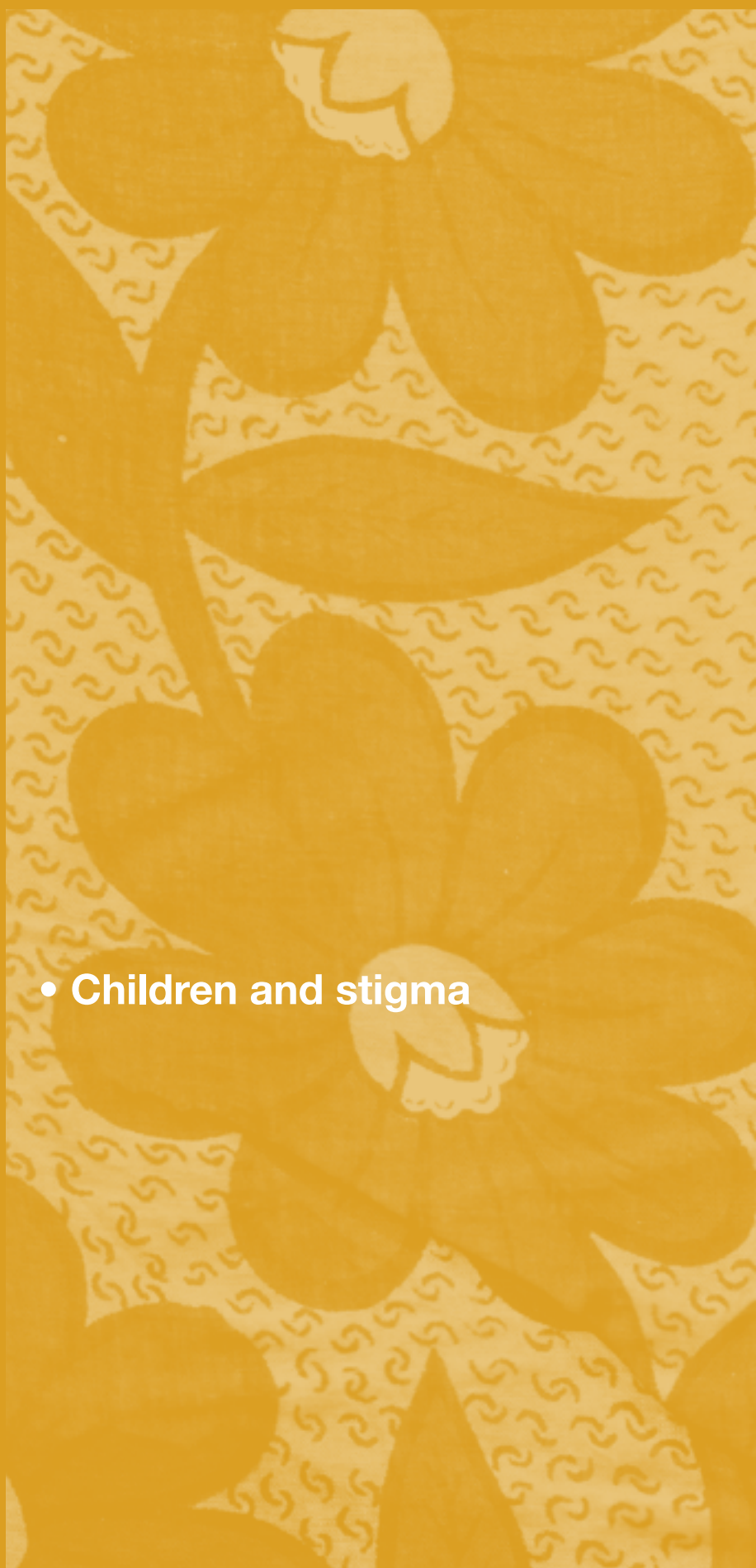


Supporting community action on AIDS in developing countries

# Understanding and challenging HIV stigma Toolkit for action

## MODULE I

- Children and stigma



## About the organisations involved

### International HIV/AIDS Alliance

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

Registered charity number 1038860

[www.aidsalliance.org](http://www.aidsalliance.org)

### Pact

Pact is a networked global organisation that builds the capacity of local leaders and organisations to meet pressing social needs in dozens of countries around the world. Its work is firmly rooted in the belief that local communities must be the driving force in ending poverty and injustice.

[www.pactworld.org](http://www.pactworld.org)

For more information about Alliance publications, please go to [www.aidsalliance.org/publications](http://www.aidsalliance.org/publications)

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Developed by Sue Clay, Chipo Chiiya and Mutale Chonta

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## About this toolkit

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

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

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

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

## This module, developed and written by

Sue Clay, Chipo Chiiya and Mutale Chonta

## Acknowledgements

Module I and Module J have come out of a partnership between International HIV/AIDS Alliance and Pact Tanzania. The modules were added to the toolkit in 2007, having been previously researched and developed through workshops with children and young people in Tanzania and Zambia.

Key collaborators who have helped with the development of this module include: Tawanda Madhangi, Wilbroad Manyama, Phirael Kiwia and Ross Kidd

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

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### Introduction

Using the toolkit

### Module A

Naming the problem

### Module B

More understanding, less fear

### Module C

Sex, morality, shame and blame

### Module D

The family and stigma

### Module E

Home-based care and stigma

### Module F

Coping with stigma

### Module G

Treatment and stigma

### Module H

MSM and stigma

### Module J

Young people and stigma

### Moving to action module

Thinking about change

Moving to action

Developing skills for advocacy

### Picture booklet

General stigma pictures

Rights pictures

Additional booklets will be published as new modules are developed.

# I Module Introduction

### Introduction

This module explores the impact that stigma has on children. These exercises were developed out of the findings of a study on children's experiences of stigma<sup>1</sup> carried out in Zambia in 2002-03 and with input from children in Tanzania who shared their stories with the facilitators in 2007.

Stigma faced by children takes many forms. Some examples include:

- Children may be **blamed** for their parents' death; for being a burden; or in some countries orphans are seen as 'unlucky children' as if they 'killed their parents'.
- Children may be **excluded** from school, families and communities because of fear of infection if there is HIV in their family.
- Orphans are often **treated differently** from other children in families, such as being given extra work, and are often accused of carrying on their parents' 'bad behaviour'.
- Street children are seen as 'dirty' and 'out of control'.

This module aims to help explore and understand the different ways in which children are stigmatised, and to look at strategies to change attitudes and experiences. It is divided into two sections: exercises for children and exercises for adults.

A young boy in Zimbabwe said he had no idea whether his mother was dead or alive. His mother was taken to her rural home when she was sick. When the father returned, he told them that the mother had died, but the boy has still not accepted it. He would like to see his mother's grave so that he can accept her death.



Masiye Kids Club, Zimbabwe

<sup>1</sup> Sue Clay, Virginia Bond and Laura Nyblade (2003) *We can tell them: AIDS doesn't come through being together. Children's experiences of HIV and AIDS related stigma in Zambia 2002-2003*. Lusaka, Zambia: Kara Counselling, International Center for Research on Women and Zambart Project.

## Module I – Children and stigma

### Tips for working with children

**Age groups.** It may be easier to work with groups of children of a similar age, e.g. 8 to 10-year-olds or 11 to 15-year-olds, etc.

**Ensure children understand what is happening and why they are there.** Always explain to the children why you are having the workshop or doing the exercises. Be clear and ready to answer any questions.

**Always get consent** from caregivers. Ensure that they know where their children will be, the times and transport/pick-up arrangements, etc.

**Extra needs.** Be prepared to accommodate different needs. Before the workshop if possible check whether any children have special needs. Have a plan ready if a child falls sick (a rest room, knowledge of the nearest clinic, etc.).

**Meals and hunger.** Consider providing a meal or snack before you start the workshop, so that hunger does not prevent a child from participating (some children may not have regular meals).

**Introductions.** Think of simple, non-threatening ways of getting children to introduce themselves to the group at the beginning of a workshop. Use songs, games or rhymes to help break the ice.

**Guiding not directing.** Children may do things differently to adults. Wherever you can, allow children to have as much control over a game or exercise as possible. Try to maintain a balance between gently guiding and taking over and directing everything.

**Encouraging less confident children.** Think about ways to encourage less confident children to participate. Also remember that children have the right not to participate if they do not wish to.

**Don't work alone.** If possible, have a team of facilitators to help with the workshop. There may be times when different groups of children are doing different activities. Make sure that there are men and women in the team.

**Working with grief.** Many of the exercises may lead to sad memories for the children – be prepared to provide support and comfort, and don't panic if a child starts to cry. This is likely to be the first time the child has had a chance to talk about some of the things they have been through. Crying is healing – what is important is that the child is allowed to express themselves and be heard.

Prepare yourself emotionally by **thinking about your own experiences** and trying out some of the exercises yourself. This awareness will make working with children easier.

**Listen to what the children are saying and let them speak.** Use rephrasing to affirm, to encourage expression and ensure the children feel free. Reassure them that there are no right or wrong answers when talking about our own experiences.

**Language.** Think about the way you explain things. Use simple words and not workshop jargon! Check that the children understand what you have said.

Be aware of your **body language**. Try sitting or kneeling to be at the same level as small children.

**Disclosure.** Consider how you will respond if children disclose or raise issues of exploitation or abuse. Ensure that your organisation has a plan or guidelines on what action should be taken in such cases.

**Photos.** If you take photos, always check with the children if it is OK and let them know if the photos will be shown in public.

Build **free time and play** into the workshop. It is important to give children the chance to mix together and express themselves. If possible have simple toys – like balls, dolls and crayons – available.

**Songs, dance, games and drama** work really well with children. Encourage children to lead the songs, to share their favourites, to demonstrate dances and so on.

**Physical safety.** Before and during the workshop, be aware of any safety issues, especially with physical games. Make the space as child-friendly as possible.

When **planning the programme**, ensure that there is a mixture of exercises focusing on different things. If one exercise is difficult or emotional, make sure the next one is lighter, with a focus on overcoming problems, resilience, support and so on.

A useful resource for encouraging child participation is *A parrot on your shoulder: a guide for people starting to work with orphans and vulnerable children*. International HIV/AIDS Alliance, 2004. It is obtainable from [www.alliance.org](http://www.alliance.org), under 'publications and resources', and [www.ovcsupport.net](http://www.ovcsupport.net), another Alliance website.

