her to prepare meals? Why?
4. Is there a risk of contamination in eating food prepared by an HIV positive person?

ACTIVITIES

I. Divide the group into two:
   - ask one to prepare a life line showing the major event in the life of women
   - then the other group to identify all the point along this lifeline that women might get blamed or stigmatised at different points in their lives

II. Discuss:
   - How does stigma affect women?
   - Some women face “layers of stigma” (what do you think that means?)
   - How can women support each other and challenge stigma?
Bintou, 34 years old, lived with her husband in Oshogbo. The couple lived happily until Bintou fell sick. For many months, she received care at home without her state of health improving.

One day, following the advice of a friend, she decided to go to hospital. There she undertook an HIV test and was found positive. The doctor, instead of communicating the result directly to her, he preferred giving it to her husband. The latter instantly accused her of infidelity. She might have been infected through extra marital sexual relationships, he said.

Since that day, restrictions were imposed on Bintou with regard to her going out, going to see the doctor, to friends, and to her family. Besides, Bintou underwent rigorous practices which clearly affected her health. Her husband took advantage of this situation and of her guilt to make her abandon the marital home. This way Bintou was driven out of the house without any defence and explanation. Her husband on the other hand opted for a second wife.

Abandoned to her fate, Bintou was surprised at the treatment that the community reserved for her. One day, wanting to buy herself porridge, she was rebuffed by the seller with the reason that her physical appearance would drive away the clients who will be afraid of contamination. Since that day, no news was heard of Bintou.
QUESTIONS FOR REFLECTION

1. After the HIV test, is it normal that the result is communicated to Bintou's husband without her consent?
2. Does Bintou's husband run a risk by taking a new wife?
3. Can Bintou contaminate others by taking the porridge in the same bowl with them?
4. Identify the rites and practices related to infidelity in your community.

ACTIVITIES

Divide the group into pairs

1. Ask each pair to go for a “walk and talk” in the area outside the training room, looking for places where stigma occurs.
2. Ask pairs to visit the 'imaginary” market, bus station, schools, clinic, Church and discuss what forms of stigma might occur.

Report back

1. Get the whole group to work on each of the places. At each place, ask a few people to role play how stigma takes place in that context
2. After each role play, ask “what kind of stigma is happening there?”
It is two months now since Marino knew of his HIV positive status. With the advice of a doctor, Marino decides to inform Aline, his wife. But the latter no sooner had she got the news than she fell into a fit of anger. She accuses her husband of betrayal. She leaves the conjugal home with her children and joins her parents who are ashamed by the news.

But Marino, armed with courage, goes to in-laws with the intention of bringing back his wife to the marital home.

In front of the in-laws’ house, he finds his mother-in-law and greets her. She replies: “What do you want here?”

Marino: “Mama…”
Mother-in-law: Do not call me mama! My children cannot go for this shameful disease
Marino: I have come to take my wife.
Mother-in-law: Take whom? My daughter? To go back to an AIDS man's house?
Marino: No Mama, I am not an AIDS patient, I am only HIV positive.
Mother-in-law: It is all the same.

The shouts of the mother-in-law draw other members of the family. They come running to join the fray.

Aline, wife of Marino: Mum, you have allowed this sex-addict to come here?
Younger brother of Aline: Do not come and contaminate us with the big head disease!

The father on his part shows Marino out saying: Out! “DIKANAKOU”. And never set foot here again!
Marino, demoralized, returns home. He does not even hear the horn of the car...Marino lies prostrate on the floor.

QUESTIONS FOR REFLECTION

1. If you were Aline what would you do?
2. What is the difference between an HIV positive person and one who has AIDS?
3. If the family knows that Aline is HIV positive will she be sent away?
4. In the conversation with Aline`s family, what are the most discriminatory terms used?
5. Which of the exchanges actually sent Marino down the pit?

ACTIVITIES

1. The story is read in paragraphs
2. The issues are picked and dramatized
3. The issues raised are discussed
Ada is HIV positive and has decided to go open about his HIV status in a country where it is still a taboo because of misinformation.

He discussed the issue with his family and prepared their minds for the future outcomes. It was not an easy decision for Ada and his family but he felt the need to go public so that other people might live.

He worked with the National Commission for HIV and gave testimonies during meetings, seminars and workshops and sometimes went to the media together with his family.

His motivation was weakened when he realised that organisations working on HIV and AIDS were misdirecting funds meant for PLWHAs to fuel other campaigns and personal interest. People began spreading around rumours that Ada was not HIV positive and that he was using testimonies to gain money from the public. He was subjected to all forms of ridicule and molestation.

In spite of all these, Ada never gave up; he was bold and honest with his intentions and knew that if he was silenced, HIV and AIDS would continue to find fertile grounds in which to prosper and continue its human wreckage.

Because of this, Ada created an impact at the National and International arenas, and now structures are being put in place for proper monitoring of funds meant for PLWHA.
1. How can we as youth groups around Africa seek ways to deepen and extend our interventions?

**ACTIVITIES**

**DRAWING EXERCISE: What does stigma look like?**

1. Hand out flipchart sheets and markers.
2. Ask each participant to draw a picture of how they see stigma. Top up the pictures.
3. Ask the group “what do you see in the picture? What does it mean?”
Highbra, a middle aged man lived in the London Street in the Gambia. He was HIV positive but decided to keep it secret.

He met a beautiful young girl called Nenneh and proposed marriage to her. Highbra promised Nenneh to take her abroad. This idea sounded good to Nenneh and she told her mother and friends.

