

A WORKSHOP GUIDE



UNDERSTANDING HUMAN RIGHTS & HIV

Time: 2 hours.
 Materials: Flipchart or board, markers or chalk
 Setting: Comfortable meeting room set up in a relaxed mode (e.g. chairs in a circle)
 Participants: Staff and volunteers

First hour

Part A: What is human?

Write the words human and rights on the board. Below the word human draw a circle or the outline of a human being.

- Ask participants to brainstorm what qualities define a human being and write the words or symbols inside the outline, e.g. intelligence, sympathy, social relationships. Ask participants what they think is needed in order to protect, enhance, and fully develop these qualities of a human being. List their answers outside the circle and ask participants to explain them.
- Discuss what it means to be fully human? How is that different from just being alive or surviving? What do people need to be able to live in dignity? Are all human beings essentially equal? What is the value of human differences? What happens when a person or government attempts to deprive someone of something that is necessary to human dignity?
- Explain that everything inside the circle relates to human dignity, the wholeness of human dignity. Human rights are based on these necessities.
- Read the preamble and Article 1 of the Universal Declaration of Human Rights (UDHR), and explain that this document sets the standard for how human beings should behave towards one another so that everyone's human dignity is respected.

Part B: What is a right?

- Brainstorm for the many meanings right(s) can have, e.g., correct, opposite of left, just, fair. Consider common expressions like "we are within our rights", or "you have no right to say that". What is the meaning of right when we speak of a human right? Working in small groups, build a definition for human rights and write these ideas on the board.
- Write this definition of human rights on your board: "Human rights belong to all people regardless of their sex, race, colour, language, national origin, age, class, religion or political beliefs. They are universal, inalienable, indivisible and interdependent". What is meant by universality? By inalienable? By indivisible? By interdependent? Ask participants to look up these terms in a dictionary and explain their meaning to the group.
- Look back at the list of qualities that define a human as generated in Part A. Place each item listed as necessary to fully develop human qualities under one of these headings. For example, having a comfortable house is necessary to survival? To human dignity? Is a convenience or a luxury?

Part C: What is a universal right?

- Read the comments of Eleanor Roosevelt, chair of the United Nations Commission that drafted the Universal Declaration, on the importance of universal human right standards:

"Where, after all, do universal rights begin? In small places, close to home so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person, the neighbourhood where he lives; in the school or college he attends; the factory, farm or office where he works. Such are the places where every man, woman and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerned citizen action to uphold them close to home, we shall look in vain for progress in the larger world".

Eleanor Roosevelt, The Great Question, 1958.

- Discuss this passage. What do you think Eleanor Roosevelt means by universal rights? Some people feel that universal values or standards of behaviour are impossible. What do you think? Why do you think the UN choose the word universal instead of the word international? Paraphrase the final sentence of the quotation, what does it say about individual responsibility for human rights? What do you think Eleanor Roosevelt means by 'concerned citizen action to uphold rights close to home?'

Second hour

Part A: Living with HIV and AIDS

- Write the following quotations on your board or distribute the following written text.

For the first four years (after diagnosis) I lived on my own, kept to myself. One of the reasons I became more public is that I decided that no one should have to go through the hell I went through.

The current problem is that nobody knows. I find this very difficult to keep a secret. I have a good friend whom I could see telling, but I have to prepare her. I am now afraid she will reject me.

Our best friends both died of AIDS - a couple. They feared that their son would get HIV and be alienated. But we've picked up some good friends since others learned of the child's diagnosis.

I found out that I had HIV when my child was diagnosed at six months. The child died at nine months. We said the cause was CMV, not AIDS. I had tenants at the time. They had a grandfather who was dying of AIDS, but they said that he was dying of cancer. So each of us missed the chance of support.

Ask participants to brainstorm and discuss what these people are like? Where do they live? Did they attend school? Do they have a house to live in? Do they have a job? What kind of music they prefer? What do they do during their leisure time?

Compare the answers about these people with the concept of human rights and values. Are they respected? Ask yourselves - why or why not?

Part B: Recognising stigma and discrimination

- Write 'stigma' and 'discrimination' on the board. Then ask participants to lay down on the floor, to close their eyes and try to remember some occasion in their own life in which they felt 'discriminated' or 'stigmatized'. It could be an incident at school, at work, within their families, their friends, for example.
- Encourage participants to talk about what they remembered, how they felt and reacted to the discrimination and perhaps explain why they felt that way.
- Ask participants to write their own definitions of stigma and discrimination on a paper, and write these definitions on the board for all to see.
- Comment on the definitions. Are there common points between participants? Are stigma and discrimination equal or different? Do all people suffer from the same kind of stigma and discrimination? Which are the causes of stigma and discrimination? And what might be the consequences? Is this natural? Is it socially acceptable?