*At one point we panicked a bit, when the second girl stood and just started crying. Was it right to carry on? What were we putting them through? But it felt important that we stayed with it and that they could speak, cry and tell their stories. Fortunately there were enough people around to provide distraction and comfort.*

*The next day, there was a marked difference in the children. They were full of life, confident, smiling. They started playing straight away, choosing the toys they liked, drawing and engaging with each other and the facilitators. It was as if they were much lighter and less burdened...*

### Notes from a facilitator's diary during the children's workshops

*'My father was a teacher and I thought he was just at school. Then someone told me he's in hospital. I broke into tears. I felt so sad. When we reached the village, he was already dead.'*

### Quote from Zambia and Tanzania workshops

## Children, bereavement and grief

One of the findings from the research about children and stigma was that many children who have lost parents or cared for sick relatives have never discussed these experiences or talked about their sadness and grief. Sometimes this is because of stigma – an orphan may live in a family where no one really talks to him or her, or they decide not to tell anyone out of fear.

Many children bottle their feelings up; some believe that their parents died because of something that they themselves did and this may be reinforced by others who stigmatise and scold them about their parent's past behaviour. Some children may become depressed and even suicidal.

Often as adults we do not take the time to encourage children to talk about their feelings or what they have been through. There is a tendency to think that it is all in the past and the children shouldn't think about it any more, especially if it involves death, or we may fear that if a child starts to talk about their late parents they will become disturbed and upset. Sometimes we may need to explore our own fears about talking to children so that we can feel more confident about supporting them.

Some professionals say that only trained counsellors can help children express their feelings, but if we wait until all children have access to counsellors, many will grow up without ever sharing what they have been through.

### The effects of losing parents

Children affected by HIV and AIDS can show grief even before their parent(s) die, and after their death may act in a way that seems strange. Adults often believe that children will forget their parents after a few months. In many cultures there is little understanding of children's grief or of how grief is expressed by children of different ages. Adults often find it too difficult to cope with their own grief to help children deal with theirs. It can be difficult for children to acknowledge and talk about strong feelings surrounding a parent's illness or death. Even if they are able to express these feelings, often no one makes time to listen. Common feelings experienced by children when they lose their parents include guilt, anger and sadness.

**Guilt.** Some children feel that they are responsible for the death of their parent(s) and can become depressed or angry. Adults can support children by reassuring them that they could not have prevented their parents death and they cannot hold themselves responsible.

**Anger.** Some children, especially adolescents, are angry when they lose their parent(s). This anger may be directed against the deceased parent(s), who they think have abandoned them and left them to suffer alone, against whoever the child feels has caused the death of his or her parent(s) and it can also be a generalised anger directed at the world about them.

**Sadness.** This a common and normal feeling which, with support, most children can work through and overcome. Adults can help by listening to children and helping them express their feelings. Talking about lost parents and relatives, sharing memories and stories from the past, and crying together can all help to express the sadness and help them to move on.

**Section 1** Exercises for children

# Section 1

The exercises in this section have been designed to be used with children. Ideally, they should be seen as tools to be used by caregivers to work with children and to challenge stigma.

The exercises aim to help children explore and express some of the difficult situations they have been through and look at strategies for coping and finding support from each other, caregivers and the community. The exercises also touch on child advocacy issues – helping children to express their needs and views to adults.





## Facilitator's notes

This is similar to Exercise A1 Naming the problem in Module A. It is a good exercise for helping children totalk about their own experiences of stigma and what they have seen around them.

Remember to stick pictures at the right height so that the children can see them.

Organise the feedback session on the floor – sitting with the children to discuss the pictures works well.

## Objectives

By the end of this session the children will have begun to:

- identified stigma and its effects
- discussed their own experiences of stigma
- explored some of the different forms of stigma.

## Time

40 minutes

## Materials

Copies of *Children and stigma pictures*, pages 45-56.

## Preparation

Tape the pictures on the wall at a height suitable for the children.

## Step-by-step activity

### Fun group-splitter

1. Divide the children into pairs using a fun group-splitter, e.g. draw pictures of different animals on slips of paper. Each child takes one, opens it and starts making the noise of that animal – they have to find others making the same noise to form their group.

### Picture discussion

2. Ask the pairs to walk around and look at all the pictures.
3. Get the pairs to pick one picture and sit down together to talk about what is happening in the picture.
4. Give the children a few minutes to talk in their pairs. Circulate around the pairs and check that they know what they are doing.
5. Come back to the group and sit down together for feedback.
6. Each pair takes turns to show their picture and describe what is happening. Use gentle prompts to get more information, e.g. *How do you think she is feeling? Why is he doing that? Does this really happen? Can you tell us more?* Applaud after each pair. Ask the group if they want to say anything about the picture when the pair has finished.

### Examples from the children's workshops, Tanzania



The girl is alone. Maybe she doesn't know how to play. She looks like an orphan from the way she is standing. Her friends have chased her away.



They are playing, but they have stopped others from playing. She looks sad, the way she is holding her face. Maybe they are not being excluded; they are just sad because they have lost their parents. The sisters are part of the discriminating group.



The mother is telling her daughter to wash the clothes. The child is refusing. 'Why?' Because of the way the mother is beating her. The child does not belong to the mother; she's an orphan from another family. She's feeling pain because her parents died.



It's a family, but one child is stigmatising the other one. The parents agree with the child; the child is telling lies about the other child to the parents. The child is expected to do all the work while the other one just rests. "Do you think she goes to school?" No, because they consider her useless; they have no love for her.



The man is sick and the child has gone to see him. He had a wife who died; now he is sick and the children are worried. The mother died of AIDS and she wonders how she will survive.

## Exercise I2 Talking about our families

FOR CHILDREN

### Facilitator's notes

This can be a powerful and emotional exercise, so be well prepared and ensure there is support for the children during and after the exercise. This may be the first time some children have talked about their experiences. They may connect with sadness and grief. One aim is to allow children to share and unburden so that they feel freer to talk about everything. Encourage the children to talk about all the family members, even those who may have died.

### Objectives

By the end of this session the children will have:

- talked about who is in their family and family relationships
- shared their experiences of loss and grief
- talked about any problems in their families
- understood that it is important to be able to share with others what they have been through.

### Time

1 hour (depends on the number of children)

### Materials

Plenty of copies of *Silhouettes*, pages 36-44.

Sticky stuff/glue.

A big sheet of card/paper for each child.

### Step-by-step activity

#### Making a family

1. Give each child a sheet of card and some sticky stuff or glue. Make sure there are piles of silhouettes within easy reach. Prepare a mock family or one of your own to demonstrate.
2. Explain to them that you want each child to make a picture of their family, using these shapes of people. Show them your picture and explain who everyone is, e.g. this is my grandmother, this is my auntie, etc.
3. Let the children work and encourage them to feel free to discuss with each other and help each other. It is important they make the pictures any way that they want. Move around helping them find the different figures.

#### Report back

4. It may be better to listen to younger children explaining their pictures individually, while the others play. Give older children the option to share with the group. It can be powerful to tell your story and see others listening, but it may be easier to do it individually, especially if there is a lot of sadness. Ask all the children to show their pictures, even if they do not wish to talk about them. Make sure that there are plenty of people available to provide comfort, hugs and reassurance.

#### 'Talking about my family' from the children's workshops, Tanzania

I went to live with grandfather after my parents died, but then he got sick and died. Then I went to my sister, but there were problems and she chased me away. I went to my auntie and that's where I stay now. I am supported by Mango Tree and I go to school. I am in standard 6.

#### Girl, 13 years old

My mother died. When my father developed some sickness, I went to live with my brother. My father came back to the family and died. I returned to stay with my brother, but then he got sick and died. We live with my auntie, but have no means of support. Life goes on, we struggle.

#### Girl, 15 years old

This is my grandmother, my grandfather, me (second-born), sister, brother. I feel good in my family. I have a feeling they love me and I love them. The bad thing is they can't buy me a uniform for school. I am in standard 6. I don't know about the future I will just be studying and I am not sure after that.

#### Boy, 14 years old





## Facilitator's notes

This exercise uses story-telling as way of helping children talk about loss in their families.



## Objectives

By the end of this session the children will have:

- talked about how families cope with loss
- developed ideas for the kind of help families need to cope with stigma.



## Time

40 minutes

'I used to feel bad by crying all the time and even wonder why my parents had to die.'

'I feel bad when I think of my parents, and when I see friends who have both parents I cry to myself.'

I know I am an orphan. My father and mother died. I feel like I'm just alone.'

**Children's quotes from the research on children and stigma, Zambia**

## Step-by-step activity

### Story-telling

1. Read the story below to the children.

#### The Chanda family

Mrs Chanda had a successful family business, growing and selling vegetables. The Chandas have four children (aged 13, 11, 9 and 6), all of whom helped their mother with the vegetables after school. Sadly, six months ago Mrs Chanda died of an AIDS-related illness. Now some children at school will not play with any of the family and they often call them names.

Mr Chanda is the children's uncle. He is a truck driver, but he has recently been sick and off work. He has started taking ARVs and his body is still getting used to them. He has not told any of the children. The children are all upset and worried. They help the best they can by cleaning the house, picking the vegetables, cooking and trying to take care of their uncle. One of the neighbours helps sometimes by bringing food and buying vegetables, but many of the neighbours have stopped buying from them.

### Discussion

2. Ask the children questions about the Chanda children's feelings. Or discuss in small groups, one or two questions each.
  - *How do you think the children are feeling after their mother's death?*
  - *What do you think about the reaction of the other children at school?*
  - *How do you think the Chanda children feel at school?*
  - *What can they do about it?*
  - *Do you think the uncle should tell the children about his medicine?*
  - *Why have the neighbours stopped buying vegetables from them?*
  - *Who can help them?*

### Report back

3. If the children worked in small groups, organise some report-backs and a large group discussion.

### Action

4. Ask the children to think of ways the community could help families with these kinds of problems. Ask them:
  - *Do you know any families in a similar situation?*
  - *How can we help families like this?*
  - *How can we all help to stop stigma against families?*

Record what the children say and display on the wall.

## Summary

- We all feel sad and lost when someone we love dies. If it happens to a friend, we need to let them talk about their sadness, loss and fears. It can help to include the friend in games and activities so that they are not excluded.
- Adults should tell children what is happening and help them to deal with their fears.

## Exercise I4 Drawing and coping

FOR CHILDREN

### Facilitator's notes

This is another exercise that helps children to talk about their own experiences and how they coped during difficult times. Be aware of what is happening, and provide support as needed.

