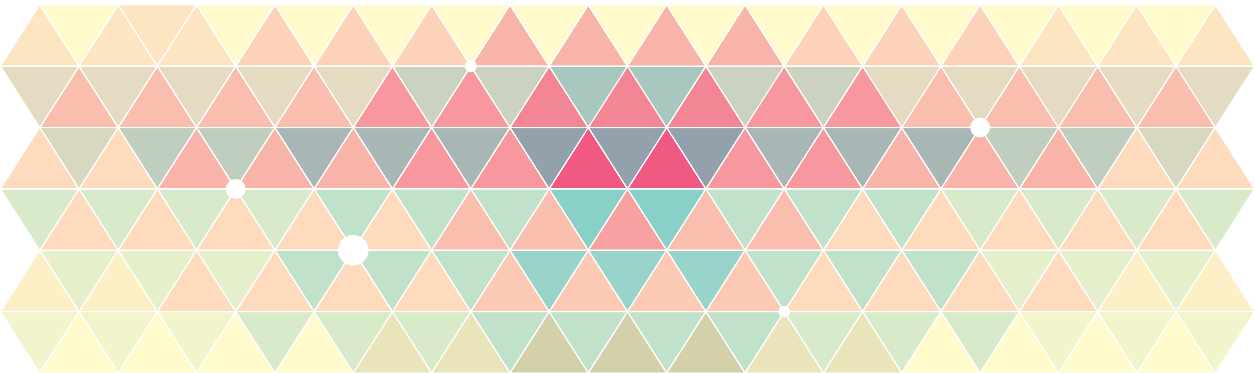


GUIDELINES FOR DEBATE

WHY WE MUST TALK ABOUT HIV






BY YAHIR ZAVALATA

In this edition of *Guidelines for Debate* we invite you to an exercise based on awareness, reflection and conscious of what we know, what we have done and what we can do to stop thinking of HIV and AIDS as a reason of stigma and instead turn to action. Regardless of where we stand, we may become advocates by speaking out to help build a social, legal and educational platform that helps us face the needs of key and most affected communities.

*Whatever our role in life, wherever we live, from one way to another, we all live with HIV.
We are all affected by it. We have to take responsibility for the response.*
Ban Ki Moon, General Secretary of the United Nations

The aim of the series **GUIDELINES FOR DEBATE** is to influence the formulation, implementation and evaluation of programs and policies through guidelines that foster the debate of ideas from a progressive approach. The collection features a cool exchange of data and theoretical and methodological tools for analysis and action aimed at emerging political generations.



OFF WE GO ARE HIV AND AIDS THE SAME THING?

Official data shows that in 2011 there were around **34 MILLION** people living with HIV in the world,¹ the equivalent to the total population of countries like Canada, Algeria and Afghanistan.² But talking about HIV is not only referring to numbers, we must also engage as **INDIVIDUALS**. To talk about HIV is to become aware of a **REALITY** that has been present for 30 years, to ask ourselves what we **NEED TO KNOW** and especially what we **NEED TO DO** to prevent statistics from increasing their rates. Talking about HIV is talking about universal access to **FRIENDLY** health services, schools and workplaces free from **STIGMA** and **DISCRIMINATION**, prevention **STRATEGIES** and harm reduction, comprehensive sexual **EDUCATION**, human rights, gender equity, public policy, community **ENGAGEMENT** and linking mechanisms.

Further than an ontological whim, separating the concepts HIV and AIDS obeys to an existing **CLINICAL DIFFERENTIATION** between them, which in terms, which in terms of medical care represents different **SCENARIOS**. Moreover, this differentiation aims to un-stigmatize the concept of **TRAGEDY** and to recognize HIV as a life **CONDITION**. With this, we expect to build appropriate language when referring, for example, to *people living with HIV* instead of *people with AIDS*.

We must understand that a person who has HIV may not have developed AIDS, while a person who has been clinically diagnosed with AIDS is invariably a carrier of HIV.