Part C: Understanding HIV- related stigma and discrimination

- Prepare a hand-out with the following text, and ask participants to discuss it in groups:

Text begins

Stigma is literally a 'mark' or 'blemish' upon someone or something. HIV is often negatively viewed, and social attitudes may be damaging to those infected or suspected of being infected. Stigma "is a powerful and discrediting social label that radically changes the way individuals view themselves and are viewed as persons." People who are stigmatized are usually considered 'deviant' or 'shameful', and as a result are shunned, discredited, rejected, or penalized.

Studies of stigma related to HIV and AIDS, as well as other illnesses such as epilepsy, have drawn a distinction between "felt" and "enacted" stigma. Felt stigma refers to the shame associated with the illness and the fear of being discriminated against on account of the illness; enacted stigma refers to actual experiences of discrimination.

People with HIV and AIDS often experience stigma and discrimination. In addition, felt stigma or anticipated discrimination has an enormous impact on their lives. Discovering that one is HIV-positive brings with it a multitude of anxieties and concerns that result from the fear and uncertainty about how other people will react. These anxieties and concerns may prevent people living with HIV and AIDS from disclosing their HIV status to family or friends and benefiting from their support, from seeking or obtaining employment, from accessing health-care benefits, health-care services, or other services.

Discrimination is defined more in terms of legal and human rights: e.g. when a person loses a job because of the negative connotation or impression of HIV, overt discrimination has taken place. HIV is heavily stigmatized in most societies, even though this behaviour is clearly irrational. People who are infected are rejected and scorned because social prejudice against the disease runs so deep. In some cases, people are stigmatized simply because of a suspected association with HIV, or vulnerable individuals.

The Joint United Nations Programme on HIV/ AIDS (UNAIDS) has defined HIV- and AIDS-related discrimination as follows:

Any measure entailing any arbitrary distinction among persons depending on their confirmed or suspected HIV serostatus or state of health.

Stigma and discrimination are of concern to AIDS programmes for two main reasons. First, because they can make life unbearable for those who live with the disease. And secondly, because they affect prevention and care efforts. People who have been exposed to HIV through their behaviour or that of their partner may be unwilling to be tested or to change their behaviour in any way for fear of being suspected of being HIV-infected.

If they are indeed infected, they may continue to spread the virus and will not be able to access adequate care. There are many ways that stigma can undermine prevention and care efforts. An HIV-positive woman may know that breast feeding carries a risk of transmitting the virus to her infant, for example. But she may refuse alternative feeding methods (even when they are provided at no cost) because bottle feeding will brand her as HIV-infected and carry the risk that she will be thrown out of the family.

Where stigma is high, people may avoid an HIV test that could provide an entry point for necessary care and support. Active discrimination has consequences for prevention, too. If a person is fired from their job because they are HIV-infected, they may have to resort to survival strategies such as selling sex, which further fuel the epidemic.

Programmes aim to reduce active discrimination by changing laws to support those living with HIV and AIDS and by ensuring those laws are enforced. They seek to change attitudes towards infected people and their families. More supportive attitudes should translate into more supportive behaviour, transforming a hostile world into one that is compassionate and constructive. They seek to break the silence surrounding the disease, partly by involving people living with HIV and their communities in an active response. More open discussion, it is hoped, will reduce the fears and misconceptions that reinforce high-risk behaviour.

- Bring the participants back from group work to a plenary, and invite them to discuss what they think about this text. Compare it with their own definitions of stigma and discrimination. Is there any relation between stigma and discrimination and universal, indivisible and interdependent human rights? People affected by HIV come from the same sex, race, colour, language, national origin, age, class, religion or political beliefs? What about diversity? Are we concerned about this matter? Why? What could we do in order to reduce stigma and discrimination?
- Introduce the ARE YOU HIV PREJUDICED? campaign, if they are not already familiar with it, and invite the group to suggest ways to develop the national action and advocacy to reduce HIV- and AIDS-related stigma and discrimination.
- Ask participants to write a personal commitment which they can choose to share with the rest of the group or keep to themselves if they prefer.
- Prepare a short evaluation for participants to complete after the workshop with questions relating to style and content of the workshop, what were key learning points, is there a greater commitment to work with and speak out on HIV related issues etc.

ARE YOU HIV PREJUDICED?

For more information visit the campaign website at www.aryouhivprejudiced.org

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