### Objectives

By the end of this session the children will have:

- talked about difficult times
- explored some of the situations they have been through
- talked about what helped them to cope in these situations.

### Time

40 minutes

### Materials

Paper, crayons, markers or pencils.

### Step-by-step activity

#### Picture drawing

1. Ask the children to think about a difficult time in their life – a bad time when they were feeling sad. Ask each child to draw a picture to show what happened. As the children are drawing, go around and ask them to explain their pictures.
2. When the pictures are finished, stick them on the wall and ask the children to come and look at them. They can ask each other questions if they want to check anything.

#### Buzz and card storm

3. Now ask the children to think about what helped them get through that bad time. Ask them, 'Who or what gave you hope and support?' Ask pairs to discuss and write their points on cards. Tape the cards on the wall.

#### Role playing

4. Divide into small groups and ask each group to take one of the coping strategies and make a role play to show how it can help children in difficult situations. Ask groups to perform their role plays. After each performance, ask:
  - *What was happening?*
  - *What helped the child?*
  - *How can we help children to cope better in situations like these?*

### Drawings from the children's workshop, Tanzania



## Facilitator's notes

This is an introduction to Exercise I6 Debating disclosure, on page 13. The final question looks at who children share their secrets with.

You can design your own Who am I? worksheet and translate it if necessary – this one is just an example.

Emphasise to children that they are allowed to write or draw.

Ensure that you feed-back after each section is filled.

## Objectives

By the end of this session the children will have:

- identified who or what is important in their lives
- begun to prepare themselves to talk about disclosure.

## Time

45 minutes-1 hour (depends on the number of children)

## Materials

Copies of the *Who am I? worksheet* on page 12.  
Crayons, pencils or pens.

## Step-by-step activity

1. Give each child a worksheet and have crayons and pens available. Tell the children that everyone is going to fill in the sheet together, one balloon at a time. Emphasise that it is not a test and that they are free to draw pictures or write things.
2. Tell them to start with the first balloon – *Who is important in my life?* After everyone has filled it in, collect one answer from each child in a round robin style. Write the points on a flipchart.
3. Now continue with the next balloon – *Things I like.* Give the children time to fill in their balloons and then collect answers. Continue until you reach the last section – *People I share my secrets with?* Tell them that there may be people with whom they might share some things and others they share different things. You could give an example of telling someone about living with HIV.
4. Summarise from the flipcharts, pulling out some common points. Ask the children if they would like to stick their worksheets on the wall.

### Examples from the children's workshops, Tanzania

#### Things I worry about

Stigma – being beaten at school, being an orphan, being isolated.

Learning that my friend did not succeed in school.

My brother getting fired.

When I heard my father was in a road accident.

When the person who is caring for me is involved in an accident.

How can we get support as orphans when there is no one supporting us?

How will life look like?

Orphans like me who do not get support from government.

Stigmatising orphans who have lost their parents.

When I read, I remember my parents who have passed away,

Not finishing school,

My supporters, if they have difficulties.

If my guardian falls sick.

#### Who is important in my life?

God – he can save my life.

The government can direct my education.

Certain people – friends and neighbours.

God, my father and mother, people who give me support.

Education, guardians, praying to God.

God is my guardian after my parents died.

God directs my life.

Anyone who has helped us like Mango Tree.

God – I thank him a lot

Anyone who supports me, I thank them all.

God comes first in my life, education, father and mother, those who support me.



**Exercise I5** Who am I?

FOR CHILDREN

**Who am I? worksheet****Who is important in my life?****Things I like**

ME

**People I share my secrets with****Things I worry about**

## Facilitator's notes

If you are working with younger children, you may wish to facilitate the debating groups. Try to find a balance between guiding the children and allowing them to lead the discussions.

Ensure that everyone gets a chance to participate and all ideas are included. Adapt the questions to fit the age group and knowledge of children – for example, following a big media campaign in Tanzania, children were very informed about ARVs.

## Objectives

By the end of this session the children will have:

- given their views on whether children should know if they are living with HIV
- explored the pros and cons of disclosure
- revealed how much they know about ARVs.

## Time

40 minutes

## Preparation

Copy one set of questions for each group.

## Step-by-step activity

### Preparing for a debate

1. Divide the children into groups of six or seven. Explain to them that you want to consult them about their views on telling children about living with HIV.
2. Give each group a set of questions and ask them to elect a leader. The leader is responsible for making sure that everyone contributes and is listened to during the debate. Facilitators can circulate to check how the debates are going. Ask groups to write their answers on a flipchart (or write for them).

### Debating and report back

3. Each group presents their answers. The large group can discuss any issues where there are different opinions.

### Questions

- *Should a child be told if they are living with HIV?*
- *Should a child who is taking ARVs be told what the medicine is for?*
- *Should you tell your friends if you are living with HIV?*

**Option:** You could set up two teams to debate the issue like a school debating forum, with one team proposing disclosure and the other speaking against it.

### Ideas from the children's workshops

#### Should a child be told if they are living with HIV?

Yes. Children can live with HIV for a long time by taking treatment correctly. Children will have more information about HIV. A child can help other children to support themselves.

#### Should a child who is on ARVs be told what the medicine is for?

Yes. Children have the right to know, immediately. They can adhere to the medication. They can seek advice from doctors and counsellors about their health.

#### Should you tell your friends if you are living with HIV?

Yes. You can get advice from a friend on positive living. Friends may help us to challenge stigma and they will not stigmatise us.

## Exercise I7 Finding solutions

FOR CHILDREN

### Facilitator's notes

This exercise uses a stop-start drama to help the children look at possible solutions to some of the problems that they may face.

You can use any scenario that has come up during the workshop. The example given is a common situation. Have a prop for each role – e.g. bags, hats, sunglasses, cellphone, *chitenges* – as this helps the children get into role.

### Objectives

By the end of this session the children will have:

- talked about what can happen in a family when a child is orphaned
- explored possible solutions to difficult situations
- tried out their ideas for problem-solving.

### Time

1 hour

### Materials

Props for the drama.  
Copies of the *Character roles*.

### Step-by-step activity

#### Stop-start drama

1. Explain the stop-start drama technique: 'We are going to make a play as a group. We will tell you the situation and then you can act out what you think might happen. After a few minutes I will shout "Stop!" and everyone must freeze. When we do this, we will ask the audience to tell us what they saw happening and what they think should happen next. Then we will agree as a group on what will happen. When I shout "Start!" the play continues.'
2. Ask for 6 volunteers and tell them which roles are needed so they can choose who to be. Give the children copies of their character role and a few minutes to prepare. Then start the drama.
3. Shout 'Stop!' once the problem has become clear.
4. Ask the audience, '*What was happening?*' Write the points on a flipchart. Ask the actors, '*How are you feeling?*' Ask everyone, '*What should happen next?*' Agree with the group on one of the options (vote if necessary!). Shout 'Start!' and play again. Continue as needed – usually once is enough to reach a possible solution.

#### Stop-start drama scenario

The mother of a young boy or girl has just passed away, and the child needs to go and stay with relatives.

#### Character roles

##### Orphan

You are feeling sad because you don't know what is going to happen. You need to find somewhere to stay.

---

##### Auntie

You want to help the orphan because he/she is your sister's child but, you are worried about money.

---

##### Uncle

You are sick and drink a lot and do not want to take any more children.

---

##### Grandmother

You are old and can no longer work. You are already caring for three children.

---

##### Older brother

You want to help your brother/sister but you have no job and no money.

---

##### Older sister

You have a family of your own, and when you lived at home you did not like your younger brother/sister because he/she was spoiled by your mother.

---



## Facilitator's notes

When children are asked what helps them to cope with stigma, they often mention good friends. This exercise aims to build on this theme.

## Objectives

By the end of this session the children will have:

- identified how friends can help them cope with difficult situations
- identified how they can be good friends to others in trouble
- understood the value and role that friends play.

## Time

45 minutes



## Step-by-step activity

### Representing a good friend

1. In small groups, ask the children to think of all the things that make a good friend.
2. In their groups, ask them to draw an outline of a boy or girl on the flipchart that represents a good friend.
3. Ask them to write all the things that make a good friend on the picture.
4. Share the pictures in the big group.

### Good friends from the children's workshop, Tanzania

Helping each other in difficult situations.

Solving small problems together.

Helping each other with school work at school.

Playing different games together.

Visiting one another.

Helping during funerals and celebrations.

Helping each other doing different jobs.

Showing love and peace.

Hugging each other.

Being happy when you meet.

Forgiving each others mistakes.

Taking care about the kind of things they talk about to others.

You can talk to your friend.

Someone who helps you when you fall sick.

When I am hungry, I buy something to eat and share it with my friend. if I am hungry and there is no food, I go to my friends to eat.

If my friend finds me being beaten, he helps me.

If we're in the bush and he's bitten by a snake, I help him.

If I don't have an exercise book or pen for school, my friend will give me one.



## Exercise I9 Advocacy issues: speaking out

FOR CHILDREN

### Facilitator's notes

This exercise is for slightly older children, or a mixed group so older children can help lead.

Children are used to hearing political leaders make speeches about supporting orphans. This is their chance to say what they need, and children often find simple solutions to problems that seem complex to adults.

If you have access to a video camera, it could be used to show the children how they came across and to help prepare them for real meetings. Make it clear that the video will not be used for any other purpose.

### Objectives

By the end of this session the children will have:

- discussed the type of support they need from various institutions
- prepared themselves for participating in development.



### Time

1 hour



### Materials

Splitter-group papers.

### Step-by-step activity

#### Group-splitter

1. Before the session begins, draw pictures of institutions – e.g. schools, NGOs, family, government – and stick them on the walls in different parts of the room.
2. Take small bits of paper, one for each child, and draw the same institutions on them. Match the number of drawings to the size of each group.
3. Fold these papers in a bowl and ask each child to pick one. Ask them to stand by the matching drawing of an institution on the wall to create different groups

#### Speeches

4. Tell the children to imagine they have been invited to speak on behalf of other children at a meeting at this institution. Ask them to discuss and then write down the things they want to say about what children need.
  - *What messages do you want to tell these institutions?*
  - *What do they need to know about children?*
  - *What are children's needs?*
 Check whether the groups need any help.
5. Arrange the room like a meeting or conference, with a podium/table where the children can present their speeches.
6. Before each group speaks, set the scene, e.g. *'This is a big meeting with the Minister of Education, lots of teachers and school inspectors. They want to hear what children are saying. What do you want to tell them?'*
7. Listen to each group and ask if there are any questions for the group before they leave the meeting. Be sure to applaud each group loudly!



