

# STIGMA RISK REDUCTION



## *Participant's Guide*

**Regional Health Integration to Enhance Services,  
North-Lango (RHITES-N, Lango)**





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# Introduction

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There are many reasons people do not seek services at health clinics, so it is important for community organizations to motivate people to go for services. The USAID-funded RHITES-N Lango activity is working with the Government of Uganda to promote positive health behaviors that encourage men, women, youth, and children to visit health clinics. There is an emphasis on maternal and child health, family planning, water and sanitation, nutrition, malaria, TB and HIV.

As community mobilizers, you are an important sources of accurate health information. Misconceptions can lead to fear and misunderstanding about HIV, TB and gender-based violence (GBV) that can cause people to act negatively toward people with the illnesses or who have experienced GBV. This negative action is called stigma and it comes in many forms:

- Gossip about people who are on treatment
- Name-calling
- Physical harm
- Isolation
- Rejection from family, work, school and place of worship

When people experience stigma, they become isolated, depressed and may turn to alcohol and drugs. People also stop treatment or do not seek treatment to avoid any exposure to stigma.

You have credibility, know the community members as friends and neighbors, and are trusted sources of information. You can play an important role to reduce stigma and encourage community members to support people on treatment and those recovering from GBV.

Here are some things you can do to address stigma in your community:

1. Create a sense of community and build openness to talk about HIV, TB and GBV and stigma.
2. Name the problem – get people to describe how stigma occurs in different contexts.
3. Get people to understand what their actions do– “We are all part of the problem.” Help people reflect on their own words, attitudes and actions.

4. Help people see the effects of stigma on people with TB and HIV and those who have experience GBV – how it hurts those stigmatized and indirectly hurts those who are stigmatizing.
5. Analyze the causes of stigma – e.g. fears and misperceptions about HIV, TB and GBV, moralizing attitudes, power and poverty – and how it particularly affects women, children and poor people.
6. Address fears and misconceptions about getting HIV and TB and what it means to live with them.
7. Challenge the judging and blaming built into stigma and help people explore their own attitudes.
8. Build commitment to changing attitudes and doing something about stigma.
9. Help people overcome self-stigma and build up self-esteem and skills to provide leadership on anti-stigma action.
10. Help family members learn the attitudes and skills needed to provide support for people on treatment and those who have experienced GBV.
11. Develop strategies and plans for acting against stigma.
12. Act and then monitor your action.

This training workshop and the Participants' Guide will equip you with the knowledge and skills to address stigma in your community.

Good luck with your community outreach activities.

## 1

## Addressing Stigma in Your Community

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Here are some things you can do to address stigma in your community:

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11. Develop strategies and plans for acting against stigma.
12. Act and then monitoring of action.

# 2

## Ideas for Community Dialogues on Stigma

- In the villages where you work- organize a small meeting or have individual interviews with individuals with TB and/or HIV and individuals who experience GBV. Talk to them to understand the kinds of stigma they are facing in their community. Ask them what the results of the stigma have been. This information will be helpful for when you talk to community leaders and others about how to deal with stigma.
- Meet with educators, health workers, religious leaders and community leaders to talk about what you have learned about stigma in the community and talk about ways they can help address the problem. Some communities may say they do not have a problem. The information you get from your interviews will give your ideas on the way to talk to leaders about stigma.
- Ask leaders to organize meetings with community members, parents, school children and religious followers to talk about stigma and how stigma affects individuals, family members and communities.
- You may need to lead these first meetings. Use some of the exercises from this training to make people aware of what stigma is and how it affects people in their community. This tool kit contains picture cards that you can use to discuss stigma with groups. It is important to discuss facts and wrong information about HIV, TB or GBV and to talk about what are the fears that people have about the them.
- With community leaders, school administrators or religious leaders work together to develop specific actions to address stigma. Meet with them individually or as a group and give them ideas on things they can do. Once you get them started, they will start to come up with ideas of their own.
- Ask community and religious leaders to speak at community meetings and religious gatherings about stigma and how it is harmful for the people it affects.
- Work with school administrators and teachers to stop actions that isolate students:
  - Organize meetings with students and discuss accepting HIV positive students and students with TB in classroom setting.
  - Help schools by identifying someone who is HIV positive or has experienced GBV that can speak to the students about their personal experience.

- Set rules to discipline name-calling and other related actions by students.
- With community leaders, schools and religious groups create help groups for individuals with HIV, TB or GBV so that they can have the support they need to feel part of the community again. They may need help with food, services, religious support. These community helpers can address these needs with their organizations.
- Make sure that these promises are being met. Check in with these leaders to see if the ideas are happening. If not see where they need help to get things going. Offer support to the programs that have started by offering to speak at an event or run a meeting for them

# 3

## Conversation Cards about Stigma

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Conversation cards 1-3 should be used in a series.