The reply from the mother and friends was: “You are lucky! This is your opportunity, take it”. She became the provider for the family. Not long after their relationship, beautiful Nenneh was positive after an HIV test.

The sister, hearing this, was happy and decided to spread the news. The mother regretted to have given her support to her daughter in that relationship. Instead of helping the daughter to solve the problem, she rather seriously turned her attention to looking for Highbra.

Unfortunately, Highbra had re-infected himself and left the community. Nenneh could not bear the stigma from friends, family, workplace and the community. The mother started to advise women who have been encouraging their children into such relationships.

One day, Nenneh's mother invited the nurse who was taking care of her daughter to come and talk to other ladies who also had contact with Highbra.

These ladies later formed an association to fight HIV and AIDS and advised the other young ones to form virgin clubs.
QUESTIONS FOR REFLECTION

1) Should there be legislation for people who voluntarily infect others?
2) Would you agree that infected persons who wilfully infect others should be prosecuted?

ACTIVITIES

Discussion:
1. Divide into pairs.
2. Hand out cards
3. Ask pairs to brainstorm a list of PLWHA rights and responsibilities writing single points on cards and taping on the wall.
Mr. Joro Pinto a popular Young man from the town of TUNA returned from America after 10 years stay. He came with much wealth and his reception at the airport by family members, friends, etc. was a big show.

Generous as he was, on his return, he renovated the dilapidated family house, sent his sisters, brothers, etc to learn trade. His compassion made him even pay school fees for children in the community who had dropped out of school due to financial constraints of their parents.

He bought an electric organ for the local church and helped roof the new chapel. He also became a patron of the Church choir. Through his initiative, a health post clinic was built for his community by an N.G.O. In effect, his return was a real blessing to the entire community.

Not too long afterwards, this generous Young man was taken ill and was diagnosed HIV positive. Faithful as he was, he decided not to hide his status from his family. Surprisingly, the news of his status spread quickly to the church and community. Treatment for his infection made him lose all the resources he had brought from America.
The immediate reactions were that the family, friends, the Church and community thought they had been disgraced and therefore stigmatised him. They broke every association with him, which made him lonely and hopeless. The chair on which he sat would not be used by anybody. Any cup he used was thrown away immediately. He had no visits from friends who earlier on rushed on him like bees. What was worse was the fact that the Church, its leaders, etc who benefited from the resources of this young man turned their back on him. At church, no one was ready to sit beside him on a bench. His money during fundraising harvest of the church was even returned to him.

It is said it is in time of need that real friends are seen. A ray of hope shone for Mr. Pinto when a fairly old man who had also previously suffered from tuberculosis and knew the pain, and trauma of isolation and stigmatisation came to his aid. He accepted Pinto into his home, enrolled him in the association of PLWHAs, introduced him to an N.G.O. and was personally committed to the well-being of his friend. Mr Pinto through this association had assurance and value for his life. Since he was still healthy and had qualifications, his friend found him a job. At his job place, all the workers related well with him because of the well informed knowledge and sensitisation they have had.

Mr Pinto now lives positively with the virus and works to support himself and even gives assistance to his family and the church that had stigmatised him. The family, church and friends who thought HIV was equal to death for Mr Pinto had since
changed their perceptions and reconciled back with him. He has been taken back by his family, the church has embraced him and his human dignity restored. Besides his work, he is now a resource person on the talk about HIV/AIDS in the entire community.

QUESTIONS FOR REFLECTION

1. How can PLWHA be a powerful force for change in advocating for the rights of PLWHA?
2. Imagine that you were Joro Pinto would you have returned to the community that stigmatised you?
3. How interested is the church in the welfare of its members?

ACTIVITIES

1. Identify a leader
2. Everybody sits in a circle on a chair
3. The leader stands in the middle of the circle without a chair
4. Leader asks everybody to take a name including the leader related to HIV/AIDS stigma (example prostitute, sex worker, homosexual, drug addict, etc.)
5. Leader gives a command. All sex workers, quick!
6. All sex workers quickly get up and to find a new chair including the leader;
7. The person left without a chair becomes the new leader and the game continues.
NB: However, when the leader shouts stigma! Everybody including the leader runs to find a new chair.

8. At the middle of the game, you stop and share your experiences in groups according to the names you have chosen (example: all sex workers, drug addicts, homosexuals, etc.)

9. The experiences are put on the flip chart according to the groups.

10. The game starts again
A woman named Haidara, with two children was married to a rich polygamous man for 14 years.

During the 11\textsuperscript{th} year of their marriage, the husband became HIV positive. After 3 years he died, and the wives were afraid of the cause of the death. The first wife, to avoid bad treatment from the step family, went back to her family where after eight months she died. Rumours and criticisms started, followed by insults from Haidara's stepfamily and her co-spouse. The story of Haidara's status went round the city. The step family threw her and the children out of the house; her friends deserted her and her trade was no more flourishing.

After going through lots of stigma and discrimination she found the courage to do her HIV test. The Lab technician, being aware of the rumours in the city did not follow the right procedures for testing and Haidara was given an oral HIV positive result.

Haidara, because of her hopeless state accepted the result and decided to live the city for the countryside where her parents lived. She was faced with frustration, shame, rejection and isolation from her own family members. She began to question herself whether life had any meaning at all. She decided to go to her aunt's house.
She was a Moslem and gladly welcomed her and directed her to an NGO called “Lumière Action”. To be able to access good care, she was counselled to do her HIV test. Surprisingly, she was negative. She felt betrayed not by the first doctor but by the second as she was convinced about her positive status. In this confused state she committed suicide. Her aunt gave her testimony by showing to all the right HIV test result.