**Speeches from the children's workshops, Tanzania****To the government**

First a complaint – you are not building enough classrooms. The support from government does not reach the beneficiaries. However, we thank you for the little support that gets through. Our call is for continued support for orphans. We thank the government for supporting people living with HIV. If we continue receiving support we will be able to continue our education.

**To the NGOs**

You must support orphans because they cannot support themselves. They can't buy school uniforms like other children. Orphans often lead unstable lives, moving from here to there, looking for food. Organisations should support us in getting an education. Also where we live there is no bedding or nets and malaria is a problem. Please increase your support for orphans.

**To the teachers**

In the first place, we should be valued for what we can do. The school buildings should be big enough for the number of pupils. There should be breaks during the day so we can rest. There should be enough text books for every pupil. School teachers should follow up pupils to check how they are getting on. Inspectors should visit the schools to see how they are. Schools should be linked to the Ministry of Education to assist orphans. Schools should have stigma on the curriculum so that everyone is taught not to discriminate against orphans. Education should be given a priority as it is the foundation for the future. The government should allow NGOs to work in schools to help the children.

**To the families**

We should love street children because they are just like other children. We must support orphans to continue their education, to build their future. Caregivers should not discriminate against children living with HIV. They should be given proper care like other children. Guardians should make sure that they know how to take care of these children. The government should help families with orphans.

## Exercise I10 Picturing the future

FOR CHILDREN

### Facilitator's notes

A group picture is a great way to finish a meeting or workshop with children. You can vary the theme. Adapt it to suit the group and the topics you have covered.

### Objectives

By the end of this session the children will have:

- drawn a collective picture showing their hopes, needs and wishes
- shown adults what they think and feel.

### Time

1 hour

### Materials

Paper, crayons, markers, paints and pencils.

### Preparation

Make a very big piece of paper by joining flipchart sheets together – big enough so that all the children can fit around it.

### Step-by-step activity

#### Drawing a collective picture

1. Ask the children to create a big picture. Tell them the theme of the picture Ideas for themes could be:

- *What do adults need to know about children?*
- *What would the world look like if children had everything they needed?*
- *What would the world look like without stigma?*

The children can use drawings, write messages or use any other way to get their ideas across.

2. While they are drawing, go around and ask them about the messages.
3. Display the picture somewhere where adults can see and read what the children have said.

#### Messages from the children's workshop picture, Tanzania

I tried to think of all the things to help us have a better life. Picture of a house, connected to electricity, close to school, clinic, police station, NGOs. Good roads with transport...

I would like old men and people who cannot work, who cannot lift heavy loads, or fetch firewood or look for cattle, to be helped like we – the children – are being helped.

We need love from you, our parents, to help us grow up well, even though we are orphans.



# 2 section



This section has been designed for parents, guardians, caregivers and adults working with children. It aims to help adults understand the stigma faced by children and to explore ways of building effective skills and strategies to provide support and challenge stigma.

The exercises can also be incorporated into general stigma workshops to help adults begin to understand and appreciate the stigma faced by children. If caregivers are going to use some of the exercises in section 1, it is useful to carry out these exercises for themselves first, so that they can be clear about what are their own issues and how they can help the children.

## Exercise I11 Memories of childhood

FOR ADULTS

### Facilitator's notes

Because attitudes to children vary widely across cultures, countries and families, we have included these introductory exercises to help participants explore their own attitudes to children and childhood. This is important in terms of understanding how children can be affected by different factors and how stigma affects children.

This exercise can bring up some difficult memories. Be prepared, allow people to express emotions, and encourage the group members to support each other.

### Objectives

By the end of this session participants will have:

- reflected on their own experiences of childhood
- understood more about how experiences during childhood have an effect on us as adults.



### Time

45 minutes

### Step-by-step activity

#### Memories of childhood – reflection

1. Give each participant two cards. Ask participants to think about their childhood for a few minutes. Ask them to think about, *'The best thing about being a child'* and *'The worst thing about being a child'*. Write these on the cards.
2. Ask participants to pair up with someone they feel comfortable with and discuss what they have written.
3. Bring the whole group together and stick the cards on the wall.

#### Processing

4. Ask the group:
  - *How was it to do this exercise?*
  - *What did we learn from it?*
  - *Would anyone like to share their memories?* (Allow enough time for people to share)
5. If needed, use a comforting song or gentle exercise to bring the group back together.

### Summary

- Our childhood experiences can have a lasting impact on our lives.
- As children, we are more likely to remember something bad that happens to us than something good.
- We should help children to talk about their past and encourage them to remember the good as well as bad.





### Facilitator's notes

This exercise is like a group survey on attitudes to children. It works best if you have a team of three – one facilitator to read out the statements and two to collect the answers and tabulate the results. Add more statements if needed, or change to include local beliefs. Try to ensure that you collate and record the answers quickly.



### Objectives

By the end of this session participants will have:

- reflected on their beliefs about children
- clarified their attitudes towards children.



### Time

1 hour



### Materials

Small slips of paper in sets of ten (different colours for men and women).

Copies of the handout on page 22.



### Preparation

Arrange the room so that participants are not sitting too close to each other.

Prepare answer flipcharts by writing each statement (see right) at the top of a flipchart and a chart for Yes/No/Men/Women answers (see right).

### Step-by-step activity

#### Secret statements

1. Give each participant a set of ten slips of paper. Use one colour for men, another for women. Ensure everyone has a pen.
2. Explain the task: 'I am going to read out some statements about children and I want you to record your answer for each statement. Use a different slip for each statement. If you agree with the statement, put a tick on your paper, if you disagree, put a cross. Then fold your slip of paper. After each statement a facilitator will come and collect your slip of paper. It will be anonymous – no one will know what you have written.'
3. Read out the first statement. Give participants time to answer. Ask them to fold their papers and collect in a hat. Record the answers on a flipchart table (see below) before the next statement has finished, but do not make the process too long. Do not present the answers yet.

Children do not really know what they need

	Yes	No
Women		
Men		



#### Discussion

4. When you have read all the statements and collected all the answers, present the answer flipcharts one by one and ask participants how they feel about the results. Ask them, 'Were there any surprises? How do our beliefs about children affect the way we treat them?'

#### Statements

- Children do not really know what they need.
- Children need to be punished harshly if they make a mistake.
- Children learn moral values from the adults around them.
- Children should be encouraged to be as independent as possible.
- A child's personality is developed by the time they are 2 years old.
- Children often inherit bad behaviour from their parents.
- Once children can walk, they do not need much physical contact with adults.
- Children should always do what adults tell them.
- Some children misbehave from the day they are born.
- Children should be seen and not heard.

**Option:** Give out Eriksson's stages of development handout on page 18. In small groups, discuss, how this theory matches participants' understanding of their own children or those they have seen growing up or are caring for.

#### Summary

- Adults are not always aware of the huge impact that they have on the way a child grows up.
- Children depend on adults for guidance and support, love and care.
- If a child grows up feeling unloved or neglected, this will influence how they behave as an adult.

## Exercise I12 What do we think of children?

FOR ADULTS

### Handout: Eriksson's stages of human development

The type of adults we become, how we act and react in different situations and how we interact with others are influenced by many things – our upbringing, environment, culture, traditions and families. One of the most important influences is what happens to us during childhood.

Eriksson was a psychologist and he described human development as happening in different stages.

#### First stage – conception to 1 year old: Trust/Mistrust

Normally during this time, the baby is held close to its mother most of the time. The baby learns to trust that at least one person will respond to its basic needs for food, contact (touch) and comfort. The mother learns to recognise the baby's cry of hunger, discomfort or loneliness. If she does not respond, the baby will not learn to trust and may develop a strong sense of fear.

#### Second stage – 1-3 years: Autonomy, shame, doubt

The child is learning to have some control over the body: walking, talking, dressing and controlling bowels. If the child is frustrated during this stage, or laughed at, or punished harshly, he/she will develop anger and rage against adults.

#### Third stage – 3-5 years: Initiative/Guilt

A time of exploration and experimentation for the child. It is important the child is encouraged to take initiative and not be punished or blamed when he/she makes mistakes. You can block the child's initiative if you shout or slap him/her. He/she will learn anxiety and feel 'I am no good'.

#### Fourth stage – 6-12 years: Industry/Inferiority

Most children are learning to co-operate with others

(at school or home) and to carry out tasks. The child needs constant encouragement as he/she learns. If the child begins to feel like a failure, at this point they turn this feeling into blame and guilt.

#### Fifth stage – 13-18 years: Identity/Role diffusion

This is the time for discovery of one's identity as a young woman or man. Independence from parents begins. If a child has developed anxiety and guilt at earlier stages, they will find this time more difficult. They may feel shy, unloved, uncertain. These feelings can last for many years.

#### Sixth stage – 19-25 years: Intimacy/Isolation

The young person reaches a stage of self-assurance in relation to being a sexual person; he/she can develop relationships and intimacy. If they do not have the self-assurance, they may remain isolated and alone.

#### Seventh stage – 25-55 years: Generativity/Stagnation

Through the ability to know another person, there is the possibility of giving life to others, either through marriage and children, or through helping occupations or informal relationships. Otherwise, the person may feel unable to contribute to the growth of human society.

#### Eighth stage – 55 onwards: Integrity/Despair

If a person has successfully completed the other stages in their life, this is the time they can look back and integrate all their experiences. They will be available to the younger generation as a 'wise person'. An 'unsuccessful' person will look to the future with despair, aware of not giving life to the world.

### If a child...

If a child lives with criticism, he learns to condemn.

If a child lives with hostility, he learns to fight.

If a child lives with ridicule, he learns to be shy.

If a child lives with encouragement, he learns confidence.

If a child lives with tolerance, he learns to be patient.

If a child lives with praise, he learns to appreciate.

If a child lives with fairness, he learns justice.

If a child lives with security, he learns to have faith.

If a child lives with acceptance and friendship, he learns to find love in the world.



## Facilitator's notes

This is similar to Exercise C2 Things people say... in Module C, but it looks at the things we say and the way we label different groups of children.

## Objectives

By the end of this session participants will have:

- examined how language is linked to stigma
- looked at the effect of name-calling on different groups of children
- explored how our attitudes and beliefs contribute to stigmatising behaviour.