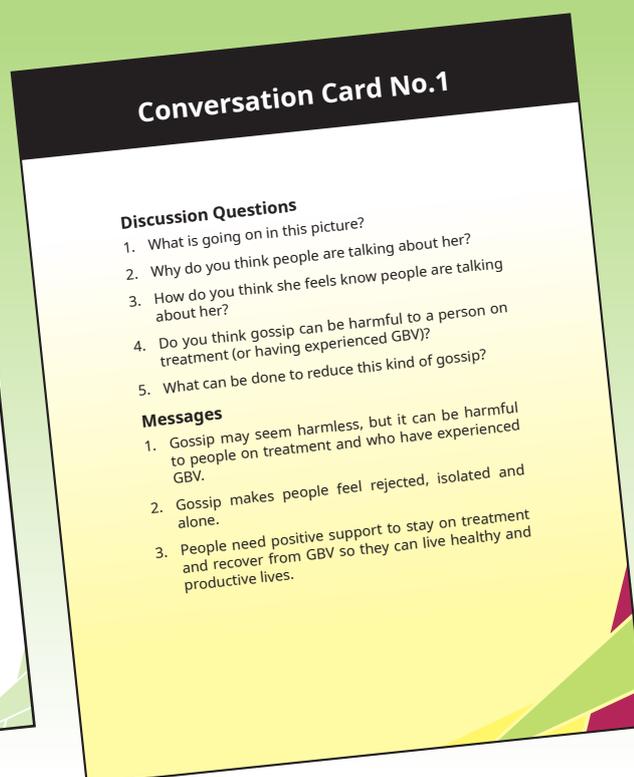
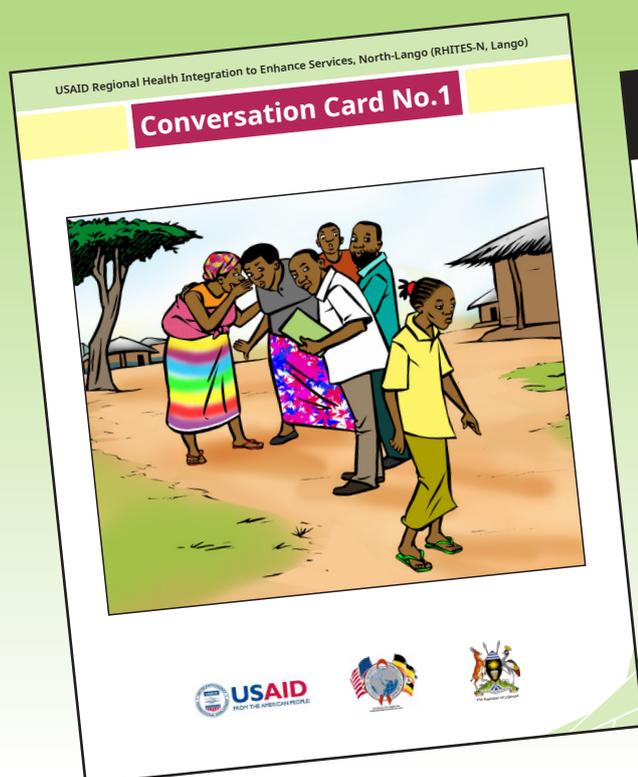
They tell the story of Rose who is on treatment for HIV, TB or has experienced GBV. (choose topic for discussion). The cards show Rose in three scenarios that you can discuss with the group to address.

### Story

Rose is 25 and learned that she was HIV positive this year. She is on treatment and her health is stable. She is working and caring for her children.

## #1 Conversation Card

Picture: People are taking about Rose



### Discussion Questions

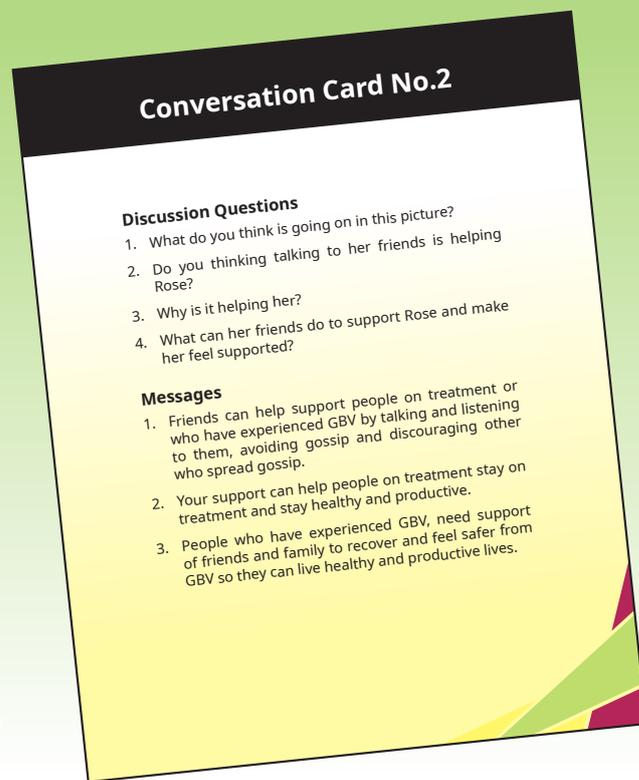
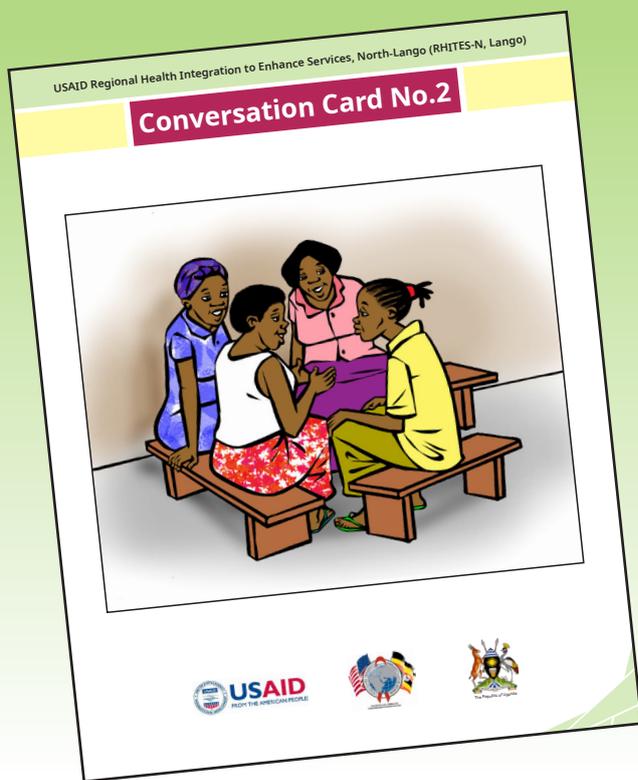
1. What is going on in this picture?
2. Why do you think people are talking about her?
3. How do you think she feels know people are talking about her?
4. Do you think gossip can be harmful to a person on treatment (or having experienced GBV)?
5. What can be done to reduce this kind of gossip?