In this regard it is appropriate to point out that: HIV, or the Human Immunodeficiency Virus, is a virus that **ATTACKS** the immune system or the defenses system and, that failing on a prompt diagnosis and care, might cause AIDS. The routes of HIV transmission may be reduced to **THREE**

- 1. SEXUAL:** by unprotected vaginal and/or anal sex with a person living with HIV or by contact with mucosal and body fluids such as semen and vaginal secretions.
- 2. BLOOD:** through blood transfusions, the use of unsterilized surgical equipment and for using or sharing needles with someone who is HIV positive.
- 3. PERINATAL or VERTICAL:** From a mother to a child, at birth or when breast feeding (breast milk).

AIDS, or the Acquired Immunodeficiency Syndrome, is the set of signs and symptoms that **INDICATE** that the immune system (defense system) of a person living with HIV presents such clinical **DETERIORATION** that some diseases, commonly called *opportunistic*, can **JEOPARDIZE** the life of the individual.

WHOM DOES HIV AFFECT?

Although information about HIV is currently more extensive, many people still think that HIV only affects **HOMOSEXUALS**, **SEX WORKERS** and people with **MULTIPLE** sexual partners, or that having just one partner and having over 40 years of age automatically exempts them from acquiring HIV. This reflects the need to **EMPHASIZE** that HIV involves diverse communities **REGARDLESS** of age, sex, sexual orientation, socioeconomic status, religion or profession. In parallel, it is important to prioritize HIV and AIDS as a **PUBLIC HEALTH ISSUE**. We must not forget it is **NECESSARY** to approach it as an issue of access to, for instance, decent employment, education, comprehensive social security systems and as a **DEVELOPMENT** matter. This means being co-responsible of preventing it when having information based on scientific **EVIDENCE**.

DYNAMIC 1

In a wide space, draw an imaginary square divided into **FOUR EQUAL PORTIONS** and delimited on the floor. Each quadrant represents each of the following claims as shown in the figure below:

I AGREE AND I WOULD DO IT	I DO NOT AGREE AND I WOULD DO IT
I AGREE AND I WOULDN'T DO IT	I DO NOT AGREE AND I WOULDN'T DO IT

The facilitator of the activity will read a series of **STATEMENTS** and participants will take place in **ONE** of the quadrants depending on the statement that best reflects their position. After each statement, the reasons for the different positions will be **EXPOSED**, starting with those groups with less convergence.

The statements that will **TRIGGER** the dynamic are:

1. In a **CASUAL** sexual encounter (one-night stand), I use the only condom at hand even though the packaging is **DAMAGED** and it no longer has an “air bubble”.
2. If I were a personnel director at a company (human resources), would I establish a policy that made HIV testing a hiring **REQUIREMENT**?
3. Would I sign a petition letter from the parents association to the school director asking to **FIRE** a school staff known to live with HIV?
4. My friend, who I know lives with HIV, has just cut his hand with a kitchen knife and needs help to stop **BLEEDING**. Do I help him/her?
5. If I were a congress person, would I **VOTE** for a bill that penalizes with **5 YEARS** of prison a person who, despite knowing his/her HIV positive status, has **UNPROTECTED** sex with another individual.
6. If I were a health authority, would I **PROMOTE** HIV testing between young people aged **15-17** without requiring parental consent?
7. If I lived with HIV, would I share my HIV positive diagnosis with a **ONE-NIGHT STAND**?
8. If I lived with HIV, would I share my HIV positive status with my **BOYFRIEND** or **GIRLFRIEND** who I have been dating for a **YEAR**?

By reflecting upon the **POSITION** we take towards specific situations related to HIV and what happens in our **IMMEDIATE ENVIRONMENT**, we open the door for a call to action. This does not necessarily mean that we should focus on greater projects or actions (which are always welcome), but the **CONTRIBUTION** that small things such as making sure to **INFORM** and **PROTECT** ourselves, or **UNDERSTAND** other individuals' realities. Through these actions we contribute as a positive **ROLE MODEL** and aid in **INTEGRATING** populations living and affected by HIV.

