

4 STIGMA AND DISCRIMINATION

The presence of stigma and discrimination attached to MSM and their lifestyles is a common thread that runs through many cultures and communities. It takes a range of forms and manifests across contexts, from subtle teasing at school to criminalization of same-sex acts written into countries' legal architecture. An interesting quality of stigma and discrimination is that their targets, like MSM, often internalize the stigma, leading to low self-esteem and an exponential decrease in the community's compunction to protect itself. Drug abuse and suicide are common side effects of this trend. It has been clearly demonstrated that stigma and discrimination are core drivers of HIV infection. A careful exploration and treatment of stigma and discrimination in your particular area is highly recommended, and there are some very good tools that have been developed for this purpose (see Stigma and Discrimination Resources section). Do not feel overwhelmed or afraid to confront stigma and discrimination, despite their tendency to loom in what may seem like an impenetrable fashion. It is as simple as breaking it down into small steps and believing you can make a difference.

Acknowledging the specific ways stigma and discrimination exist is a first step toward its eradication; however, our work does not stop there. Ideas and beliefs take a long time to change. So while it is crucial that communities develop long-term strategies for eradicating MSM-related stigma and discrimination in their locales, it is equally important that they develop short-term strategies for coping with the stress and strain stigma and discrimination bring. It is also extremely important to target self-stigma. Growing up in homophobic families, schools, and communities has a deep and lasting impact on MSM and their behavior as adults.

This chapter focuses on helping participants to understand stigma and discrimination and its connection to HIV risk, identifying perpetrators of stigma as potential advocacy targets, and looking within at the importance of addressing self-stigma.

Key points:

- Stigma and discrimination vary from context to context, culture to culture—good resources and toolkits are available to explore these issues.
- Stigma and discrimination don't just come from the outside—they also come from inside individuals.
- Stigma and discrimination contribute to HIV risk.
- Changing attitudes takes time; coping strategies are important.
- Strategies for change should take their audience into careful account.

Chapter goals:

Upon completing the exercises in this chapter, participants will be able to:

- Identify personal experiences of stigma and discrimination and connect with others through shared experiences
- Understand how childhood experiences lead to self-stigma later in life
- Understand specific connections between stigma and discrimination and HIV risk
- Highlight the major forms and causes of stigma and discrimination
- Understand stigma and discrimination as occurring on both individual and societal levels
- Develop strategies for coping with discrimination reactively
- Develop strategies for ending discrimination proactively through advocacy
- Cite useful strategies for beginning the process of eradicating low self-esteem
- Cite specific example of stigma and discrimination-targeted advocacy

EXERCISE 4.0

NAME GAME — NAMING STIGMA AND DISCRIMINATION

Purpose:

To attune the participants' attention to their own experiences of discrimination, its predominance across different cultures, and the ways in which it can be internalized.

Goals:

At the end of the exercise, participants will be able to:

- Identify personal experiences of stigma and discrimination
- Connect with other participants through shared experiences of discrimination
- Understand how childhood experiences can lead to self-stigma later in life

Process:

- ① Ask participants to close their eyes and take a few deep breaths. Now ask them to think back to times in their childhood when they were teased or called names. Ask them to remember the faces of the perpetrators and what they called them exactly. Have them take careful note of their feelings, some of which may be very upsetting.
- ② Break participants into groups according to global region. Have participants share experiences with each other and compile a list of common names used to refer to MSM and MSM behavior.
- ③ Bring participants back together and have each group share the names. Ask the participants about how being called those names made them feel then. How does hearing the name make them feel now? Allow each group to share its names. Are there some examples whereby these names have been reclaimed and are used by MSM to refer to each other?

Explain that name-calling is a very simple example of stigma. It is an illustration of how stigma:

- Happens from the youngest of ages
- Is shared across cultures and contexts
- Has a deep impact that we feel even in adulthood

④ Next, ask the participants to close their eyes and take a few deep breaths. Ask them to answer the following questions with a show of hands, anonymously:

- Do you feel guilty because you love men?
- Do you try hard to keep loving men a secret?
- Are you afraid you will be treated like an outcast if people find out you are an MSM?
- Do you worry that people might question your character if they find out you are an MSM?
- Do you apologize frequently when speaking?
- Are you often afraid or reluctant to say no?¹

The facilitator should explain that stigma and discrimination come from both the inside and the outside, and that MSM need to advocate for their rights in society as well as engage in a personal struggle for self-acceptance and self-love. Many people will raise their hands and answer yes to the preceding questions. Explain that if participants raised their hands in response to any of the questions above, it is indicative of low self-esteem as it relates to their identity as MSM.