### Messages

1. Gossip may seem harmless, but it can be harmful to people on treatment and who have experienced GBV.
2. Gossip makes people feel rejected, isolated and alone.
3. People need positive support to stay on treatment and recover from GBV so they can live healthy and productive lives

## #2 Conversation Card

Picture: Rose is talking to a small group of friends



### Discussion Questions

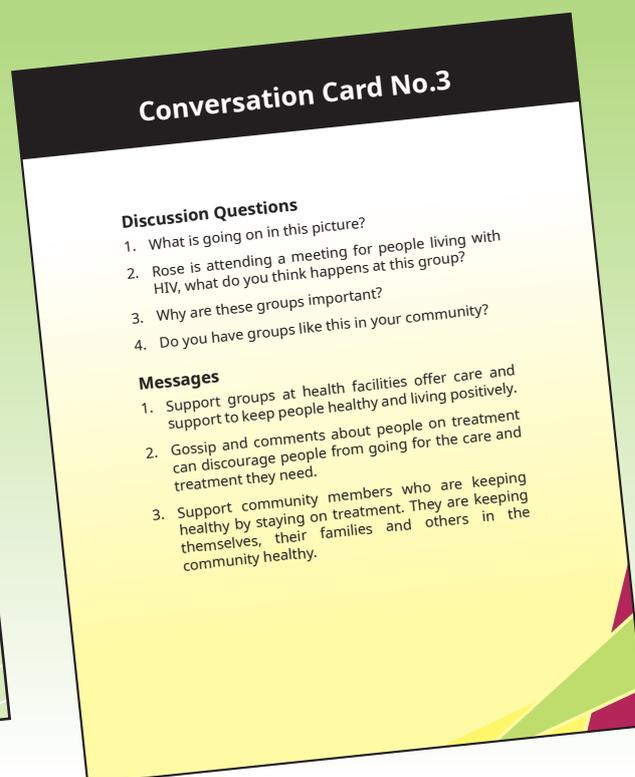
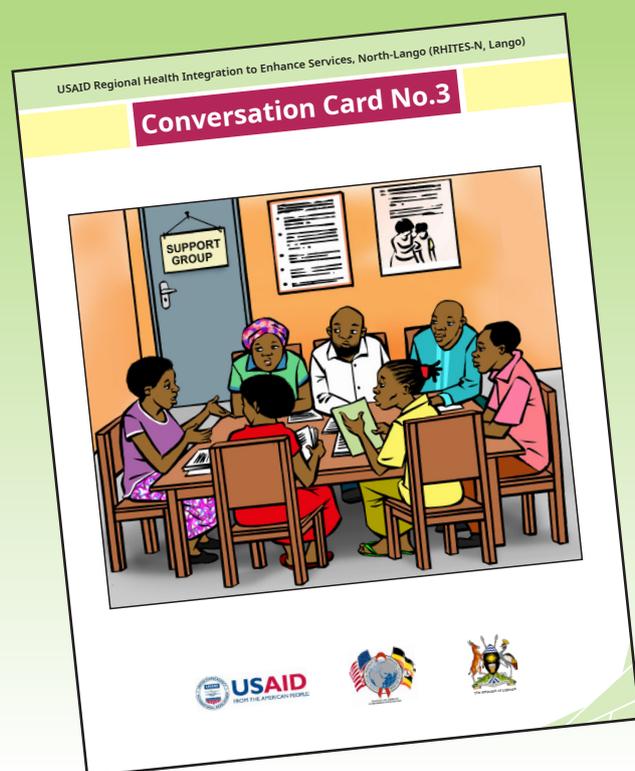
1. What do you think is going on in this picture?
2. Do you thinking talking to her friends is helping Rose?
3. Why is it helping her?
4. What can her friends do to support Rose and make her feel supported?

### Messages

1. Friends can help support people on treatment or who have experienced GBV by talking and listening to them, avoiding gossip and discouraging other who spread gossip.
2. Your support can help people on treatment stay on treatment and stay healthy and productive.
3. People who have experienced GBV, need support of friends and family to recover feel safe.

## #3 Stigma Conversation Card

Picture: Rose is participating in a support group.