**QUESTIONS FOR REFLECTION**

1. Who killed Haidara: the HIV or the medical officer?
2. Why has Haidara been rejected by her family in laws and friends?
3. Why has she been received by her aunt?
4. What is the responsibility of the medical staff to Haidara?
5. What element has pushed Haidara to hopelessness and suicide?
6. How will you communicate with PLWHAs?
7. What behaviour or attitude should we adopt if we do not know the HIV status of a friend?
8. To what extent are polygamous families safe from HIV/AIDS?

**ACTIVITIES**

1. Draw a (three) 3
2. Ask how this is seen by participants. Different observations come out
3. Participants must try to see the reality of the inscription of the 3 or to have one perception/vision of HIV/AIDS to be able to combat it.
A FRIEND IN NEED IS A FRIEND INDEED

Mr Otunde Kamara was a rich and respected person in a small town of SANGA. He had a family of five: two boys and one girl who lived happily together.

Having been informed about Otunde's HIV positive status, the entire family was shocked and thought that he had disgraced them. The consequences were that he was isolated, rejected and was refused care and support by the family.

Sometime later, there was a sensitisation programme on HIV and AIDS in the town. The focus was on removing stigma and showing compassion to PLWHAs.

This education really had much effect on the community and especially members of Kamara's family.

In response to the sensitisation programme, the family reunited with their father. They began to show him love, care and affection.

When he finally died, his funeral was organised and attended by the entire community.

QUESTIONS FOR REFLECTION
1. What do we learn from the Parable of the good shepherd and how is it related to the story?

2. Why have members of Kamara's family changed their behaviour towards him?

3. Should the funeral of a person who died of AIDS be different from other people's funerals?
   a. Are PLWHAs excluded from the grace of the Lord?
   b. Would they enter the Kingdom of God?

4. How do we relate the teachings of Christ when he admonished us to seek the lost sheep to the good shepherd?

ACTIVITIES

1. Discussion: divide the group into two.

2. Ask questions: if you were Otunde, would you accept your family back? If yes, give reasons. If no, give reasons.
UNITED WE STAND, DIVIDED, WE FALL

The “Shrunken Bi Youth Group” was founded five years ago. It consisted of youth from different parts of the Gambia.

Their motto is “United we stand, divided, we fall”. Oneness was the philosophy that kept these energetic and young people together. Most of their programmes were social and religious.

In the third year of existence when the group was at its peak, the chairman got sick and admitted in the Hospital; he was found HIV positive.
This information brought about a decline in the activity of the group and also gave it a bad reputation. And everybody thought that they were a bunch of immoral people. Some members decided to leave the group.

After he was discharged, the chairman noticed that his health status had a negative impact on the group and courageously decided to go back to his duties as a chairman. The first programme organised was awareness raising on HIV and AIDS.

Educated on the various ways of transmission of the virus and reassured that in working with the chairman they should not fear any risk, members of the group unanimously decided to restart their activities by integrating HIV and the fight against Stigma in their programmes.

Members of the group decided to go for HIV test to show the example to the community and made it known that there was life after HIV and that PLWHA should be welcomed and treated with love and respect.

**QUESTIONS FOR REFLECTION**

1. How can we answer the call to act in favour of the least and lost in our societies?
2. Why have some youth left the group?
3. Why did some other members of the group decide to undertake the VCT?
4. Why was the group so seriously affected and destabilised?
5. Why was the credibility of the group affected?

**ACTIVITIES**

1. Write all the names you have and the position you wished for and have
2. Write the properties you own
3. Put them all in a bag.

4. Now put yourself in the shoes of somebody with HIV and AIDS. What will you do?

BECAUSE OF LOVE

Solange and I were friends since childhood. We attended the same primary and secondary schools. Because of our friendship, our families too became friends.

Solange and Remy my cousin were planning to get married.

After some time, in their relationship, Solange complained of ill health and of cold for a long time. In 2002, she was advised by her doctor to undergo a series of tests among which was the HIV/AIDS test.

The result of the test showed that she was HIV positive. She informed me about her status and decided to openly talk about it to Remy.
Conflicts and tension were too high for her and she could not keep her calm. Families, neighbours and friends got to know about her infection and were cautious about her and her family.

Remy also decided to do the test and the result was negative.

One day, during a discussion, the following conversation took place:

**Solange:** “I thank you for the affection you still have for me in spite of my HIV/AIDS positive status. I am so surprised!”

*But you know what? I think we can stop our proposal towards marriage, so that you don't also get infected.***

**Remy:** (Stood up gently and burst out in tears): “Solange, don't urge me to leave you! This will be a betrayal and denial of our love and trust we share. You have been so open to me about your HIV/AIDS positive status. I still love you just as you are. We will live together and take the necessary precautions from the medical doctors and counsellors.”

**Solange:** “Thank you Remy, your love is rare”.

Further discussion and education went on between them and their families and few months later, they got married and had the blessings of both families.

**QUESTIONS FOR REFLECTION**

1. How seriously do we adhere to our promise or marital vows?
2. Should marital vows and promises be taken only for the sake of it?
3. What are the values of our marriage vows?
4. Why did Remy confirm to Solange their marriage plans?
5. Why was Solange relieved and comforted?
6. How should Solange and Remy live their sexual life after the wedding?