## Time

1 hour

## Materials

Prepared flipcharts.

## Preparation

Set up five flipchart stations – flipchart paper on different walls of the room. Write 'Things people say about...' at the top of each paper and then add one of the following categories: orphans, street children, children living with HIV, teenage girls, teenage boys.

## Step-by-step activity

### Children's revolution – Warm-up game

1. This is a version of Fruit Salad. Ask participants to form a circle and use something they have with them – e.g. a pen or scarf – to mark their place. Then go around the circle and give everyone a name – orphan, street child, child living with HIV, teenage girl, teenage boy. Continue until everyone has been assigned a role.
2. Then explain the game: 'I am the caller and I do not have a place. When I call out two roles, i.e. "orphans" and "street children", all the "orphans" and "street children" have to run to find a new place. I will try to grab a place too. The person left without a place becomes the caller and the game continues. The caller may also shout, 'Children's revolution!' and when this happens, everyone has to run to find a new place'.
3. Start the game and carry on until everyone is energised!

### Things people say about... rotational brainstorm

4. Divide into five groups based on the roles assigned for the first game, i.e. all the orphans together, all the street children, etc. Ask each group to go to their flipchart station. Hand out markers and ask each group to write on the flipchart all the things people say about those in that group, including local language names. After two minutes, shout, 'Change!' or beat a drum/sing a song, and ask the groups to rotate to the next flipchart. Continue until groups have contributed to all five flipcharts and end up back at their original one.

### Report back

5. Sit together in a tight circle. One person from each group takes turns to stand in the middle and read out from their flipchart: *'This is what you say about us, the orphans...'*
6. When all the flipcharts have been read out, discuss:
  - *How do we feel about these names?*
  - *Why are attitudes so negative towards certain groups of children?*
  - *How do these attitudes affect children and youth?*
  - *How would you feel if your sons and daughters were called these names?*

## Summary

- The link between language and stigma is very strong. If children are labelled in a negative way, they can lose hope for a better life at an early age. These labels often link back to adults' fears and attitudes to HIV.
- These labels hurt and damage children's self-esteem and may affect healthy development.
- Children may take more risks if they feel that they have nothing to lose.

## Action idea

Changing the way we speak about people is one of the easiest ways to start challenging stigma. Next time you hear someone use a negative label or call a child a bad name, try to talk to them and make them think about how this might affect the child.

## Exercise I14 Children and stigma pictures

FOR ADULTS



### Facilitator's notes

This is the same as Exercise I1 Naming stigma through pictures, only for adults and with some added questions for analysis.



### Objectives

By the end of this session participants will have:

- discussed some of their own experiences of stigma as a child
- explored the different forms and causes of stigma against children.



### Time

40 minutes



### Materials

Copies of *Children and stigma pictures*, pages 45-56.



### Preparation

Stick the pictures on the walls.

### Step-by-step activity

#### Group-splitter

1. Divide the group into pairs using a fun group-splitter, e.g. write the title of different songs on slips of paper. Each participant takes one – they open them at the same time and start singing their song until they find their partner who is singing the same song.

#### Picture analysis

2. Ask the pairs to walk around and look at all the pictures. Ask them to pick one picture and discuss:
  - *What is happening in the picture in terms of stigma?*
  - *Why do you think this is happening?*
  - *Did this happen in your family or community, or is it happening now?*
3. Each pair takes turns to show their picture and share what they have discussed. Record, on a flipchart, the points which show different types of stigma.

### Examples of picture analysis from Kenya and Uganda workshops



#### Woman pulling child's hair

Auntie has turned the niece into a maid – she is being mistreated. It happens in the community, children who are orphans are taken advantage of – they are mistreated and abused.



#### Child isolated at meal time

The child is stigmatised because she might be HIV positive or have TB. She is an orphan. Born out of wedlock. She has a physical or mental disability.



#### Child isolated at school

Everyone is sitting in pairs, but she is sitting alone and isolated. She is sad. She may be sick or she doesn't want to mix with others. Maybe she is a slow learner.

### Summary

- Stigma towards children occurs in many different ways and contexts.
- Sometimes we stigmatise a child without realising it.
- We can start to change things in our own homes.

## Facilitator's notes

This is a version of Exercise A8 Stigma problem tree in Module A.

## Objective

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

- identify the forms, causes and consequences of stigma against children.

## Time

1 hour

## Materials

Different coloured cards for 'forms', 'causes' and 'consequences'.

## Summary

- The consequences of stigma can become the cause of more stigma.
- Stigma is often worsened by poverty, which limits a family's capacity to cope. Orphans might be resented or blamed if there is not enough food, money or other resources. Sometimes they bear the brunt of household stress and this leads to harsh punishments.
- Children can internalise stigma and believe that they are 'no good', 'useless' or 'worthless'.

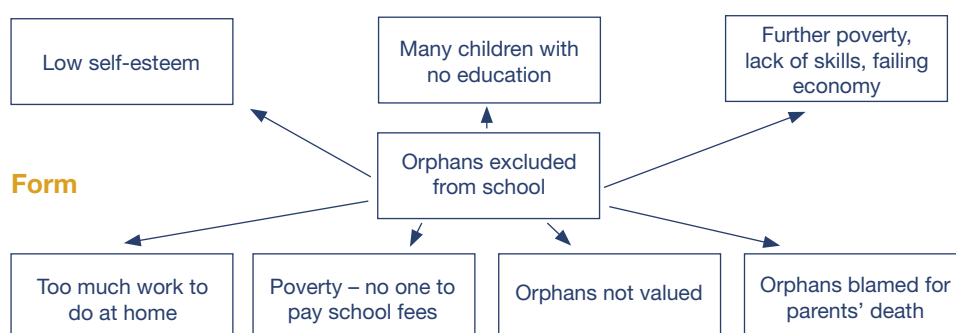
## Step-by-step activity

### Forms, causes and consequences – card storm

1. Divide into pairs and hand out cards. Ask participants to think about the different **forms** of stigma that children experience. Write down one on each card. Stick the cards on the wall.
2. In pairs, pick one form of stigma and stick it in the middle of a flipchart sheet. Ask them to write all the **causes** – the reasons why this type of stigma occurs – one point per card – and stick them below. Keep asking, 'Why, why, why?' in order to explore the causes. Some may be root causes.
3. Ask pairs to think about the **consequences** of that form of stigma. Write one point per card and stick them above the 'form' of stigma. Look at both individual and community consequences, including society, economy, etc.
4. Now ask pairs to pick one of the 'causes' on their flipchart and discuss some of the solutions. Ask, 'What could help to change things?' Write ideas on a separate flipchart.
5. Display all the flipcharts for a gallery report-back. Ask participants to read through the flipcharts and clarify any questions with each other.

### Consequences

### Example of card analysis



### Causes

#### Examples from the children's stigma research, Zambia

**Forms of stigma** towards orphans, street children and children living with HIV. Abuse/mistreatment – not given a bed, not given enough food, overloaded with work. Cursing and name-calling – 'Go to your mother's grave. I didn't kill your parents.' Street girls are called 'prostitutes'. Called dirty. Ignored. Not having a place to rest or fixed abode. Chased from one place to another. Stigma happens in different places, e.g. clinics, police station, shops – ignored or chased away.

**Causes of stigma.** Lives are not valued. Blamed for parent's behaviour if they died of AIDS. Seen as 'a waste of resources'. Seen as 'unlucky'. Poverty makes stigma worse.

**Consequences of stigma.** Not belonging anywhere, not accepted, taken away from siblings to a new family. Chased from school by teachers if you are thought to be HIV positive. Isolated by school friends. Gossip and blaming. Too sick to go to school, but not wanted at home. Sent to poor schools or no school at all. Sexual, physical and emotional abuse by some guardians – creates emotional problems.

**Solutions – poverty.** Financial support to families caring for an orphan – welfare schemes. Micro-finance to support income-generating projects. NGOs can help to pay school fees for OVCs.

## Exercise I16 Street children and stigma

FOR ADULTS

### Facilitator's notes

This exercise explores our attitudes to street children, often the most stigmatised children in society. We may not even consider the way that we treat children on the street, and often we choose to ignore them and avoid contact.


Be aware that some people may have strong views against street children. The aim is to look beyond the street and help people understand how the children came to be there in the first place.

### Objectives


By the end of this session participants will have:

- explored their attitudes to street children
- examined how treatment and attitudes to street children impacts on society
- developed an understanding of why children become street children.

 **Time**  
1 hour

 **Materials**

Role cards.  
Copies of *Case studies*, page 27.

 **Preparation**

Make role cards.

### Step-by-step activity

#### Group role play

1. Ask for two volunteers to play street children and then to leave the room. Tell the rest of the group that they are going to be people on the street – either alone or in twos or threes – doing something. Give each person/group a role card describing what they will be doing, e.g. shopping, parking the car, talking to a friend, waiting for someone, queuing. Tell the group that when the street children come they must completely ignore them. Before asking the two volunteers to come back into the room, tell them that they are hungry and must find a way to get money for food.
2. Role play until the street children have approached all the participants.

#### Processing

3. Ask the audience:
  - *What happened in the play?*
  - *How did it feel to be ignored as street children?*
  - *How did it feel ignoring the street children?*
  - *Does this really happen?*
  - *What do we learn from this?*



#### Case studies

4. Divide into small groups and give each group one of the case studies on page 27. Ask groups to read and discuss the questions. Then ask each group to report back.

#### Action

5. Ask participants to write on a piece of paper, 'One thing we can do personally to lessen the stigma for street children'. Fold the papers and put in a hat. Pass it around so that each person takes one and reads it out to the large group. Ask participants to make a commitment to at least one action point.

### Summary

Street children are often treated as invisible. Adults can act as if street children do not exist. We can make assumptions about street children, i.e. they are all thieves. We need to look at why we are afraid of street children and how this fear links to stigma.

#### Experiences from the children's stigma research, Zambia

Common stories from street children were of adults insulting them – usually calling them names about their appearance, such as 'dirty' and 'smelly', or how they 'made the town dirty'; other stories were about being moved on by the police or told to sell their goods in the market not on the streets.

In Choma most of the children did not live on the streets permanently, but worked there, selling vegetables and fritters to bring money home for their families. In Lusaka, the children had often run away from abusive situations at home or literally had nowhere to stay after the death or break-up of their family.