### Discussion Questions

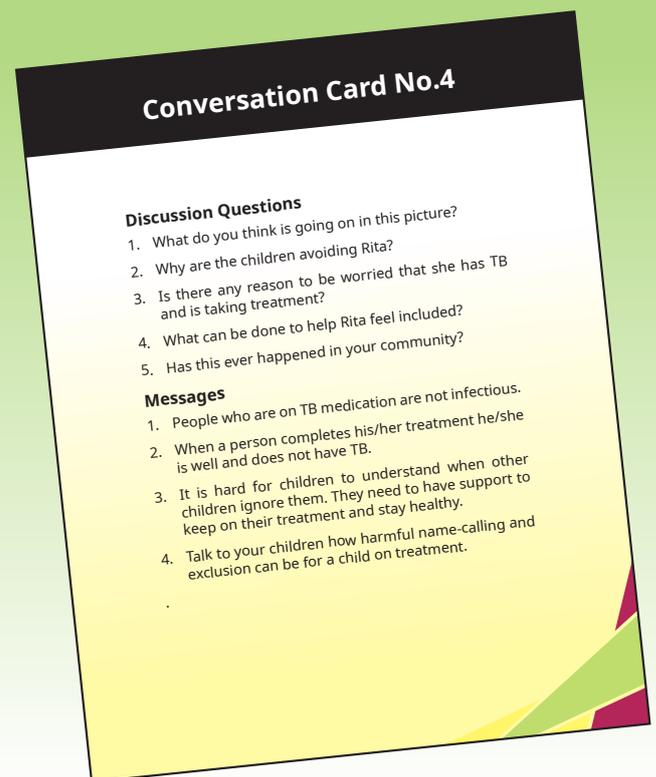
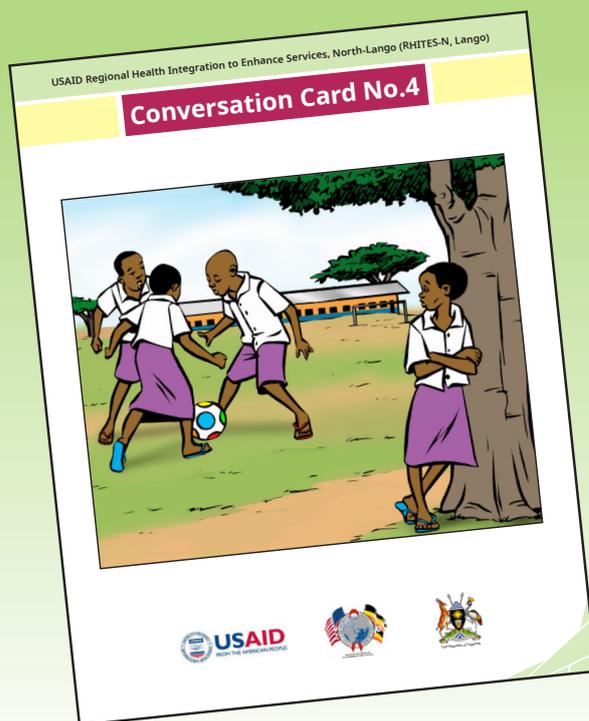
1. What is going on in this picture?
2. Rose is attending a meeting for people living with HIV, what do you think happens at this group?
3. Why are these groups important?
4. Do you have groups like this in your community?

### Messages

1. Support groups at health facilities offer care and support to keep people healthy and living positively.
2. Gossip and comments about people on treatment can discourage people from going for the care and treatment they need.
3. Support community members who are keeping healthy by staying on treatment. They are keeping themselves, their families and others in the community healthy.

## # 4 and #5 Stigma Conversation Cards *(can be used together)*

*Picture: Girl being left out of the game that her friends are playing. Girl looks sad. Rita was diagnosed with TB and has started treatment.*