ACTIVITIES

1\textsuperscript{st} activity
1. A person living with HIV/AIDS is invited to share her/his testimony at a meeting
2. She/he lights a candle and holds it.
3. Participants go to light their candles from the one held by the PLWHA
4. As a solidarity of love and a source of light, all sing one of the following songs:
   - Bind us together
   - Let there be love shared among us
   - Let's be one in the spirit
   - My Jesus I love thee, I know thou at mine

2\textsuperscript{nd} Activity

Propose an engagement vow which takes into consideration the question of HIV and AIDS to young people and ask them if they are ready to respect it?
STIGMA KILLS

There were two friends named Holema and Tamba. They lived in a town called Potta. They were friends since childhood and they spent most of their time together. They even attended the same boarding school.

Holema was from a rich family and Tamba a poor one. Holema, therefore, had some financial advantage over Tamba.

Holema under peer pressure, succeeded in convincing Tamba to be a member of his friend's group.

One day, Holema and his friend attended a musical concert where their favourite artist performed. The artist challenged all his fans to go for VCT. Holema and his friends opted for VCT and after the tests, Holema and Tamba were positive.

Holema and Tamba decided to inform their families. Tamba's family could not stand this and so they drove him out of the house. For Holema, it was easy since the family was well informed and they had the financial capacity to take care of him.

One day, Holema and Tamba decided to visit a resource centre for HIV and AIDS. To their surprise, they were positively welcomed and well treated. They were also informed that life could still continue after HIV infection. The centre organized a programme on POSITIVE LIVING which offered the opportunity to the community to be sensitised. But Tamba continued to suffer rejection and isolation by his family. Tamba became seriously sick and later died whilst Holema with the support of his
parents had courage and faith to go on. He was able to go back to school and lived positively.

QUESTIONS FOR REFLECTION

1. How can we get youth groups and organizations to make them aware of the real dimensions of HIV/AIDS?
2. How can we develop our assertiveness when it comes to peer pressure?
3. For what reason was Tamba receiving assistance from Holema?
4. What motivated the two friends to have the HIV test?
5. Why was Tamba disillusioned?
6. How and why was Holema able to live positively with the HIV virus?

ACTIVITIES

1. Participants are asked to draw pictures, give proverbs, write poems; compose songs, or just demonstrate what makes them good.
2. They sit in pairs and discuss
   - What moves PLWHAS to feel good about themselves?
   - Why is feeling good important for PLWHAs to live longer?
   - What prevents PLWHAs from living longer?
I have gained admission into the university and I am the pride of my family. Five months after my admission into the university, I become aware of my HIV/AIDS status after an HIV test.

I confided in my friend. Yet he betrayed me.

At the university, where I thought people were better informed on HIV and AIDS, I was despised and excluded. Even my fellows were running away from me as if I was a leper. The news of my status spread quickly like bushfire and now everybody knew about my infection.

In my family, where I wanted love, compassion and comprehension, there too, I was isolated, banished as a cursed person.

I have no hope! Not enough strength and breath to live. But “why are they rejecting me? Why are they not coming up with strategies to combat HIV/AIDS? Why are they not addressing the root causes of HIV/AIDS?”

Hmmm!!! I have just noticed that it is not my reason, my essence which keeps me alive but my faith, the faith in God.

I have accepted my HIV/AIDS positive status. I found refuge in religion but there also, I heard that the sinner had no right to be reassured. I resign myself to fate and accept to lose all I have.
QUESTIONS FOR REFLECTION

1. Why is the author talking about his distress?
2. Why is the author isolated from the family?
3. Why is the HIV/AIDS infection related to sin?
4. Does the author want to spread the HIV virus? If yes, Why?
5. How does stigma affect the family and the household?
6. Can faith be a weapon against stigma?
7. Sharing experiences as a stigmatizer or one who is stigmatised

ACTIVITIES

1. Participants asked to sit in pairs
2. They pray on the following issues for:
   - people living with HIV/AIDS
   - medical researchers working day and night to find a cure to HIV/AIDS
   - families and communities affected
   - Faith Based Organisations, Non governmental organisations, Community Based Organisations and Governments.
   - Institutions working hard to bring hope to humanity
   - For the Church that is HIV positive
   - For all those that are in denial that HIV does not exist
   - Donors who support HIV/AIDS programmes
   - Etc.
3. At the end of the prayer, participants come together in a circle and one person concludes the prayers.
Nafissatou belonged to a middle class family. Although her parents were not very rich, they managed to provide her with all she needed because they dearly loved her and wanted her to marry a man from her clan. But this did not prevent her from falling for Jonathan, a man far older than her, whom she met at the supermarket. Since then, the relation became intimate and they were meeting secretly. Nafissatou became pregnant and after routine tests, she was found HIV positive. The father was angry and sent both of them out of the house. The house help informed the family about the HIV positive status of Nafissatou.

Nafissatou and her mother went to stay in her uncle's house; but life became very difficult as she was greatly stigmatised. Everything touched by Nafissatou was thrown away.
The father was later informed and sensitised about HIV by a colleague in the office and made various researches on HIV and AIDS. He regretted all he had done to his wife and daughter. He went in search of them and asked them to forgive him.

Few days later after returning to the father's house, Nafissatou died because of lack of care and treatment she suffered from while at her uncle's house. The father was miserable after her death.

