



# GUIDE 1 ANNEX 1

We do this to encourage you to use learner-centred approaches instead of lectures. Learning, especially on a topic like changing attitudes (on stigma), does not happen by lectures but demands a personal learning process. Most exercises therefore stimulate active participation and relating the material to the participants' own context.

This Guide is not a training course or programme. You can use the exercises which suit you, adjust them to your situation or let them inspire you.

At the start of each Guide you will find the most basic learning goals of the theme. You can adjust them to the specifics of your participants, add, remove or adjust.

There are no specific instructions for materials, as the contexts of users of this Guide differ. Make sure you have thought about:

- Something on which you can write or draw big enough for the group to read ((digital) whiteboard, flipchart and felt pens, blackboard and chalk or even the wooden/concrete floor and chalk or sand and a stick).
- Papers for the participants to write on (Post-it notes, small paper and tape).
- Something to allow the group to choose sides (red and green papers to vote, tape or a rope to divide the room).

## LEARNING OBJECTIVES FOR GUIDE 1

After working through this Guide, participants should be able to explain:

- How stigma exists in different forms, with some examples of felt stigma, feared (anticipated) stigma, internalised stigma and discrimination.
- How stigma can be caused by societal judgements on and attitudes towards gender, religion, caste and health
- Some causes of health-related stigma, such as fear and lack of understanding of the disease, unease, (medical) language and labelling.
- How a more complex cause to stigma is 'us and them thinking' (and how it is safe to be part of 'us').
- The effects of stigma, including self-stigma (accepting the stigma), withdrawing from social contacts, not accessing health and other services etc.
- The reciprocal relationship between mental wellbeing and stigma.
- How participants might be able to reduce stigma in their own day-to-day (working) life.





For most exercises you will need a couple of felt pens and some Post-it notes (or small papers and tape to stick them).

## Also see video:

https://www.youtube.com/watch?v=PZY5qEdD6fQ

https://www.youtube.com/watch?v=eio-I8PbdDk

https://www.youtube.com/watch?v=DWaOsPiv-gw

Exercise 1: What is stigma?

### Materials:

The 3 case studies of chapter 1.

#### Steps:

- 1. Read out, print or project the 3 case studies of chapter 1 of this Guide and allow participants some reading time.
- 2. Write on a flap or blackboard 'STIGMA around HEALTH' and ask for words that come up around stigma after reading the stories.
- 3. Write all words down around the word STIGMA. This will become a word web.
- 4. Ask participants to buzz in pairs about how they encounter stigma in their own health centre.
- 5. After buzzing 5 minutes, ask what other words can be added.
- 6. This is the starting point from which a definition of stigma can be drawn, as most words will be in the word web.

#### Tips:

- This exercise is to involve participants and warm them up in the team.
- Do not judge what is right or wrong, but have discussions on what came up.
- Write so that all participants can see the words and feel included.
- Ask people to name the one or two most important words that summarise the story they tell.
- You might need a bigger space than 1 flap.
- In the discussion, other forms of stigma will come up: race, disability, gender, caste, religion etc. Do not discard this; use it for the word web, but let participants know that we focus on health-related stigma.

## Exercise 2: Causes of stigma

Materials: Draw a big tree but leave enough space to write below and above:

- 1. This is an ugly tree, the Tree of Stigma. It looks like not being accepted, losing your family, getting out of school (you can add some words of the wordweb to the tree).
- 2. What makes it grow, what feeds stigma, what causes stigma?





Write the headings on separate papers (Fear, Unease, Association, Values and beliefs, Careless utterances by health professionals, etc.) and leave a few extra empty papers. Ask participants (or groups) to pick a cause and give an explanation to it when they stick it to the root end of the tree. You let them give an example of it. As a trainer you can add extra information if needed. The empty papers can be used when participants would like to name extra causes.

### Exercise 3: Effects of stigma

### Materials:

The causes and effects tree if you have used exercise 2.

If not, just start on a flap or blackboard.

#### Step 1:

Question: What is the effect of stigma? On people, families, community, society...

- 1. Brainstorm in pairs for 4 minutes and note down the effects.
- 2. Now pair up with your neighbours and see if you have effects to add, make sure you have one list per group of 4.
- 3. The trainer asks the group (now consisting of 4) to mention the effects.
- 4. Probe by asking questions (any effects on the clinic, any effects on the family etc.).
- 5. Write them all on a flap/blackboard (or at the top end of the tree if you used that exercise; these are the fruits the tree bears).

## Tips:

Letting the groups go from 2 to 4 will increase participation and decrease reporting time.

#### Step 2:

- 1. Mental wellbeing will come up in this exercise, though it will be expressed by a variety of words (sadness, feeling alone, depression, no positive feelings, fear etc.).
- 2. Circle those in a different colour.
- 3. Have a group discussion: Why is mental wellbeing so important?





### Additional exercises

### Exercise: Complexity of stigma

### Materials:

Write the below sentences on a piece of paper (1 sentence on 1 paper, so you need 6 papers). Write big enough for people to read. Draw 1 arrow on 10 papers.

### Steps:

- 1. Divide the group in smaller groups and give them all a set of 10 arrows and 6 sentences.
- 2. Instruction: Make a logical order for the 6. There is no right or wrong in this assignment, but you need to be able to explain why you arranged it like this.
- 3. Let all groups briefly present their logical order (which could be a circle, process, etc.).

This exercise does not really have a right answer. There are a number of different arrows that can be drawn, but it will help participants to see the complexity of stigma. People start to believe in their stigma, people are mentally affected by the fear or experience of stigma, people are stigmatised because they have mental problems, people fear because they experienced stigma etc.

#### Cards:

- 1. Felt (experienced) stigmatisation
- 2. Fear of stigmatisation (anticipated stigmatisation)
- 3. Believed (internalised) stigmatisation
- 4. Diminished mental wellbeing
- 5. Discrimination
- 6. Isolation

#### Exercise: Agree or disagree

## Materials and preparation:

Draw a long line of the floor (tape, rope, chalk, paper etc.). At one end write AGREE, and at the other DISAGREE. (You can also do this with red and green cards or areas, but make sure everyone feels free to be expressing him/herself.)

#### Steps:

- 1. Ask people to take position along the line, more towards AGREE if they agree, more towards DISAGREE if they disagree. You can move along the line during the discussions.
- 2. Project or read aloud the following statements, one at a time, and, for each, give the group some time to take position:
  - 1. A medical person will never stigmatise.
  - 2. You can stigmatise with good intentions.
  - 3. People suffering from leprosy are always stigmatised.
  - 4. Also people suffering from malaria are being stigmatised.





- 5. You cannot get more ill from stigmatisation.
- 3. For each, ask who wants to explain why (s)he stands there. Do not judge; add information when necessary. Ask other people.

Support the discussion:

1 & 2. Even with all our good intentions we tend to prejudice, stare, fear, give 'good' advice based on labels.

3. It can be linked to a certain context, school, market, family etc.

4. No, we talk about diseases that are contagious in certain ways or are connected to a curse or certain behaviour in people's minds.

5. Your mental wellbeing can be seriously affected, resulting in depression or even suicide.

## Closing exercise: Action!

### Materials:

Ensure all participants have a pen and paper.

## Activity:

Take 7 minutes for yourself to think and write down:

- 3 actions that you could take in your own context to reduce stigmatisation
- 3 actions that your organisation could do different to reduce stigmatisation