### Discussion Questions

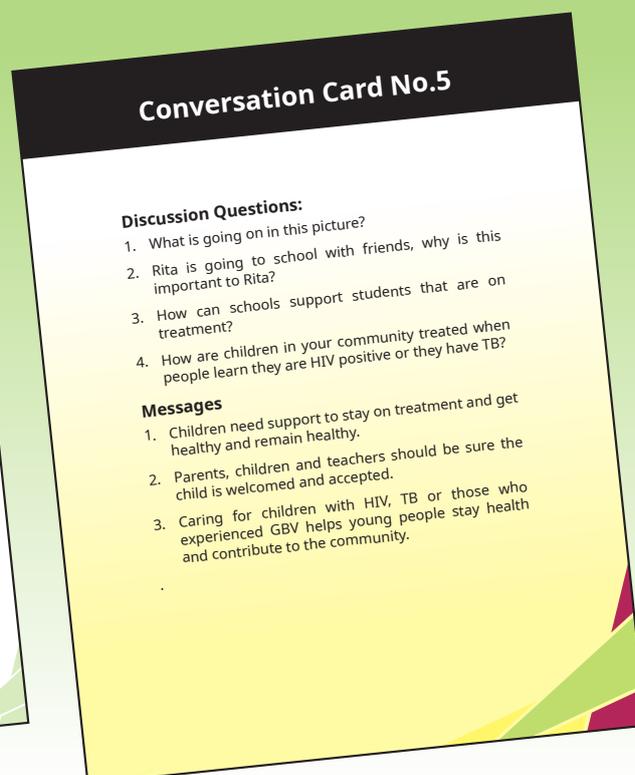
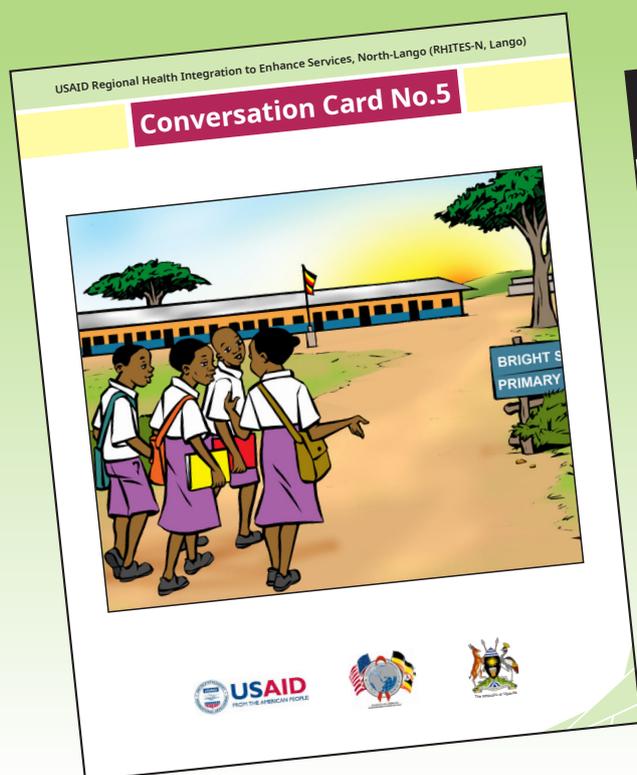
1. What do you think is going on in this picture?
2. Why are the children avoiding Rita?
3. Is there any reason to be worried that she has TB and is taking treatment?
4. What can be done to help Rita feel included?
5. Has this ever happened in your community?

### Messages

1. People who are on TB medication are not infectious.
2. When a person completes his/her treatment he/she is well and does not have TB.
3. It is hard for children to understand when other children ignore them. They need to have support to keep on their treatment and stay healthy.
4. Talk to your children how harmful name-calling and exclusion can be for a child on treatment.

## #5 Conversation Card

Picture: Rita is accepted by other students.



### Discussion Questions:

1. What is going on in this picture?
2. Rita is going to school with friends, why is this important to Rita?
3. How can schools support students that are on treatment?
4. How are children in your community treated when people learn they are HIV positive or they have TB?

### Messages

1. Children need support to stay on treatment and get healthy and remain healthy.
2. Parents, children and teachers should be sure the child is welcomed and accepted.
3. Caring for children with HIV, TB or those who experienced GBV helps young people stay health and contribute to the community.

# 4

## Background Information on HIV

### Addressing Myths and Misconceptions about HIV with Facts

There are many of myths around, but the facts of how you can get HIV are very simple. By knowing the facts about how HIV is transmitted, you can save yourself a lot of worry and help to bust myths among others too. Myths lead to misconceptions which lead to fear which is a cause of stigma.<sup>1</sup>

#### Fast Facts

- You can only get HIV through certain bodily fluids of an infected person (e.g. blood, semen, breast milk).
- HIV can be transmitted during unprotected sex; through sharing injecting equipment; from mother-to-baby during pregnancy, birth and breastfeeding; and through contaminated blood transfusions.
- HIV cannot survive outside the body. It cannot be spread through the air, from touching, or sharing food.
- Using condoms correctly and consistently during sex.
- Taking PreP consistently will protect you from HIV infection.
- If you are HIV positive and pregnant, taking HIV treatment consistently will keep you healthy and your baby from getting HIV.
- If you use drugs, avoid sharing injecting equipment or needles to protect you and those around you from getting HIV.
- Using condoms during sex or taking PrEP consistently will protect you from HIV infection through sex.
- Taking HIV treatment if you are a new or expectant mother, and avoiding shared injecting equipment if you use drugs, will also protect you and those around you from HIV.

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1 Avert, 2018

## How Can I get HIV?

HIV lives in the following bodily fluids of an infected person:

- blood
- semen and pre-seminal fluid
- rectal fluids/anal mucous
- vaginal fluids
- breast milk.

To get infected, these bodily fluids need to get into your blood through a mucous membrane (for example the lining of the vagina, rectum, the opening of the penis, or the mouth), breaks in the skin (like cuts), or be injected directly into your bloodstream.

Other bodily fluids, like saliva, sweat or urine, do not contain enough of the virus to transmit it to another person.

A person living with HIV can pass the virus to others whether they have symptoms or not. People with HIV are most infectious in the first few weeks after infection. People living with HIV who have an 'undetectable' viral load **cannot** pass on HIV through sex.

The main ways you can get HIV are:

### **Sex without a condom**

Having unprotected sex (meaning sex without a condom, if you are not taking PrEP) with someone who has HIV, particularly unprotected vaginal sex and anal sex.

### **Sharing injecting equipment**

Sharing needles, syringes or other equipment used to prepare and inject drugs with someone who has HIV.

### **Passed from mother-to-baby during pregnancy, childbirth and breastfeeding**

A mother infected with HIV can pass the virus to her baby via her blood during pregnancy and birth, and through her breast milk when breastfeeding.

### **Contaminated blood transfusions and organ/tissue transplants**

Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. This risk is extremely small because most countries test blood products for HIV first.