**QUESTIONS FOR REFLECTION**

1. What can we do to overcome gender based violence?
2. How can we support an organisation that helps young women to negotiate safer sexual relationship?
3. What makes young people give themselves to other people for sex?
4. What should be the basis of education of children today?
5. What should be done to encourage young people to adopt responsible behaviour?
6. Should parents and teachers introduce sexual reproductive health to the home and school respectively?
7. What pushes young girls to get involved in sexual relationships with old men?

**ACTIVITIES**

1. Constitute a group of six people.
2. Identify factors that enforce family links in the home.
THE REJECTED ZAN

In April 2003, Mr Zan, aged 40 and father of four children, went to the city hospital.

He was admitted and asked to do a series of medical tests, among which was the HIV test.

While at the hospital his elder brother visited him. Sadly enough, some of the medical staff had got (nurse) information about his infection and in an open conversation passed on this information to the visitors without the knowledge of Mr. Zan.

Few days later, Mr Zan needed some money and since the wife had travelled, he sent his son to his brother for some money which he promised to pay back when he got well.

Unfortunately, the reply was sarcastic “please, go and tell your father that if he doesn’t know about his HIV positive status, I have no money to waste on him”.

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On Sunday after he was discharged, the couple went to church. They were amazed that they were left alone sitting on the bench while other congregants were squeezing themselves on other benches.

They finally understood the situation when they were told that the HIV positive status of Mr Zan was known by his Christian community.

The information on his status reached his workplace. Mr Zan was dismissed without notice. All attempts made by the workers Union to get him back to work failed.

Mr Zan’s exclusion was extended to his children.

Fortunately, the Union of his former employment decided to do a monthly contribution for his upkeep.

Some members of his church organised themselves and decided to provide Mr Zan and his family with physical and spiritual support as well as convince them to come back to the Church.

QUESTIONS FOR REFLECTION

1. Why was Mr Zan dismissed from his work?
2. Why did the Zan family find themselves alone on the bench in the Church?
3. Does the fact of being an HIV/AIDS patient mean the loss of a job?
4. Was the Zan family totally abandoned?
5. Discuss community based actions on attitudinal change that your church or group can carry out.
6. Suggest ways by which we can increase care and support for PLWHAs?
7. How can we ensure confidentiality among medical staff, relatives, and friends of HIV infected persons?
ACTIVITIES

1. The story is read in paragraphs
2. The issues are picked out and dramatised
3. The issues raised are discussed
4. Suggest ways to improve care and support to PLWHAs
5. Suggest ways of ensuring confidentiality among health professionals, friends and families of PLWHAs.
Claude was a very brilliant, intelligent and creative young man. After his A level at 16, he did his university studies in Management at a prestigious University. At 20, he came out with an MBA. After returning home, he was employed by a prestigious bank in his country. His professional development was exceptional;

A scholarship was given to him by the Bank to enable him to get to a new position as a principal auditor of the Bank. For the visa formalities, the high commission asked him to do the HIV test. The results came and were positive. Considering the trust he had in his boss, Germain, he informed him about his status. Unfortunately, Germain informed the Director of the Bank. Reactions were quick. The scholarship was cancelled and the bank asked the university to withdraw the registration. The director said the bank could not afford to invest in someone who was going to die very soon. Worse was the fact that Claude had been appointed now as the number two man responsible for the stock.

Because of the humiliations from his boss and colleagues, he resigned or was forced to do so after three months.

A month later, Claude became very sick and experienced a severe trauma. Despite all medical treatments and care, he never regained his health.
QUESTIONS FOR REFLECTION

1) Why should HIV/AIDS test be a requirement for travels outside Africa for Africans?
2) How can HIV/AIDS policies be enshrined in workplace document?
3) Do we need HIV/AIDS policies to protect PLWHAS in workplaces?
4) What are the consequences of the indiscriminate dismissal of Claude from his workplace?
5) Why was Claude moved to another desk?
6) Why was Claude in severe trauma?

ACTIVITIES

1. Put the story in a role play
2. Participants are asked what happened in the role play
3. Was the issue raised in the role play realistic?
4. Do we face the same situations in our workplace?
5. What do we do to deal with such situations?
THE PREJUDICE

Kilo was an intelligent and respected young girl. She was about 16 when she got her “A” level with distinction. She was expected to study medicine at the university.

However, Kilo had a shrinking facial appearance. She was slim and sick every time. In fact she had sickle cells. Therefore, everywhere she went, people mocked at her that she was HIV positive. At the university, people did not get closer to her, especially young girls. Even at the restaurant, she was always alone at the table.

Nabou, her best friend, who has always supported her because she was aware of her HIV negative status, finally abandoned her. With courage, she was able to complete her studies.

After her graduation, she committed herself to the fight against HIV and AIDS.

Years passed and her best friend was found HIV positive. She then realised the sufferings linked to HIV related stigma. She apologised to Kilo and suggested to work with her on her HIV and AIDS programmes.
QUESTIONS FOR REFLECTION

1. As Religious people, what are the ethical considerations that must prompt our solidarity? And how can this be done with people of other faith?
2. How do we recognise an HIV/AIDS person?
3. Why is everybody avoiding Kilo?
4. Why has Kilo engaged herself in the fight against HIV/AIDS?

ACTIVITY

Create a scenario to show that the HIV infection is not necessarily a synonym of weight loss or skeletal images of people.
TRUE LOVE

Nyametse, a beautiful young girl was convinced by her mother to marry a tourist. After some time in their relationship, she decided to go for HIV testing. She was positive. She was embarrassed and questioned herself: “Should I inform my fiancé for whom I am pregnant?” She confided in her medical doctor who persuaded her to ask her fiancé to accompany her to the hospital. After pre-counselling, the couple accepted to do the voluntary test in two different centres.