DYNAMIC 2

REQUIRED MATERIALS

CONCEPT	SPECIFICATIONS	QUANTITY
Color cards	Cardboard or bond paper, 15cm x 12cm	Equivalent to the number of participants. Including the moderator.
White cards	Thick cardboard, 3cm x 3cm	Equivalent to the number of participants. Including the moderator.
Markers	Different colors	As necessary
Adhesive tape	-	-
Sheets of paper	White, letter size bond paper	Equivalent to the number of participants. Including the moderator.
Recipient or container	Ideally some 10cm deep	1

PREPARATION

On all the white cards (3cm x 3 cm) you will write the words “Nonreactive (negative)” **EXCEPT** for one card that will say “Reactive (positive)”. The cards will be folded so participants **CANNOT** read their content. They will then be placed into the container, except for the one that says “Reactive (positive)”, which will be **KEPT BY THE MODERATOR** in his/her pocket.

PROCEDURE

1. The facilitator will **DISTRIBUTE** a color card to each participant where they will write the role, trade or business of their daily life that best describes them. For **EXAMPLE**, student, young woman, politician, teacher, etc. Each participant will **PRESENT** her/himself to the rest of the group by stating name and role, trade or business.
2. After that, everyone will be invited to **STAND UP** in a wide space. Each participant will place a **BLANK SHEET** held with tape in their backs. At this point, the facilitator states that he/she **WILL ALSO PARTICIPATE** in the dynamics and so he/she will place a white sheet on his/her back.
3. The facilitator must now **INSTRUCT**: “For the next **3 MINUTES** I invite you to write your names on each other’s sheets posted in our backs, **INCLUDING MY OWN**. When the time is over you will return to your places.”
4. Now, the facilitator will pass the **CONTAINER** with the white cards (“non-reactive”) indicating that **EACH ONE** must take just one card that must not be opened until the whole group has one.
5. The facilitator will explain that the cards contain the results of their HIV test. Participants will be asked to open their cards and read the result **SILENTLY**, everyone must now **SHARE** their diagnosis with the rest of the group. Once everyone has been asked the moderator evidences that there is one result **MISSING**: his/hers. Then, s/he will pick out the card, open it, and state that s/he wants to share the **DIAGNOSIS** (which will be the **ONLY** “Reactive (positive)” one).

6. The facilitator will take the sheet off her/his back and invite **EVERYONE** who wrote their name in her/his sheet to **COME FORWARD**. For those who are now with the moderator will be asked If participants are willing, they may now share their status with other sexual **PARTNERS**. This may go on until everyone has decided whether to share their status or not.

IN THIS DYNAMIC, PARTICIPANTS ARE INVITED TO REFLECT UPON

- Whether or not they talked about or asked for any sexually transmitted disease (STD) including HIV **BEFORE** writing their name on somebody else's card
- The number of participants who **ASKED** or **NEGOTIATED** with their sexual partners if they could write their name in their sheet, which in this case would refer to the negotiation on using a condom or having sex.
- Emphasize that in the exercise of our sexuality, we must **CONTINUOUSLY** be immersed in negotiating the use of both male or female condoms.
- Generate **DISCUSSION** and **REFLECTION** on the importance of disclosure of an HIV positive status.

Starting to think of HIV as a **LIFE CONDITION** implies that a person who carries the virus is able to lead a life as anyone not living with HIV. But why is this not always so? The answer lies in the social **LABEL** given to this condition, which is closely linked with the upcoming **STIGMA** mainly generated by not having scientific, objective and unbiased information of what HIV is and how to prevent it. Therefore, it is critical to address the topic in both **PUBLIC** and **PRIVATE** spaces, within the family, schools, workplaces, government agencies, enterprises and public forums and without forgetting to center it on a context of **RESPECT** for human rights and recognition of certain populations that because of their age, gender, education level, social status, group membership and life dynamics may be at a greater risk of an HIV infection.

Additionally, stigma and discrimination, resulting from the lack of information or **MISINFORMATION**, represent an **OBSTACLE** for prevention efforts. They also disrupt the **INTEGRITY** of those living with HIV while they emerge and are reinforced through negative models and/or false beliefs that permeate in our society.

We must recognize HIV as a sensitive issue, as it implies the exercise of sexuality that, in turn, is difficult to separate from value judgments and personal morality. To cite an example, in a family discussion or in a meeting among friends you can shamelessly share: “I have been diagnosed with diabetes”. However, among the same people, you will probably think twice before sharing: “I have been diagnosed HIV positive”; the reaction will unlikely be equal.