If adequate safety practices are not in place, **healthcare workers** can also be at risk of HIV from cuts made by a needle or sharp object (needlestick injury) with infected blood on it. However, the risk of 'occupational exposure', is very low in most countries.

**If you think you have put yourself at risk of HIV, the only way to find out if you have HIV is to have an HIV test.**

## **Myths and Misconceptions about how to get HIV**

There are many myths about HIV. Some people wrongly believe that HIV can be spread through the air (even though HIV can't survive outside the body). HIV can't be spread by touching or soothing touch by an HIV positive person or from mosquito bites either.

**One of the most common myths people living with HIV hear is that they can be cured. There's no cure yet for HIV, but antiretroviral treatment works and will keep someone living with HIV healthy.**

There are lots of myths and misconceptions about how you can get HIV. Here we debunk those myths and give you the facts about how HIV is passed on...

### **You cannot get HIV from....**

#### **Someone who doesn't have HIV**

You can only get HIV from someone who is already infected with HIV.

#### **Touching someone who has HIV**

HIV can't survive outside of the body, so you won't get HIV from touching someone, hugging them or shaking their hand.

#### **Sweat, tears, urine or feces of someone who has HIV**

There is no HIV in an infected person's sweat, tears, urine or faeces.<sup>1</sup>

#### **Mutual masturbation**

Mutual masturbation, fingering and hand-jobs are all safe from HIV.

#### **Insects**

You cannot get HIV from insects. When an insect (such as a mosquito) bites you it sucks your blood – it does not inject the blood of the last person it bit.

#### **Animals**

HIV stands for Human Immunodeficiency Virus, which means that the infection can only be passed on between humans.

#### **Air**

HIV cannot survive in the air so coughing, sneezing or spitting cannot transmit HIV.

#### **New or sterilized needles**

New needles cannot transmit HIV because they haven't been in the body of an infected person. If used needles are cleaned and sterilized properly, they can't transmit HIV either.

**Water**

HIV can't survive in water, so you won't get HIV from swimming pools, baths, shower areas, washing clothes or from drinking water.

**Food and cooking utensils**

HIV can't be passed on through food or cooking utensils even if the person preparing your food is living with HIV.

**Toilet seats, tables, door handles, cutlery, sharing towels**

HIV doesn't survive on surfaces, so you can't get HIV from any of these.

**Musical instruments**

HIV can't survive on musical instruments. Even if it is an instrument that you play using your mouth, it can't give you HIV.

**Used condoms**

HIV can only survive for a short amount of time outside of the body. Even if the condom had sperm from an HIV-positive person in it, the HIV would be dead.

**Kissing**

There is such a small amount of HIV in the saliva of a person living with HIV that the infection can't be passed on from kissing.

**Oral sex**

The risk of HIV from oral sex is very small unless you or your partner have large open sores on the genital area or bleeding gums/sores in your mouth.

There is only a slightly increased risk if a woman being given oral sex is HIV positive and is menstruating.

**Tattoos and piercings**

There is only a risk if the needle used by the professional has been used in the body of an HIV-infected person and not sterilized afterwards. However, most practitioners are required to use new needles for each new client.

You cannot prevent or cure HIV by:

- Washing after sex
- Pulling out after sex
- Having sex with a virgin
- Spells and Herbal Medicine
- Using Contraceptives

## How do I protect myself from HIV?

There are several ways you can protect yourself from HIV, including:

- using a condom every time you have vaginal, anal or oral sex
- in some countries PrEP is available. This is a course of HIV drugs which if taken consistently as advised by your healthcare professional prevents HIV infection through sex
- avoiding sharing needles, syringes and other injecting equipment with anyone if you take drugs
- taking HIV treatment if you are a new or expectant mother living with HIV, as this can dramatically reduce the risk of passing HIV to your baby during pregnancy, childbirth and breastfeeding
- asking your healthcare professional if the blood product you are receiving (blood transfusion, organ or tissue transplant) has been tested for HIV
- taking precautions if you are a healthcare worker, such as wearing protection (like gloves and goggles), washing hands after contact with blood and other bodily fluids, and safely disposing of sharp equipment.

I've heard that you can prevent HIV with **(insert any claim here)**

There are lots of urban rumors about ways that you can protect yourself from HIV – from showering after sex or taking the contraceptive pill to having sex with a virgin. In reality, if you are having sex the only methods of HIV prevention which will protect you from HIV are condoms or pre-exposure prophylaxis (PrEP).

## Can herbal medicine cure HIV?

Some people choose to take alternative forms of medicine, such as herbal remedies, as a natural way of treating HIV. However, **herbal remedies do not work.**

What's more, taking herbal medicines can be dangerous as they will not protect your immune system from infection and may interact poorly with ARVs if you are taking them alongside treatment. The only way you can stay healthy when living with HIV is to take antiretroviral treatment as prescribed by your doctor or healthcare worker, and to attend viral load monitoring appointments to make sure they are working for you.

## If I get infected fluid from an HIV-positive person into my body will I definitely get HIV?

No, HIV is not always passed on from an infected person. There are lots of reasons why this is the case. For example, if the HIV-positive person is on treatment it will reduce the amount of HIV in their body meaning it is unlikely to be passed on.

If you're concerned that you've taken an HIV risk you may be eligible to take post-exposure prophylaxis (PEP), which stops the virus from becoming an infection. However, it's not available everywhere and has to be taken within 72 hours to be effective.