FACILITATOR NOTE:

At this point, underscore the importance of healing past wounds by examining some of the ways self-stigma manifests. Ask participants to make a commitment to assessing the degree to which they love themselves and feel worthy of health, security, and happiness, and to follow this with a commitment to work toward greater self-love and acceptance.

EXERCISE 4.1

CONNECTING STIGMA AND DISCRIMINATION AND HIV

Purpose:

To get participants to interactively explore the connection between stigma and discrimination and HIV risk. A key part of planning for stigma and discrimination advocacy is to understand how the 2 connect.²

Goals:

At the end of the exercise, participants will be able to:

- Understand the specific connection between stigma and discrimination and HIV risk

Materials:

- Handout 4.0
- Handout 4.1
- LCD projector

Process:

- ① Break participants up into 3 groups and have them each read the story in Handout 4.0 to their group. They should address the following questions:

What happened in the story?

Why is Kiri behaving the way he is?

How does stigma affect disclosure to his partners and his use of health services?

How does MSM stigma result in the continuing spread of HIV?

If we stigmatize MSM, does it stop them from having sex with men?

Do you have any stories you would like to share that connect discrimination and HIV?

- ② Lead a discussion surfacing responses and project Handout 4.0 on a screen or wall for the group to review.

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EXERCISE 4.2

ADVOCACY — REACTIVE AND PROACTIVE

Purpose:

To develop strategies for advocating for rights both reactively (when stigma is happening) and proactively (in general) through role play and analysis.²

Goals:

At the end of the exercise, participants will be able to:

- Understand stigma and discrimination as occurring on both individual and societal levels
- Cite strategies for coping with discrimination reactively
- Cite strategies for ending discrimination proactively through advocacy

Process:

- ① Choose 3 main issues from Exercise 4.1, and break down each into 3 paired roles (total of 6 actors, the rest audience).

Role A: perpetrator of discrimination

Role B: MSM recipient of discrimination

Issue examples include father/son, teacher/student, local rowdy/MSM, and doctor/patient. The actor pairs take turns enacting an experience of discrimination in as much detail as possible. Participants should dig deep into their own experience and make the role play as close to reality as possible.

FACILITATOR NOTE:

Ask the other participants (audience) to note the ways in which the recipient of discrimination (role B) is managing the discrimination. What tactics is he or she using? How does this resonate with their own experience? How would *they* react?

② Devise a list of tools for managing discrimination from the collective experience of the group.

This list might include:

- Talk to brothers or sisters who may be sympathetic and win their support.
- Be courageous and tell your family that you have a right to be different.
- Invite family members to attend MSM events so they learn more about MSM.
- Show you are as productive and valuable as any other family member.
- Be courageous and demand fair treatment in a polite but assertive way.
- Don't give up. Don't walk away. Stay and demand equal treatment like other patients.
- Go to the clinic with other MSM patients.
- Tell people what you think, feel, and want clearly and forcefully. Say "I" feel, think, or would like.
- Don't apologize for saying what you think or put yourself down.
- Stand or sit straight in a relaxed way.
- Hold your head up and look the other person in the eye.
- Speak so that people can hear you clearly. Stick with your own ideas and stand up for yourself. Don't be afraid to disagree with people.
- Accept other people's right to say "No" and learn how to say "No" yourself.

③ Explain to the group that this list is a useful set of tools for reacting to stigma when it is enacted in day-to-day settings, when there is little time to think. Explain that reactively responding to stigma in an intelligent, balanced manner is a form of advocacy. Encourage participants to take some time to prepare themselves for reacting to stigma in the future.

④ Bring the group back together and explain that responding reactively to stigma is not enough, and that proactive steps should be taken to proactively confront stigma. Group brainstorm a list of ideas about how advocacy can be used to address stigma proactively. Some of these ideas might include:

- Train doctors and other health workers on basic skills in the management of STIs in MSM.
- Train health workers on how to counsel MSM patients, for example in using non-judgmental, neutral language.
- Lobby local authorities to provide support to MSM. In some cases they are not even aware that there are MSM living in their communities.

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- MSM should hold stigma workshops to first understand stigma themselves, and then educate service providers and community leaders.
- Build on existing HIV workplace policies with the goal of building an accepting atmosphere.
- Reach out to the general population through health camps, film festivals, bake sales, and dramatic performance.²

- ⑤ Finish the exercise by emphasizing to the group the importance of building on strengths and skills they have already developed through personal experiences of stigma and discrimination. Preparation is key.

Coming out. This can be a powerful act of proactive advocacy that should be approached very carefully with thought and preparation. There are many wonderful guides to thinking through whether coming out is the right thing for you right now, and if it is, how to take steps towards making it as positive and stress-free an experience as possible. Please see the Stigma and Discrimination Resources section.