'When I go to town and there is no business that day, it means we won't have something to eat at home. Thieves grab our food; the council and police chase us from the corridors (pavements). I have never been called names but I feel different to those who don't sell on the street.'

**Girl, 14-year-old apple-seller, Zambia**

'The police also chase us away. They say, 'Go to school'. We are different from other boys who have everything because we are poor and are called street vendors. Even at home they laugh at us when we go to sell. I don't feel alright; anyway it hurts inside me.'

**Boy, 13-year-old, Zambia**



## Street children case studies

**Owen is 15 years old** and spends most of his time on the streets and in the markets looking for food. His parents died when he was 8 years old and he went to stay with his uncle. At his uncle's house he was treated very badly and had to do a lot of work. His uncle refused to pay his school fees. Owen ran away from his uncle's house last year, preferring to sleep in the market, where he tries to do some piecework. When there is nowhere else to sleep, Owen sleeps in the brick ovens on the edge of town. He is hoping that one day he will finish school.

*What could help Owen?*

.....

**Lilian is 16 years old** and lives with her three young brothers and sisters in her auntie's house. Her parents have died and she has also lost her older brother. Her auntie has remarried but visits them occasionally. Every day Lilian has to look for money to buy food for the family. When they can, they work in the fields doing weeding. Sometimes there is no work, so Lilian goes to the nearest town to beg for money. She prays hard to God each night that things will get easier.

*What could help Lilian?*

.....

**Joseph is 13 years old** and has been passed around different relatives since his mother died four years ago. He has watched both his auntie and his older brother get sick and die, and feels that there is no one who will be able to stay with him. Joseph has been living on the streets for the last six months and has made friends with a group of older boys. Sometimes he sniffs petrol, which makes him feel happy and helps him to forget his problems.

*What could help Joseph?*

.....

**Biemba fled to the city during the war in his own country**, where he saw his mother and sister die. He tried to find his relatives but does not know where they stay. He lives on the street and sleeps in the corridor with two other boys. During the day he guards cars outside a shop and shares the money he makes with the others to buy food. Biemba dreams that one day there will be peace in his country and he will be able to return home.

*What could help Biemba?*

.....

**Daisy is 14 years old** and lives with her grandmother and other family members in the shanty close to the town. Her grandmother is old and survives by brewing a local beer. When there is no money for food, she sends Daisy out to the streets to 'look for money'. Daisy has seen other girls making money from selling sex, but she is determined to find other ways. Sometimes, when no one gives her money, she steals vegetables and maize from the market.

*What could help Daisy?*

## Exercise I17 Stigma against children living with HIV

FOR ADULTS



### Facilitator's notes

This is the only exercise that focuses specifically on children living with HIV. We have assumed that HIV will be the reason for the stigma that most children face – whether they are 'suspected' or known to be living with HIV.

More children living with HIV are becoming visible, mainly because of access to ARVs. Some children know that they are living with the virus. Children who are known or 'suspected' to be HIV positive often face stigma from teachers, children, neighbours or family members.



### Objectives

By the end of this session participants will have:

- explored the impact of stigma against children living with HIV
- planned how to challenge stigma against children in families and communities.



### Time

1 hour

### Step-by-step activity

#### Story-telling

1. Arrange the chairs in a circle suitable for story-telling. Ask one of the participants to read out the story.

#### The story of the little schoolgirl

It was 2003. It was raining heavily and I drove to the primary school to collect my son. When I arrived I noticed a little girl – she was wet all over and using a leaf to cover her head from the rain. She was carrying broken slippers in her hand. As a mother, seeing her looking so miserable made me feel very sad. My son arrived and introduced me to the girl, whose name is Hong. He asked me to give her a ride home.

I then recognised that Hong lives in my neighbourhood. As we arrived home I heard an angry shout from an older woman, who said, 'Leave her alone. She won't die from standing in the rain, and if she dies, I will have less of a burden.' It was Hong's grandmother. After I greeted the grandmother, my son found a way of solving the situation – he told her that it was his birthday and he wanted to invite Hong home for his birthday party. I then asked her grandmother to let her come with us. The grandmother, however, continued her warnings. She said, 'Don't get close to the girl, her parents are infected. She is our biggest burden. We want her to die but as long as she lives she is our burden.'

At my place Hong had a bath. I noticed that she had many sores all over her body. At that time I knew nothing about HIV. I washed her thoroughly and dried her with a towel, because I didn't want her to get cold after bathing. After a meal, I asked her why she had so many pimples on her body. She told me that her grandmother forced her to sleep in the kitchen and there were too many mosquitoes. The girl slept at my house and I thought that people from her family would pick her up, but when no one came to collect her, I walked her home.

A few months later I heard that the girl's father had died in prison. Her mother is a member of an HIV support group called Bright Future. I guessed that this was the reason for the grandmother mistreating the girl.

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

#### Processing

2. In the big group ask, 'How do you feel about the story? Does this kind of thing happen here?'
3. Ask participants to pair with the person on their left and buzz together: 'If you were the son's mother, what would you have done in this situation?'
4. Collect answers and record on the flipchart.
5. Now change to the person on their right and buzz: 'How do you think this kind of stigma will impact on Hong?' Again collect the answers and record.
6. In the big group ask, 'What can we do as a community to support someone like Hong?' Record the answers.

There were times at school when I was treated badly by friends who didn't want to play with me because I had TB. I felt I was different to them. They thought they might contract the disease from me.'

Boy, 10 years old

'At home friends never used to like me. They said I had measles and TB. They used to run away from me.'

Girl, 13 years old



'My teacher chased me from school because I had sores on my body. I didn't have problems with my friends.'

Girl, 10 years old

Quotes from children living with HIV in Zambia

## Regrouping

7. Use a circular hug or a song to bring everyone back to the group and change the energy.

## Summary

- Children living with HIV face particular stigma, which is often linked to adults' fear and lack of knowledge.
- Some adults see children with HIV as 'a waste of resources', thinking that they will die soon.
- Now that ARVs are more available, many children with HIV lead 'normal' lives, do well at school, play sports and take part in family life. ARVs are often very successful with children and other treatments can also help.



## Exercise I18 What should children know?

FOR ADULTS

### Objectives

By the end of this session participants will have:

- explored their views about children and disclosure issues
- discussed how disclosure can help to combat stigma.

### Time

30 minutes

### Materials

A drum or something similar, e.g. a bin or a bucket.

### Preparation

Write the statements on pieces of paper, fold and put into a box.



### Facilitator's notes

Since ARVs have become more widely available, parents and caregivers are faced with decisions about whether children living with HIV should be told about their status. If they are taking ARVs, should they know what the medicine is for? Secrecy can reinforce stigma, making children feel that they have something to be ashamed about.

During the children's workshops in Tanzania, children gave clear messages that it was better to be informed, so that they can help to be responsible for their own wellbeing. (See the children's Exercise I6 Debating disclosure on page 13 and also Exercise G6 Children, stigma and treatment in Module G.)

### Step-by-step activity

#### Drumming circle

1. Explain the rules: 'When the drum starts, I will walk slowly round the circle. When the drum stops, the person standing closest to me will pick one paper, read out the statement and then respond to it immediately. Two other people can also respond and then the drum will start again. This time the person who reads out the statement will move around with the box.'
2. Ask for a volunteer to drum and start the game.

#### Processing

3. Once all the statements have been read out, give some time for reflection and discussion.

#### Statements

- A child should be told if they are living with HIV no matter what their age.
- If a child is taking ARVs, they should be told what the medicine is for.
- A child of 10 years old and above should know the HIV status of their parents.
- Children who are living with HIV should be separated from those who are not.
- Children living with HIV should be told to keep their status a secret.
- Children can play an important role in educating others about HIV.
- Children can easily understand the importance of adherence.
- A child can play an important role in reminding their parents about taking ARVs.



## Facilitator's notes

These exercises have been designed to use with groups looking specifically at issues connected with caring for or working with orphans and other vulnerable children.

## Objectives

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

- understand some of the feelings that children, especially orphans, experience in families
- understand stigma faced by orphans
- share their own experiences of raising orphans
- identify strategies for providing emotional support to orphans
- identify strategies for coping in times of stress.

## Time

1-2 hours

## Materials

Plenty of copies of *Silhouettes*, pages 36-44.



## Step-by-step activity

### Introducing my family – pictures and discussion

1. Ask each participant to make a picture of their family using the silhouettes or by drawing the family members.
2. Take turns (in small groups, or in the big group if numbers are small) to talk about the pictures in the group and allow participants to ask each other questions. Focus on the children in the family. If there are orphans, ask, *'Who are they? How did they come to your home? How do they fit in with the other children and family members? How do you feel about them?'* Display the pictures on the wall, if possible.

### Joys and challenges of caring for orphans – card storm

3. Give each participant cards and a marker. Ask them to write down one 'joy' or 'challenge' linked to caring for orphans on each card. Stick the cards up on two sheets of paper. Ask two volunteers to cluster the cards and read them out. Discuss as you go.

### Examples from workshops

**Joys:** Pleasure. Laughter. Watching them learn. Good company for my children. An older brother to help in the garden. One big family.

**Challenges:** Disturbs our family. Does not get on with my daughter. An extra mouth to feed. No discipline. More worries. Always depressed. She/he misbehaves.

### Finding solutions to the challenges – role play

4. In small groups, ask each group to choose one of the challenges and make a role play to show the problem and a possible solution. Ask participants:
  - *What were some of the solutions we saw?*
  - *What can we learn from the role plays?*
  - *How can we support orphans to cope with different situations?*
  - *How can we support each other through the difficulties?*

Note: If there is time, use the 'stop-start' technique to look at optional ways of solving the problem.

## Summary

Not all orphans experience abuse or mistreatment, but many orphans are treated differently from other children in the family. Orphans can get blamed and treated more harshly when times are difficult, especially if poverty is present.

### Findings from research on orphans

Orphans are given more work, such as fetching water, than other children in the family. Orphans often get harsher punishments if they make a mistake. Orphans are often given less food to eat and not allowed to eat with the rest of the family. Many orphans do not go to school for economic reasons. Some people believe that orphans caused the death of their parents. Some people believe that orphans will misbehave and die from AIDS like their parents did. Some orphans run away to live on the street because things at home are so bad. Girl orphans are more vulnerable to sexual abuse than other children.

## Exercise I20 A new family

FOR ADULTS

### Facilitator's notes

This exercise helps adults think about how a child might feel when coming into a new family. It uses stop-start drama as the main technique.