## **Isn't HIV only a risk for certain groups of people?**

Like most illnesses, HIV doesn't discriminate between types of people and the infection can be passed on to anyone via one of the ways mentioned above.

Some people are more vulnerable to HIV infection if they engage regularly in certain activities (e.g. injecting drugs) that are more likely to transmit the virus. However, it's a common misunderstanding that HIV only affects certain groups.

While not everyone has the same level of HIV risk, everyone can reduce their risk of infection.

## **I am HIV-positive and so is my partner, so we do not have to worry about HIV infection, do we?**

There are many strains of the HIV virus. If you and your partner are living with HIV you still need to protect each other from additional HIV infections. If you get infected with two or more strains of HIV it can cause problems for your treatment.

If you are on effective treatment and a medical professional has confirmed your viral load is undetectable, you will not pass HIV on through sex.

## **It is easy to tell the symptoms of HIV...**

The symptoms of HIV can differ from person-to-person and some people may not get any symptoms at all. Without treatment, the virus will get worse over time and damage your immune system. There are three stages of HIV infection with different possible effects.

You also cannot tell by looking at someone if they have HIV. Many people don't show signs of any symptoms. And, for people living with HIV who are on effective treatment, they are just as likely to be as healthy as everyone else.

## 5

## Background Information on TB

### Facts about Tuberculosis (TB)

- Tuberculosis (TB) is a disease caused by bacteria that most often affects the lungs.
- Tuberculosis is a curable and preventable disease.
- TB is spread from person to person through the air when they cough, sneeze, or spit.
- It is a disease that is highly-contagious. That means, you only need to inhale a few germs to become infected and get sick.
- Persons with compromised immune systems, such as HIV, malnutrition, or diabetes, have a much higher risk of becoming sick.

### What are the symptoms for adults?

Symptoms of TB include:

- continuing coughing that last for two weeks or more
- unexplained weight loss
- night sweats or fever
- coughing blood-stained sputum
- chest pains and other aches

When a person is sick with TB, these symptoms may be mild for many months and the person does not recognize that they are not sick. This delays them from seeking treatment. It also means they can spread the virus to other people.

TB is a very serious disease that can lead to other health problems. Without proper treatment, it also can lead to death.

### What are the TB symptoms for children?

Children under five can have these TB symptoms:

- Sudden loss of appetite for food or breast-feeding
- Rapid weight loss
- Loss of energy
- Fevers for long periods (two weeks)
- Loss of consciousness
- Drowsiness and/or excessive sleepiness

## Who is most at risk to TB?

Tuberculosis mostly affects men and women ages 15-24 however, all age groups are at risk:

- People who are infected with HIV are 20 to 30 times more likely to develop active TB
- The risk of active TB is also greater in persons suffering from other conditions that harm the immune system such as cancer, diabetes, and IV drug users
- Children (0–14 years of age) can have TB

## How to diagnose TB

It is easy to test for TB. At the clinic, the trained laboratory technicians take a sputum (spit) sample in a cup and conducts a rapid test to see if it is positive (contains the TB bacteria). The test usually takes two hours. If you test positive, your family that live with you and people you work with should also be tested.

## TB is curable

TB is a treatable and curable disease. TB is treated with medicines that need to be taken for six to 12 months. If the medicines are not taken as prescribed, TB can spread and the patient can get sicker. Most TB cases can be cured when medicines are provided and taken properly.

## What is Multiple Drug Resistant TB (MDR TB)?

It is a form of TB that cannot be treated by the commonly used drugs (Rifampicin and Isoniazid). MDR TB can occur when people stop taking their regular treatment for TB before they are cured, and their body no longer heals from the drugs. This form of TB requires a minimum of 20 months of treatment.

## TB can be prevented

There are things you can do to prevent the spread of TB.

- Cover your nose with a handkerchief or piece of tissue when you cough
- Avoid enclosed areas
- In enclosed areas, open windows to let fresh air in
- Do not share a bed with a person with TB
- See a health provider if you think you have symptoms of TB
- Wash your had hands with soap and water

## Myth and Misconceptions about TB

### ***Myth: TB is a family sickness***

TB doesn't have anything to do with your genes. It's not passed down from family member to family member. TB is an airborne disease, so it is passed on through particles in the air when an infected person coughs or sneezes.

If someone in your family is infected then you're at risk of being infected but only because you're in the same space as the infected person for a long time, not for genetic reason.

### ***Myth: Only people with HIV get TB***

People often associate TB with HIV. It is true that you're more at risk of getting TB if you have HIV (HIV weakens your immune system and makes you more vulnerable to opportunistic infections, like TB), it does not mean that all people with TB have HIV.

TB can affect anyone that is exposed to the disease.

### ***Myth: Only poor people get HIV***

TB is not a "poor persons disease". Lack of proper healthcare, housing, space and sanitation puts people at risk of contracting TB and infecting those close to them.

TB can affect anyone who is exposed to it.

### ***Myth: It is easy to have TB***

As much as anyone can get TB, it is not spread through hugging, sharing utensils or food, dirty or sweaty clothes or shaking hands. To be infected by TB you would have to be in close contact with someone who has TB and most likely in a closed room or space (e.g. travelling in a taxi with a TB infected person). This is why people with TB are advised to stay away from closed, crowded spaces because they are less likely to infect someone in an open space (especially if they're only in it for a short time). For this reason, a TB infected person should always cover their mouth when they cough.