Remember, opening up about being MSM should not be forced, and should only happen when the time is right. You can be a good advocate at whatever stage in the coming-out process you happen to be.

EXERCISE 4.3

ADVOCATING FOR YOURSELF, WITHIN

Purpose:

To highlight the importance of dealing with self-stigma, and offer some strategies for “internal advocacy” both to cope with the stress caused by stigma and discrimination and to build self-esteem.

Goals:

At the end of the exercise, participants will be able to:

- Understand low self-esteem is a contributing factor to HIV risk for MSM
- List strategies for beginning the process of eradicating low self-esteem

Materials:

- Open space, preferably a quiet area

Process:

- ① Explain to the participants that stigma and discrimination can lead to stress and low self-esteem. These are contributors to a community’s vulnerability to HIV risk, and should be addressed. Ask participants how they manage stress.
- ② Lead the participants in a **relaxation exercise, focused on the breath or walking**. There are some good resources available for this online. See Jack Kornfield’s instructions for sitting meditation below:
<http://www.jackkornfield.org/meditations/sittingMeditation.php>
- ③ Explain the importance of **MSM coming together as a group** on a regular basis. This exercise is fun, is a great way to decompress and de-stress, and also serves as a key step in community collectivization. Encourage the community to set a regular meeting time and place, at least monthly, to accrue the benefits of coming together.

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- ④ Lead the group in a small exercise that introduces the practice of **positive aspirations**. Ask the participants to repeat the following:

- a. May I love myself just as I am.
- b. May I feel self-worth and well-being.
- c. May I trust this world.
- d. May I make a difference in the lives of people I touch.

Explain that clearly stated aspirations like the above serve as helpful reminders and can have a positive effect and come to being.

- ⑤ Exercise! Ask the participants to get up from their seats and follow the facilitator in a combination of jumping jacks, sit-ups, and push-ups. Allow this to continue for 5 minutes. Ask the participants how they feel after the exercise. Are they energized? Explain that a **regular exercise routine** can be a very supportive way to eradicate self-stigma.
- ⑥ End the exercise with a **positive visualization** exercise. Ask participants to close their eyes and relax. Ask them to think about a time when they felt good about themselves. It could relate to the successful completion of a project, a time when they stood up for their rights, or just a time when they were care-free and relaxed. This serves as a positive note on which to end the exercise.

EXERCISE 4.4

CASE STUDY — LOTUS — ACT PROJECT, INDIA

Purpose:

To illustrate how stigma and discrimination can be approached with advocacy.

Goals:

At the end of the exercise, participants will be able to:

- Cite specific examples of stigma and discrimination-targeted advocacy

Materials:

- Handout 4.2

Process:

- ① Hand out Handout 4.2 and have participants read it.

- ② Questions:

Who is the target of Lotus' advocacy?

What is the medium of their message?

Did Lotus leverage the support of other power players to support their advocacy?

FACILITATOR NOTE:

Note that the Lotus example illustrates:

1. Advocacy at a very local level
2. Community-driven advocacy
3. A medium that is easily understood and digested by the local population
4. Messages that target the general population
5. Leveraging the local leaders' approval publicly
6. Lotus got a letter for support from the State AIDS Control Society

Leveraging local power. Consider building alliances with local personages who carry clout and power—who the rest of the community looks up to. Their attendance at an event will magnify the chances that your message will hit home and change minds.



STIGMA AND DISCRIMINATION RESOURCES

POSITIVE PREVENTION TOOLKIT

International Training and Education Center for Health (I-TECH)

<http://www.positiveprevention.ucsf.edu/moz?page=maz-CU06INDI>

The overall goals of the training are that: (1) Counselors will be able to describe the importance of follow-up counseling in terms of improving the lives of PLHAs and stopping the spread of HIV via Prevention with Positives; (2) Counselors will demonstrate appropriate ways to use the follow-up counseling toolkit with HIV+ clients.

UNDERSTANDING AND CHALLENGING STIGMA TOWARD MEN WHO HAVE SEX WITH MEN: CAMBODIA EDITION

Toolkit for Action

International Center for Research on Women (ICRW) and Pact

<http://www.icrw.org/publications/understanding-and-challenging-stigma-toward-men-who-have-sex-men-cambodia-edition>

This toolkit, adapted and tested with local organizations in Cambodia, includes participatory, educational exercises that can be used with a wide range of individuals and groups to stop stigma and discrimination toward men who have sex with men.