DYNAMIC 3

REQUIRED MATERIALS

CONCEPTO	ESPECIFICACIONES	CANTIDAD
Color cards	Cardboard or bond paper, 15cm x 12cm	Equivalent to twice the number of participants.
Markers	Different colors	As necessary

PREPARATION:

Write on the cards one of the following categories. One card will be **RANDOMLY** assigned to each participant.³

CATEGORÍAS


Gay youth HIV + / Family mother HIV + / Religious leader HIV - / Nurse at a hospital HIV - / Female drug user HIV + / Deputy HIV + / Sex worker HIV - / Scientist HIV - / Activist HIV - / Migrating Salvadoran traveling through Mexico HIV + / Indigenous tribesman HIV + / Man deprived of his freedom (inmate) HIV - / Secondary school teacher HIV -

PROCEDURE

1. The facilitator will ask each participant to choose a color card (**CATEGORIES CARDS**) and a white card and to keep them face down without reading them. Cards will **DEFINE** the role each participant will **ENACT** during the exercise. Participants are allowed to choose a fictitious name or use their own.
2. After introducing themselves, participants will imagine they are in a boat, which will sink in **20 MINUTES**. However, a small airplane is coming and may save only **ONE PERSON**.
3. Within **3 MINUTES**, each participant will express the reasons why s/he should be the chosen one. They will then have an additional **10 MINUTES** to debate and vote for a person to be saved. The facilitator will count votes and **INFORM** the group who was been chosen

IN THIS DYNAMIC, PARTICIPANTS ARE INVITED TO REFLECT UPON

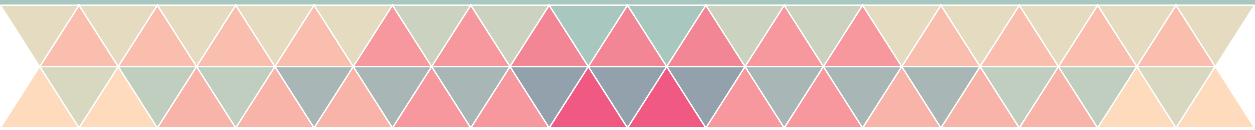
- The criminalization and stigma suffered by certain populations
- The responsibility of each actor in the HIV response
- Collective responsibility regarding the HIV response

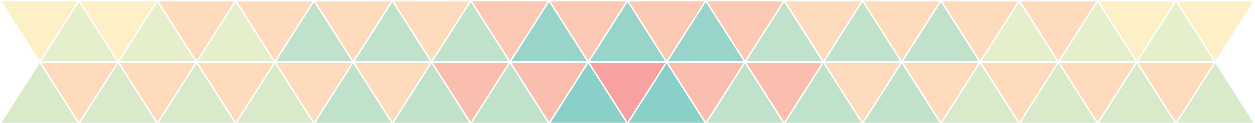


Even if living with HIV is not a common aspiration of the population, this does not justify the remark, guilt and disdain of those living with the virus. The principle of empathy demands us to “walk someone else’s shoes”. To understand the reality of a person living with HIV and try to imagine the challenges they face is a great start for action.

Living in community means that we are not oblivious to the problems of others and thus, we open the door to get involved and invite our children, parents, family members, friends, students and teachers to know more about HIV. By expanding the conversation, we promote positive changes by creating role models, which also helps reduce the number of new infections, stigma and discrimination against those who directly or indirectly are being affected by HIV and AIDS.

1. Joint United Nations Programme on HIV/AIDS (UNAIDS). (2011). “30 years into the AIDS epidemic”. UNAIDS. Switzerland
2. World Bank. Available online: <http://bit.ly/Lm93Ql>
3. In case the number of participants is higher than the purposed categories these roles may be repeated or new ones may be assigned. Be creative.





The views expressed in the text, as well as the analyses and interpretations contained therein, have not been subjected to editorial review and are the sole responsibility of their authors. They do not necessarily reflect the views and stance of Espolea A.C.

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