### ***Myth: No symptoms means no TB***

Someone with TB disease can have any of these symptoms: chest pain; coughing for a long period e.g. more than two weeks; night sweats; feeling tired or weak; loss of appetite; unexpected weight loss; or coughing up blood.

However, someone with TB can also feel perfectly healthy or show fewer symptoms. If you have any of these symptoms and you think you have been exposed to TB, speak to your healthcare provider about getting a test. These symptoms are not just associated with having TB.

***Myth: Once you have TB you will not have it again***

Being cured of TB does not make you immune. People can still be infected again.

Also, a patient needs to make sure that they have complete the full treatment and not stop treatment they do not show symptoms.

***Myth: TB cannot be cured***

TB is fully curable, if you take your full medication for however long you have been advised to by your healthcare provider.

***Myth: TB is just a lung disease.***

Although TB does present itself mostly as a lung disease, infection can spread through your blood from the lungs to all organs in your body. This means that you can develop TB in the pleura (the covering of your lungs), in your bones, the urinary tract and sexual organs, your intestines and even in your skin.

**TB is curable and preventable and knowing the facts can help save your life and can also help end the stigma that people living with TB face.**

## 6

## Background Information on Gender-Based Violence (GBV)

### What is Gender-Based Violence?

“Gender-based violence” as violence that is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. Gender-based violence can include female infanticide; child sexual abuse; sex trafficking and forced labor; sexual coercion and abuse; neglect; domestic violence; elder abuse; and harmful traditional practices such as early and forced marriage, “honor” killings, and female genital mutilation/cutting. Women and girls are the most at risk and most affected by gender-based violence. Consequently, the terms “violence against women” and “gender-based violence” are often used interchangeably. However, boys and men can also experience gender-based violence, as can sexual and gender minorities. Regardless of the target, gender-based violence is rooted in structural inequalities between men and women and is characterized by the use and abuse of physical, emotional, or financial power and control.

*- Definition adapted from Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs*

### Forms of Violence

**PHYSICAL VIOLENCE** – Slapping. Punching. Hitting with weapon. Kicking. Choking. Scratching. Pulling hair. Biting. Cutting. Burning. Stabbing. Throwing petrol or acid into face.

**EMOTIONAL VIOLENCE** – Insults. Belittling. Scolding. Suspecting. Threatening. Shaming/blaming wife for: having no children, not raising children properly. Threats when wife questions husband’s extramarital affairs.

**ECONOMIC VIOLENCE** – Women and girls overworked. Husbands taking wives’ income. Forcing wife to do work against her will. Husband wasting family money (e.g. drinking, playing cards).

**SEXUAL VIOLENCE** – Rape. Forced sex within marriage. Sexual teasing and coercion at work places or schools. Incest.

## Effects

**PERSONAL** – Injuries. Disfigurement. Exposure to STIs and HIV. Feel belittled/worthless. Shame. Fear. Isolation/withdrawal. Loss of self-esteem. Self-blame and denial. Loss of sense of control over life. Stress. Anxiousness. Depression. Feeling suicidal. Reduced ability to work and generate income.

**FAMILY** – Breakdown in communication and trust. Family conflicts and divorce. Children become fearful or depressed – leave school. Property grabbing. Financial problems. Family loses respect.

**COMMUNITY** – Neighbors talk about the family – this affects family's social standing within the village. Disruption of community life. Wife cannot negotiate safe sex. More vulnerable to getting HIV. Fear of disclosure if she gets HIV. Avoids getting tested and using AIDS services. Spread of infection.

## Causes of Gender Inequality

- Unequal power relations between husbands and wives.
- Men want to dominate women and use force to maintain their control.
- Inequality allows men to treat their wives with contempt – leads to violence.
- Women are not respected and recognized by society – they are stigmatized.
- Men think it is acceptable to express anger through physical and emotional violence.
- Women treated as inferior/subservient to men – makes them vulnerable to abuse.
- Women are taught to be submissive to their fathers, husbands and sons.
- Common view that husbands beating wives is acceptable – a form of “discipline.”
- Women lack decision-making and financial power and do not control property.
- Other triggers: Alcohol. Suspicion/Jealousy. Wife “disobeying” husband.
- Poverty makes men insecure and more susceptible to the use of violence.
- Why are women not reporting cases of violence? They fear that if they report the violence, it will continue or get worse.
- They fear they will lose economic support and be kicked out of the home.
- They fear that reporting the violence will bring shame/dishonor on the family.
- They fear that if they report the violence, no one will listen.
- They have been taught to stay silent – to protect the family secrets at all costs.
- They are not aware of their rights and accept gender violence as a norm.

## What Can We Do Individually and Collectively to Reduce Violence?

- Educate men, women and children that gender violence is wrong.
- Help them understand the effects of violence on the family.
- Educate women on how to get support when abused.
- Help women develop the courage to tell others when they have been beaten.
- Encourage women to report cases of violence to the police.
- Get the police to enforce the Domestic Violence Act, 2010.
- Form women's groups and encourage women to support each other
- Get the community to name violence as a problem and to stop it
- Empower women with assertiveness skills.
- Provide legal services for women.
- Educate children on violence so they do not become violent when they grow up.
- Provide counseling for couples and address problems of excessive drinking.
- Discourage early marriages.