UNDERSTANDING AND CHALLENGING HIV STIGMA: TOOLKIT FOR ACTION, MODULE H – MSM AND STIGMA

HIV/AIDS Alliance

<http://www.aidsalliance.org/publication-search-results.aspx>

The toolkit contains over 100 participatory exercises which can be adapted to fit different target groups and contexts. There are different sets of pictures, which help to identify stigma, discuss the rights of positive people, and help to stimulate discussions around gender and sexuality and morality issues linked to stigma.

UNDERSTANDING AND CHALLENGING HIV STIGMA: TOOLKIT FOR ACTION, MOVING TO ACTION MODULE

HIV/AIDS Alliance

<http://www.aidsalliance.org/publication-search-results.aspx>

Guide for translating knowledge about stigma and discrimination into action.

TRAINING MANUAL FOR COMMUNITY RESPONSE TO STIGMA AND DISCRIMINATION RELATED TO HIV/AIDS

Latin American and Caribbean Council of AIDS Service Organisations

http://www.laccaso.org/index_english.html

BEYOND HATRED

Public Broadcasting Service (PBS)

<http://www.pbs.org/pov/beyondhatred/>

Beyond Hatred, a feature-length (90 minutes) documentary, in French with English subtitles, provides a remarkable portrait of a family that rejected revenge in favor of a plea for tolerance and understanding. As an outreach tool, it challenges viewers to do the same. With no narrator to reinterpret events or people's words, audiences are left to draw their own conclusions about the ways in which societies, as well as individual decisions, produce killers.

DEALING WITH HOMOPHOBIA AND HOMOPHOBIC BULLYING IN SCOTTISH SCHOOLS

LGBT Youth Scotland

http://www.ltsotland.org.uk/resources/d/genericresource_tcm4512285.asp

This toolkit has been developed as one of a number of equality projects covering a range of issues. It follows research to identify policy, practice, awareness and confidence around dealing with homophobic incidents. The resource aims to provide confidence and skills to support school staff in recognizing, preventing and dealing with homophobia and homophobic bullying in schools in the context of curriculum for excellence.

AN INTRODUCTION TO WELCOMING SCHOOLS

Human Rights Campaign (HRC)

http://www.hrc.org/about_us/13336.htm

A primer version of the comprehensive Guide, An Introduction to Welcoming Schools includes an overview of Welcoming Schools and resources such as sample lesson plans and LGBT-inclusive bibliographies for children and adults.

RESOURCE GUIDE TO COMING OUT

Human Rights Campaign (HRC)

http://www.hrc.org/about_us/13278.htm

Throughout the process of coming out and living ever more openly, you should always be in the driver's seat about how, where, when and with whom you choose to be open. This guide was designed to help through that process in realistic and practical terms. It acknowledges that the experience of coming out and living openly covers the full spectrum of human emotion—from fear to euphoria.

ORDER OUT, SAFE & RESPECTED YOUR RIGHTS AT SCHOOL

Lambda Legal

<http://www.lambdalegal.org/publications/out-safe-respected/>

This kit is designed to help students know their rights at school and make sure they're respected, and to give concrete ideas about how to make a difference in school and community.

TAKING ACTION AGAINST HIV STIGMA AND DISCRIMINATION

UK Department for International Development (DFID)

http://www.aidsportal.org/Article_Details.aspx?ID=6575

The publication contains a wide range of information:

*On stigma and discrimination and the impact on AIDS responses;

*On ways to address it, toolkits and case studies of successful programmes; and

*On how stigma and discrimination can be measured and progress evaluated.

REVIEW OF LEGAL FRAMEWORKS AND THE SITUATION OF HUMAN RIGHTS RELATED TO SEXUAL DIVERSITY IN LOW AND MIDDLE INCOME COUNTRIES

UNAIDS

<http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/MenSexMen/>

This study sought to review published and unpublished data and information of policies, legal frameworks and regulations, homophobic practices (including violence) and related human rights violations, as well as stigma and discrimination with a pilot study to fill the most relevant knowledge gaps in sub-Saharan Africa, Asia, the Middle East and North Africa, Eastern Europe, and Latin America and the Caribbean.

CHAPTER 4

REFERENCES

1. University of California, San Francisco. Positive prevention toolkit. <http://www.positiveprevention.ucsf.edu/moz?page=moz-HOME00EN>. Accessed June 14, 2010.
2. Pact Inc. and the International Center for Research on Women. Understanding and challenging stigma toward men who have sex with men: toolkit for action. Adapted version for use in Cambodia. <http://www.icrw.org/files/publications/Understanding-and-Challenging-Stigma-toward-Men-who-have-Sex-with-Men-Toolkit-for-Action.pdf>. Published 2010. Accessed June 23, 2010.