Before the test, Nyametse and her doctor decided to keep secret Nyametse's serological status.

After the test, Nyametse's HIV test result was positive and her fiancé's negative.

The couple decided to know each other's result and the doctor informed them. Regardless of Nyametse's positive status, her fiancé decided to marry her.

QUESTION FOR REFLECTION

Why should my HIV positive status prevent me from being a married woman?

ACTIVITIES

1. Draw a picture: make a college, write a poem, make a song, and find a way to express what makes you feel good.
2. In pairs, share your work in the same group and discuss the following questions:
   a. What do PLWHAs need to feel good about themselves?
   b. Why is “feeling good” (emotional well-being) important for PLWHAs to live long life?
   c. What might prevent PLWHAs from feeling good?
EDUCATION AND HIV AND AIDS

Muctarr Kamara, a taxi driver of Masombo Town one day had an accident. Among the curious who gathered, a man asked a private driver to take Muctarr to the hospital.

Muctarr bled abundantly. The bleeding was so profuse that Doctor Apu Toule was obliged to do blood transfusion.

After a coma which involved a longer stay at the hospital, Muctarr accepted on the advice of his doctor to undergo a thorough medical check-up including the HIV and AIDS test. The result was positive.

Once his fellow taxi drivers were informed about his status, he was left alone and marginalised. His access to taxi station was forbidden.

But Udo, member of the group and peer educator on HIV and AIDS tried to sensitise his colleagues. After several sessions, the colleagues come back to reason and Muctarr Kamara got back to his work.

QUESTIONS FOR REFLECTION

1. Why did the doctor take the decision to transfuse Muctarr?
2. Why did the doctor do the HIV and AIDS test to Muctarr?
3. For what reasons was the access to the station forbidden to Muctarr?
4. What brought Muctarr's colleagues to change their attitudes?
5. How can we show that if one part of the body suffers, the rest also suffers?
6. If Muctarr's clients know about his positive status to HIV, will they accept to be on his motto?

ACTIVITY

Discuss: if you were aware of Muctarr's HIV positive status, would you accept to ride in his motto car?
Adepejou, a beautiful woman aged 42 and her husband, lived in the capital of an African country with their children. In 1999, Adepejou’s husband fell seriously ill. He undertook the HIV test at the hospital and the result was positive. Three years later he died.

While he was still at the hospital, his family collected his personal effects and some of his property, abandoning his wife and the children to their fate.

Today Adepejou is a widow and she and the children are deprived, the only consolation being the house left by the deceased.

Later, the father-in-law wanting once and for all to get rid of his daughter-in-law whom he found to be an excess baggage, asked her to quit the place and go and remarry. The father-in-law maintained that his intention was to let the deceased's house in order to take care of the needs of the children who have still been under Adepejou’s care.

Because of the insistence of the father-in-law, Adepejou was convinced that one day she would be expelled from the house.
QUESTIONS FOR REFLECTION

1. On what occasion did Adepejou know of her HIV status? Should one wait to be sick before taking the HIV test?

2. In your opinion is Adepejou also HIV positive? What about her children?

3. Do you understand the reaction of Adepejou’s in-laws?

4. If it were you what would you do?

5. Should Adepejou accept her father-in-law’s request to leave the house? If it were you what would you tell your father-in-law?

ACTIVITIES

Discuss measures to take to prevent a family (widows, orphans) from being dispossessed of their heritage by the in-laws.

ROLE PLAY

1. Act out the scene

2. Bring out the shortcomings inherent in some cultures whereby the in-laws dispossess the wife and children of the wealth and property once the husband is dead.

3. Enumerate the actions leading to the establishment and replacement of close ties between the HIV positive person and the family unit.
THE MARRIAGE VOWS

Diana, secretary of the Women's association of her church was married to Paul. Some years after their marriage, Diana could hardly take seed. She consulted a gynaecologist who diagnosed fibroid and recommended an operation. Before the operation, she was tested for HIV and the result was positive. Paul rejected and abandoned her. Diana, confused, went and confided in their Pastor.

During the discussion with Paul and Diana, the Pastor reminded of Paul of his marriage vows: “…in sickness and in health, for better for worse…”

Paul replied that he remembered having taken the marriage vows but that he was not ready to live with a woman infected by HIV.

After this reply the Pastor began to sensitize Paul on HIV and AIDS infection, its effects…Then he convinced Paul to undergo the test. The result was negative but encouraged by advice of the Pastor, Paul decided, for the sake of love, to remain with Diana and they decided to be using protective methods.

Diana receives psychosocial and medical support and care. She leads a normal life.

QUESTIONS FOR REFLECTION

1. Why did the doctor recommend a surgical operation for DIANA?
2. What was the reaction of the Pastor when Diana confided in him?
3. Why did Paul refuse to live with Diana though they were already married?
4. Why and how did Paul change his mind?
5. How can we bring other persons to be involved in the fight?
6. What are the real foundations of marriage?
7. What value do we give to marriage?
8. What understanding do young people have about marriage vows?
9. Are young people predisposed to respecting marriage vows today during moments of crisis?
10. How can men in our community contribute to equality of sexes?