### Objectives

By the end of this session participants will have:

- discussed some of the problems faced by children when they move into a new foster home
- developed strategies for reducing the stresses on the child.

### Time

1 hour

### Materials

Copies of *Character roles*.



### Step-by-step activity

#### A new situation – reflection

- Ask participants to find a comfortable place to sit alone and think about a new situation they have been in. It might be moving to a new area, getting married, starting a new job. Ask them to think about how they were feeling – *'What were your worries? Hopes? Fears? How did you cope? What made things easier?'*
- After a few moments, ask participants to find a partner and share their reflections. Ask if anyone wants to share in the large group.

#### Stop-start drama

- Ask for six volunteers for a stop-start role play based on a scenario where a child comes to live with a new family. Give each character their role.
- Explain to the audience that they will be asked for feedback and ideas on how to go forward once the drama stops.
- Perform the role play until the problem has been shown, then shout 'Stop!'
  - Ask the audience: *'What was happening?'*
  - Ask the players: *'How are you feeling?'*
  - Ask everyone: *'What can help this situation?'*
- Continue the drama, trying out a few suggestions. Focus on how the family can help the orphan settle in. Ask the audience to observe which actions help the orphan to feel welcome.

### Character roles

**Orphan:** you have recently lost your mother and it has been decided that you should come to stay with your auntie, who you do not know very well. You are missing your sister who has gone to another auntie.

**Auntie:** Your sister recently died and you have agreed to take in one of her children. You are worried about money and you don't know how you will pay for more school fees.

**Cousin 1:** You are 15 years old and you do not want this orphan to stay with your family, as you know there will be even less money to buy clothes and food.

**Cousin 2:** You are 10 years old and are looking forward to having a new friend to play with.

**Cousin 3:** You are an orphan and have been staying with the family for two years.

**Stepfather:** You have been unemployed for a long time and are worried about how to support your family.



## Summary

- When parents separate or die, many children are taken into a new family without any choice; they may be separated from other siblings, or moved to a new area (sometimes from urban to rural areas) where they no longer see friends or familiar faces.
- When an orphan comes into a new family, it will mean changes for everybody – the family dynamics change. Careful preparation by the adults can ease this process: letting the other children in the family know what is happening; working out how to welcome the new child, etc.
- Remember, when an orphan comes into your family, they have probably been through trauma such as the death or separation of their parents and the upheaval of leaving their home behind. It may take a while for them to settle in. They may need to talk about what has happened. Guardians can make a big difference as to how the child experiences the transition.

## ! Action idea

Ask participants if there are any actions that they could carry out to support the children in their house.



## Exercise I21 Supporting children to express their feelings

FOR ADULTS



### Facilitator's notes

As adults we do not always encourage children to talk about their feelings or experiences.

Trained counsellors can help children express feelings, but we can also to explore our own fears about talking to children so that we are more confident in supporting them.



### Objectives

By the end of this session participants will have:

- explored ways they can support children to express their feelings
- looked at different ways to help children talk about difficult experiences
- explored children's coping strategies.



### Time

1 hour



### Materials

Lots of small pieces of paper.

### Step-by-step activity

#### Exploring our own fears – secret papers

1. Give each participant small pieces of paper. Ask them to write down any fears they have about helping children to express feelings or to talk about their experiences. Think about how they might feel if a child broke down in tears, or expressed a lot of sadness.
2. Ask participants to fold their papers, then collect them in a hat. Now pass the hat around and ask each person to take a slip of paper and read it out (it doesn't matter if it is their own fear, as it is anonymous).

#### Processing

3. As each person reads out their fear, discuss it in the group: *'What do others think? What is this fear about? What could help to reassure this person?'*

#### Card storm

4. Buzz in pairs, *'What are some of things children do to show they are not happy?'* Write one point per card and stick them on the wall. Ask a participant to cluster similar points and give a summary.

#### Examples from workshops

**Fears:** I'll be blamed for making the child cry. It's better to just carry on and not think about things. I won't know what to do if she cries. He may never stop crying. It's not fair on the child. How will they be seen by others? It will remind them of the bad things. Boys should not cry. It reminds me of my own sadness. As a man, how can I offer comfort to a young girl?

**What happens when children are not happy:** Withdraw. Go quiet. Act out. Get angry. Shout. Steal. Look depressed. Stop bathing. Become shy and nervous.

#### Role plays in small groups

5. Divide into groups and ask each group to pick one of the ideas from the card storm and then make a short role play to show how a child can be encouraged to express their feelings in a different way. Show strategies to help the child talk about how they are feeling and what they are thinking about.

#### Hot-seat summary

6. One person (facilitator or participant) sits in a chair in the middle of the circle, role playing a child. There is a chair opposite. Ask participants to think about one strategy that they will try out with children to help them express their feelings. Once they have an idea, they can come into the 'hot-seat' opposite the child and show their idea.

#### Action

7. Introduce the idea of a support group to provide mutual help amongst parents and guardians. Ask the group to discuss:
  - *What would you want from a support group?*
  - *What resources do you need to form a support group?*
  - *How can you build more support from the community?*
  - *How can you network with other groups?*
 Suggest that one participant takes notes of any actions to be taken.

# pictures

## Silhouettes<sup>1</sup>

Each silhouette represents a different family member – grandfather, grandmother, father, mother, teenage girl, teenage boy, young girl, young boy and baby. The cards are used to create different types of families, e.g. nuclear family (father, mother and children), female-headed families, grandparent-headed families and child-headed families. After creating a family, participants then talk about how HIV and stigma affects their families. The silhouettes make it possible for people to talk about their own experiences of family issues in an anonymous way.

## Children and stigma pictures

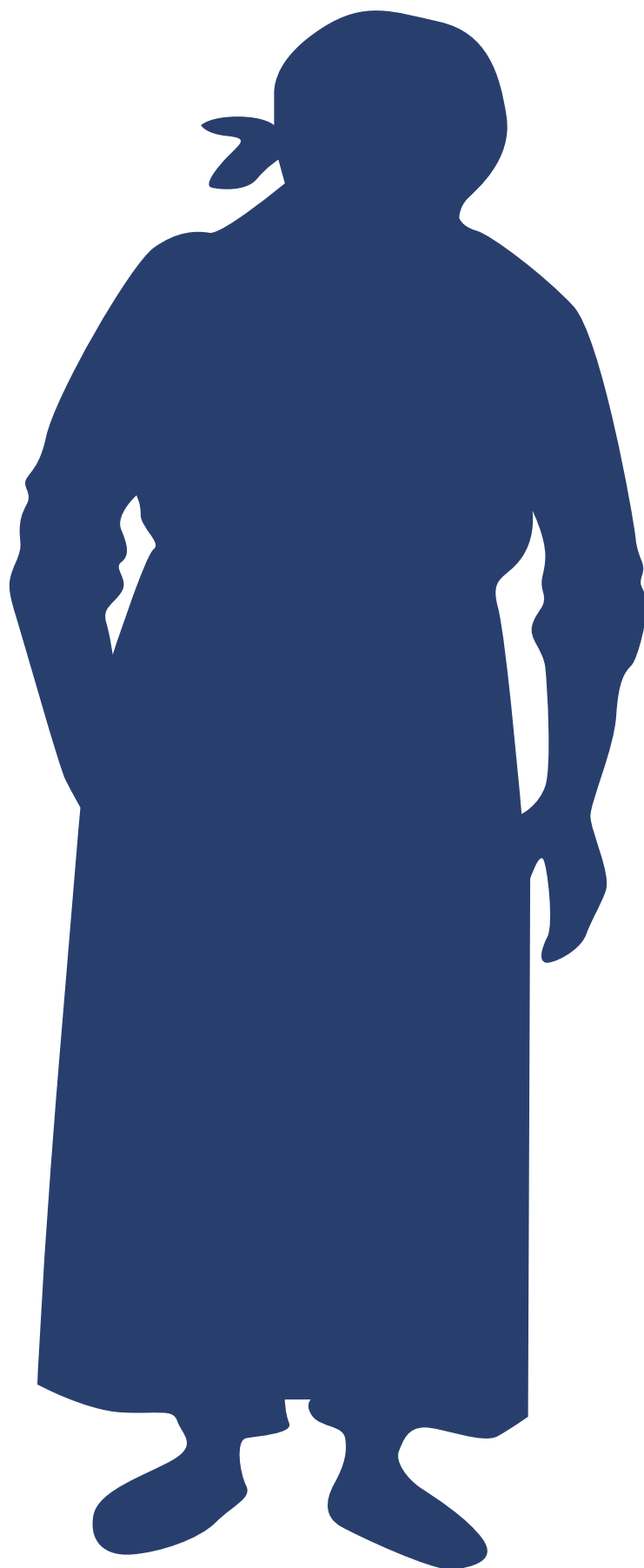
These pictures were developed out of stories from the children's workshops. They can be used to start discussions and help identify some of the key stigma issues facing children. They can also be mixed with the General stigma pictures in the Picture booklet, for exercises focusing on stigma in general.

<sup>1</sup>These silhouettes are adapted from: *National training report and reference guide*, Mvula Trust, Johannesburg, March 1998.