ACTIVITIES

1. Participants think about the day of their marriage (hopes, feeling, Fears etc.)
2. Imagine something terrible happens. What do you do? What will people think about - you? How can one's behaviour, attitude and people's perception be reconciled?
TO YOU, MY FRIEND

Dear Modu,

I am writing you this letter to tell you about my suffering, my pain and deception. You who have always been a confidant, I know it is only you among my friends who can understand.

Do you remember the situation of my drug addiction?

Today I am HIV positive. Everybody excluded me when they became aware of my HIV positive status; Moussa, Ali and even Seydou whom were fed and cared for by my parents. I thought that friendship was for good and worse but all feared me know. But I accept this predicament. Thank God I still have members of my family committed to help me to face others who are stigmatising me.

I am writing you to tell you that HIV is real and that I need your support.

I hope you will understand and always be my friend.

Your brother and friend Abdou.

QUESTIONS FOR REFLECTION

1. If you are HIV positive, how would you wish your friends, local community group to support you?
2. Think of how Jesus-Christ / Prophet Mohammed would relate to PLWHA and how can we adapt this attitude to our own behaviour?
ACTIVITIES

1. Organise a debate one evening in the village, or town to enable people understand that AIDS is real and is a disease.

2. Respond to Modu's letter.
NOAH, THE SURVIVOR

In a city, Gbaquille, was a vibrant youth organisation.

Noah belonged to the organisation where he was very active and hardworking. He held various positions and served as Chairperson of the recreational committee.

Leader of an association and sensitive to various HIV and AIDS programmes organised, Noah decided to go for the HIV test and the result was positive.

Because Noah was well informed, he decided to disclose his status to his youth organisation. Upon this disclosure, members of his youth organisation decided to impeach Noah and called him different names, such as: “the Victim”, the “Red Youth”, the “Virus Carrier”, etc.

Noah was vehemently rejected and outcast by his fellow youth. Nobody spoke with him. He was frustrated and decided to commit suicide.

During his suicidal attempt, the branch of the tree broke off and he broke his leg. He was hospitalised for few months. While in the hospital, he was visited by some members of EHAIA's team who gave him hope and encouraged him.

EHAIA organised education and counselling programmes on HIV for young people, members of Noah's group. The latter acknowledged their ignorance and went back to see Noah. They honoured him, took him back in the group and showed him love and respect. The youth group established an HIV and AIDS awareness raising desk to fight Stigmatisation.
QUESTIONS FOR REFLECTION

1. Suggest ways by which we can remember and support our heroes in times of trouble.
2. What was the youth group told to make them change their behaviour towards Noah?
3. If the branch did not break, what will be the consequences of the death of Noah on the community?
4. If Noah died, what would be the responsibility of the members of the group?

ACTIVITIES

1. Participants stand in any direction
2. One person holds a long rope
3. They throw the rope to each other giving positive messages on HIV/AIDS trying to weave a spider's web
4. At the end, participants examine the effectiveness of the spider's web as a force for change.
Conclusion for the facilitator: Now if one person decides to leave one end of the spider's web, it will collapse. This means that in the community, when one person is infected, we are all at risk and he or she needs our support. This is to show that no matter what happens in unity, we can succeed.
WHAT A WORLD!

What a world!
Stigmatization has gained an upper hand
Who am I?
I have been with you since creation
But you do not know me
What a pity,
I am hammered on by governments, Kings
Even wise people speak about me
But do not practise me
What a shame!
I am small but without me, there is neither peace nor joy
Without comfort, I am meaningless,
Without attention, I am sad,
Without acceptance, I am frustrated,
Without support, I am depressed,
Without respect, I am incomplete
Without security, I die
I am LOVE
CHAPTER 2: MESSAGES AND WISE SAYINGS FROM THE AFRICAN TRADITION
MESSAGES OF HOPE

1. Collective suicide should be discouraged

2. Revenge is a weapon which kills the one who is using it.

3. Voluntary infection is murder and leads to re-infection.

4. People who wilfully infect others should be prosecuted.

5. Anyone dying of AIDS is a brother or a sister.

6. Politics will not discourage me from talking about my HIV/AIDS positive status to sensitis people.

7. We can help fight stigma by supporting PLWHAs.

8. Marriages have been seen as having children but yet still there are separations in the long run.

9. Marriage should be based on the concept of love and care for each other all the time.

10. No one has a moral justification to condemn a PLWHA.

11. Let us avoid negative judgemental look on others.

12. Let us respect PLWHAs rights especially the right to work.

13. Supporting hands are compassionate hands


15. Whatever is the health situation of your friend, you are compelled to keep the secret.

16. A current situation is not the end of life.

17. Home is home, we can always return home when outside circumstances engulf us.

18. Love and live with me with or without HIV.

19. An HIV positive person can promote life.

20. A friend in need is a friend in deed.

21. United we stand, divided, we fall.
1. If something concerns someone, you think it is far away from you.
2. It is when you are near the river that you observe that the crab coughs.
3. When your child soils you lap you do not cut it with knife but rather wash it.
4. Today it is me, tomorrow it could be you.
5. Salt should not mock at the shea butter on a sunny day for the next time could be a rainy day.
6. It is God who drives away flies for the tailless animal.
7. You are because I am.
8. Man is worth more than money.
9. One hand can't catch a deer.
10. It is because of companionship that two deers move together.
11. A problem shared is half solved.
12. No one knows tomorrow.
13. We do not insult the long jaw of the crocodile when one has not yet crossed the river.
14. As you eat the hand (meat) of a monkey look at your own hand.
15. Except God kills you, no human being can.
16. If one considers the sadness of a sheep he can't enjoy the meal.
17. When there is life, there is hope.
18. Love is good or it is good to love.
19. There is no hast in life since we can only count one before two.
20. All fingers are not equal.
21. Death is not two for you to play with one.

22. Had I known never comes but last

23. It is in times of difficulties that one sees true friends.

24. Show me your friend and I will tell you your character.

25. One good turn deserves another

26. It is often your own people who will let you down

27. No condition is permanent

28. With God all things are possible

29. When we have God, we have everything

30. There is no dump hill for a spoilt child

31. In adversity, men have few friends

32. Two hands are better than one

33. Unity is strength

34. If you watch carefully at the river bank, you will not drink from it.

35. If one tree stands a storm, it breaks

36. The urine of a spider contributes to the fullness of a river

37. It is together that the ants cross the river
What to do after reading this manual? Do we fold our hands in front of this pandemic which is globalised and which threatens to destroy our humanity? Do we have to confine ourselves in the search for the person through whom the virus entered the world and make him pay with his life the healing of those who are infected, just like the animals who suffered from plague did in the tale of La Fontaine? Or do we fold our hands and ask God to do everything? Today and more than ever, it is high time to act against HIV, to act vigorously without giving any respite to this virus which is spreading at the rate of 8,000 contaminations per day in the world.

The leaders of the Ecumenical HIV/AIDS Initiative in Africa (EHAIA) have quickly understood that the success of such a fight goes in priority through the youth. That is the reason why the EHAIA Regional Office in West Africa deems it appropriate to give the floor to the youth to express their understanding of the infection, to formulate prevention strategies and others to fight all forms of stigma and discrimination.

The publication of the YOUTH MANUAL AGAINST STIGMA partly meets the expectations of the youth of the Churches in West Africa and Religious organisations who gave their utmost best during the drafting process of this manual.

In terms of the fight against HIV/AIDS there is a lot to take, to learn and to understand. There are also things which are related to the misuse of language and behaviour and which must be banished. This is what this manual is trying to highlight by fighting HIV/AIDS related stigma and discrimination.

Our Christian faith and conviction does not allow us to believe in an Africa as a cemetery where tomorrow shall be an everlasting mourning for the youth.
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GLOSSARY

**Acquired** obtained by the exposition to an experience or contact within a certain environment; not inherited.

**AIDS:** acronym which means Acquired Immunodeficiency Syndrome. AIDS is the advanced stage of the HIV infection.

**Anal:** from or related to the anus.

**AIDS-Related Complex:** Stage of the infection when symptoms start to show (stage asymptomatic).

**ARV:** type of medicine which stops the retrovirus from reproducing.

**Condom:** soft sack generally in latex (rubber form) which is worn on the penis during sexual intercourse.

**Heterosexual:** a person who has a sexual attraction for people from the opposite sex between man and woman or male and female.

**HIV positive / HIV negative:** a person is HIV positive when she gets a positive result to her HIV test (i.e. trace of HIV antibodies in her blood). This means that the person was in contact with the virus and that the person is now carrying the virus of AIDS. The person has imperatively to take the necessary precautions not to transmit the virus to others (mandatory use of condom during sexual intercourse). On the other hand, when the test does not detect anti-HIV antibodies, the person is “**HIV negative**”.

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The information contained in this glossary are taken from CHRISTIE-DEVER Barbara, SIDA : ce que les jeunes doivent savoir, Paris, Nouveaux Horizons, 1988.
Human Immunodeficiency Virus (HIV): virus that invades and destroys human white blood, cells particularly a type of white cells called lymphocytes CD4, lymphocytes T-helper or lymphocytes T4: it is the AIDS virus.

Homosexual: a person who has a sexual attraction for people from the same sex. Homosexual men are often called « gays » and homosexual women are called “lesbians”.

Immune Deficiency: stage of the body where the immune system does not have what it needs to normally function.

Lymphocyte: type of white cell which helps the body at the cellular level to the immune response. Lymphocytes T and B are the two key types of lymphocytes.

Lymphocyte CD4: type of lymphocyte which is destroyed by the HIV; also called lymphocyte T-helper and lymphocyte T4.

Lymphocyte T: type of lymphocyte produced by the thymus. Three classes of lymphocytes T which help in the immune response: the helper, the natural killers and the suppressors.

Sexually Transmitted Infection (STI): acquired infection by sexual contact with an infected person

Sexual intercourse or sexual relationship refers to the insertion of the penis into the vagina, the anus or into the mouth.

Signs: manifestations on clients / patients elicited by healthcare givers as a result of the client’s departure from good health.
Sperm: white liquid which contains reproductive cells of the man and which is ejaculated during sexual intercourse or during masturbation.

Symptom: physical, mental or emotional modification, which indicates that a person has a disease such as fever, pains, lost of memory, depression.

Syndrome: specific combination of signs and symptoms, which indicates the presence of a sickness or a particular clinical state.

Transmission: transfer of a micro-organism which causes the sickness of a person to be transferred to another.

Tuberculosis (TB): bacterial opportunistic infection contracted by the repeated exposition to aerial drops from an infected person with TB during coughing, sneezing singing or talking.

Normal Vaginal secretion: liquid produced by the vaginal mucous membrane to humidify the vagina.

Virus: organism responsible of the infection and which depends on the lively host to reproduce. Viruses provoke an abnormal attitude in their cell.
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