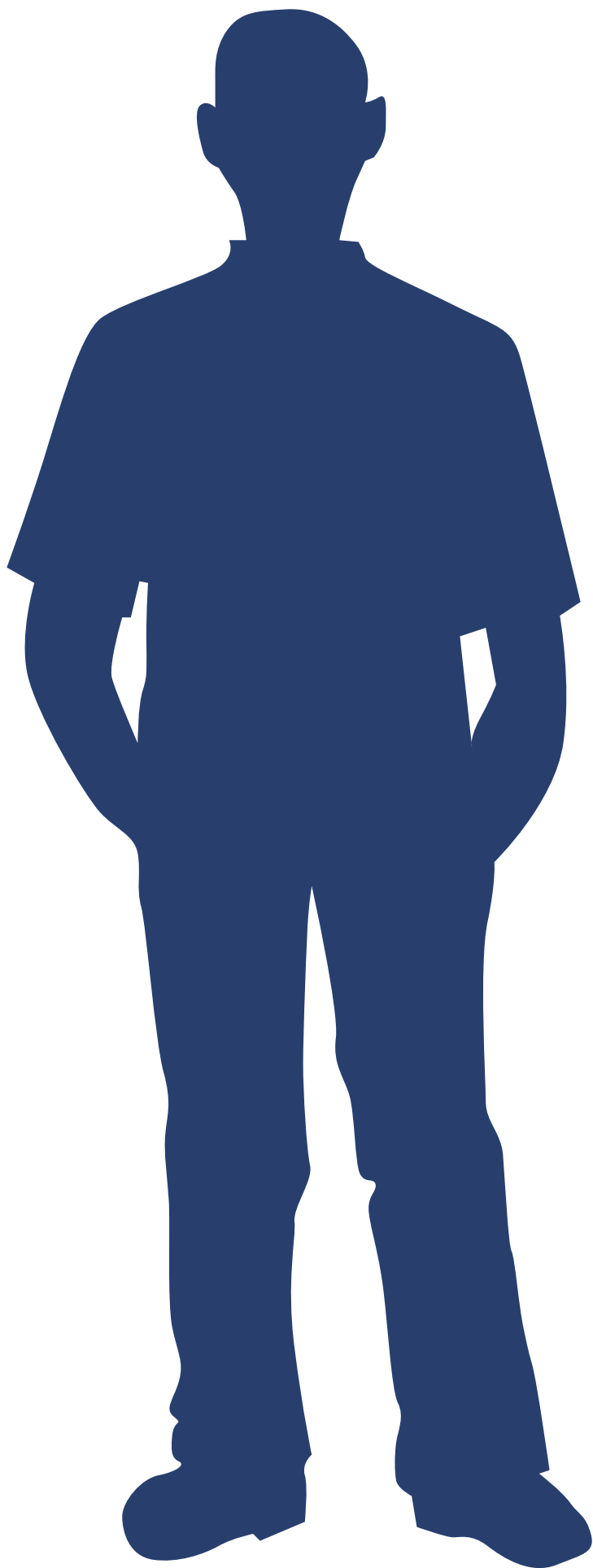
Silhouette 1



## Silhouette 2



Silhouette 3

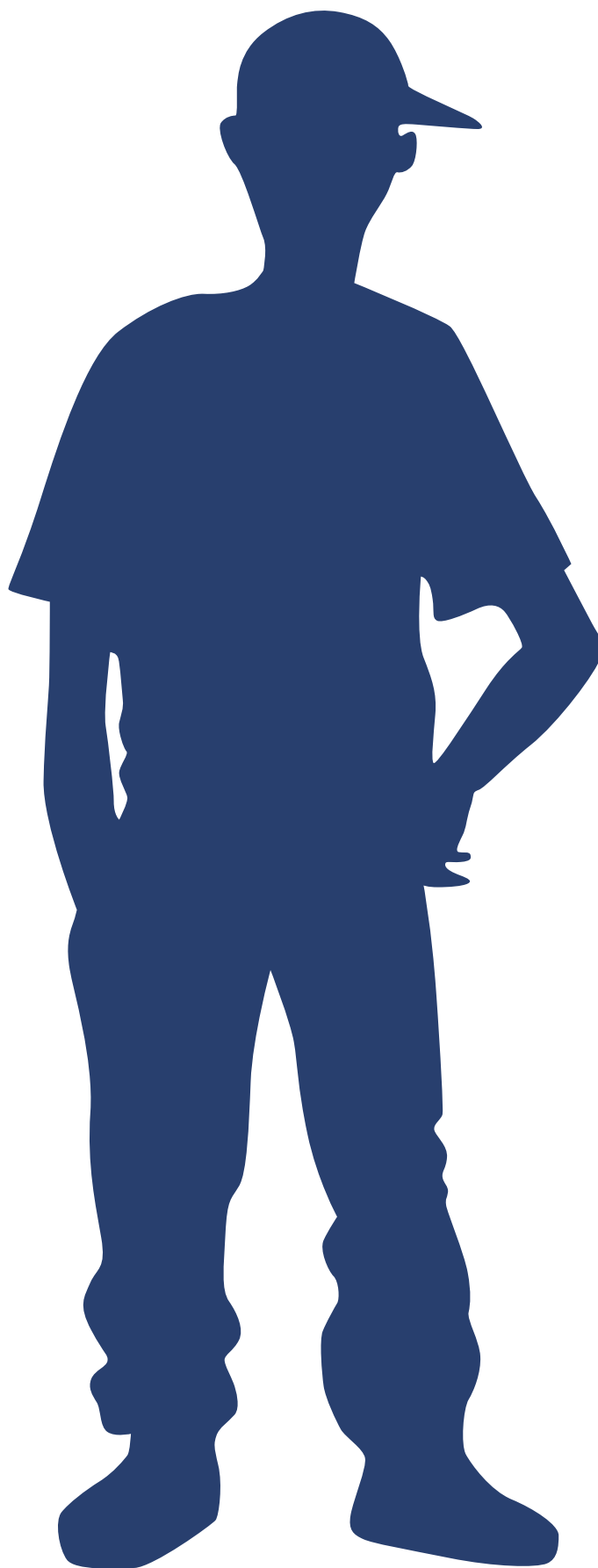




## Silhouette 4



## Silhouette 5



## Silhouette 6



Silhouette 7



## Silhouettes 8



Silhouette 9





Children and stigma picture 2







Children and stigma picture 4



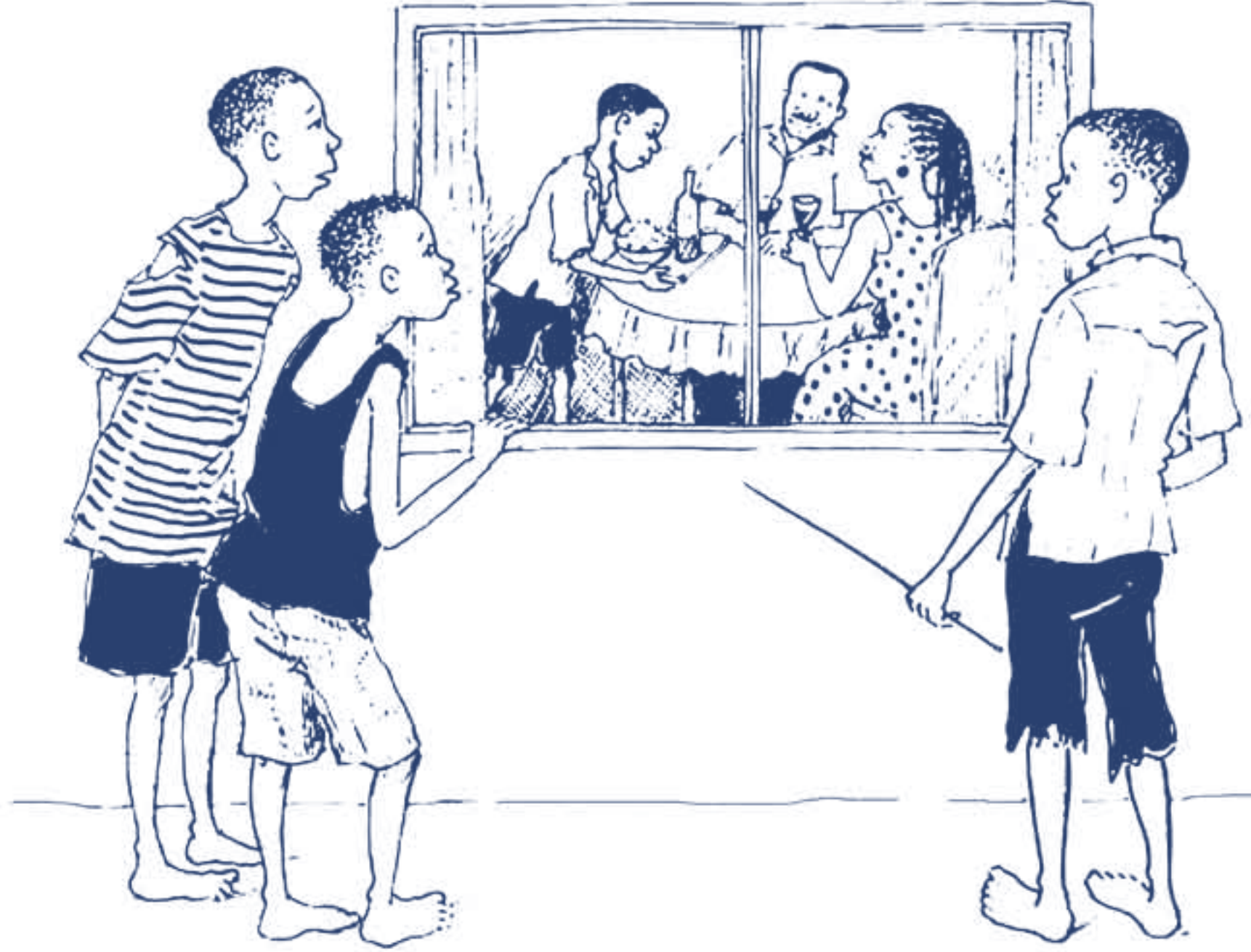


Children and stigma picture 6





Children and stigma picture 8





Children and stigma picture 10

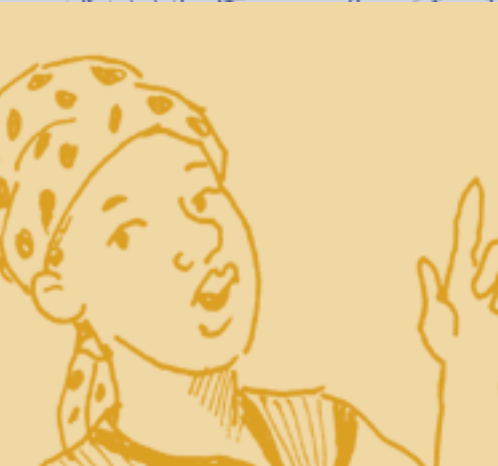






Children and stigma picture 12





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

**Introduction**

Using the toolkit

**Module A**

Naming the problem

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**Module B**

More understanding, less fear

**Module C**

Sex, morality, shame and blame

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**Module D**

The family and stigma

**Module E**

Home-based care and stigma

---

**Module F**

Coping with stigma

**Module G**

Treatment and stigma

---

**Module H**

MSM and stigma

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**Module I**

Children and stigma

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**Module J**

Young people and stigma

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**Moving to action module**

Thinking about change

Moving to action

Developing skills for advocacy

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**Picture booklet**

General stigma pictures

Rights pictures

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Additional booklets will be published as new modules are developed.