

The background of the cover features two large silhouettes of human heads in profile, facing each other. The silhouette on the left is filled with a solid green color, while the silhouette on the right is a solid black. The space between the two profiles is white, creating a central area for the text.

FACING OUR FEARS

A TRAINING MANUAL ON STIGMA
REDUCTION, TOLERANCE, AND
BROTHERLY/SISTERLY ACCEPTANCE
IN DIVERSITY

2018

Acknowledgement

Using a consultative process, this training manual was initially developed in 2011. Persons Marginalized and Aggrieved (PEMA) Kenya appreciates the support from KEMRI—Mtwapa Clinic, which provided the venue for the trainings—and Monique Oliff and Evenson Gichuru who supported all the trainings. PEMA Kenya acknowledges with gratitude the availability of the 12 religious leaders who participated in a three-month long training, every Saturday, even when they had competing commitments.

PEMA Kenya staff have conducted the trainings for many years. Trainers include Esther Adhiambo, previous PEMA Kenya Director; Aluoch Ochola, previous PEMA Kenya Director; Ishmael Bahati, 2018 current PEMA Kenya Executive Director; and Clifford Duncan, Head of Programmes. The original development of this manual was made possible by the generous support from LLH Norway. Lina Tordsson, Janbjarne Sodal, and Marna Edie also supported in the critical editing of the manual. David Kuria Mbote supported in compiling the original workshop materials and formulating the manual.

From 2015–2018, the manual was updated with support from Palladium staff including David Kuria Mbote, Ashley Gibbs, Ann Hendrix-Jenkins, Bethany O'Connor, Ryan Ubuntu Olson, and Andrew Zapfel. John Blevins (Emory University) and Esther M Mombo (St. Paul's University) provided review and additions, as well.

The manual was copyrighted in 2018.

Contents

Acknowledgement Acknowledgements.....	i
Abbreviations.....	iii
Introduction.....	1
Module 1: The Individual and Society.....	13
Module 2: Community Health	19
Module 3: HIV and AIDS.....	27
Module 4: Understanding Stigma and Discrimination	36
Module 5: Religious Texts on Stigma and Discrimination.....	45
Module 6: Discussing our Fears	49
Module 7: Gender and Sexual Diversity Basics	54
Module 8: Lived Experiences of Stigma and Discrimination.....	69
Module 9: Human Rights.....	71
Module 10: Respecting, Protecting, and Fulfilling Rights	78
Module 11: Reflecting on the Kenyan Experiences	82
Exercise:.....	84
Facilitator notes.....	84
Module 12: Graduation and Commissioning.....	86
Annex 1. Worksheets.....	90
Annex 2. Training Evaluations	102

Abbreviations

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
GSD	gender and sexual diversity
HIV	human immunodeficiency virus
INERELA+	International Network of Religious Leaders Living with HIV and AIDS
LGBT	lesbian, gay, bisexual, and transgender
NACC	National Aids Control Council
PAHO	Pan American Health Organization
PBUH	Peace Be Upon Him
PEMA	Persons Marginalized and Aggrieved Kenya
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization
KAIS	Kenya Aids Indicator Survey

Introduction

Religious leaders are important figures in our societies; they are committed to teaching us and guiding us in all spheres of life and, particularly, our moral formation. Religious leaders are also concerned with the people in our society, especially those most discriminated against. However, they may not fully understand the challenges and needs of marginalized people or they could have received misinformation. This training will help religious leaders better understand the lives of marginalized individuals, and learn to be the leaders for their congregations. This training is unique—a paradigm shift because it's a religious tool, developed by the laity, for the religious leaders, not the other way around.

Background

In February 2010, in the coastal town of Mombasa, Kenya, a number of clerics heard there would be a same-sex wedding in Mtwapa Township, Mombasa. Unwilling to allow their town to go down a moral road they did not approve of, they mobilized community members to evict people suspected of being gay from the Mtwapa Township. Unfortunately, this initiative quickly became violent; the day remains historic in Kenya because of the unprecedented violence and the number of people affected. Approximately 20 people were forced to move out of Mombasa, while more than 100 others had their lives disrupted in one way or another—including being forced to relocate their homes.

Persons Marginalized and Aggrieved Kenya (PEMA) Kenya, a Mombasa community-based organization working for the human rights of people in Mombasa, organized an emergency response for those directly affected by the attacks. PEMA Kenya also began to develop sustainable strategies to ensure this kind of violence and targeted attacks does not happen again.

PEMA Kenya developed the training and manual to create a road map that will bring about a less hostile society towards gender and sexual minorities. The goal is to take a journey with religious leaders on the values of empathy, understanding, and greater tolerance towards marginalized members of the society. This training manual is a product of a theory of change developed through protracted engagement with religious leaders in Mombasa during a three-month period.

A man was going down from Jerusalem to Jericho, when he was attacked by robbers. They stripped him of his clothes, beat him and went away, leaving him half dead. A priest happened to be going down the same road, and when he saw the man, he passed by on the other side. So too, a Levite, when he came to the place and saw him, passed on the other side. But a Samaritan, as he travelled came where the man was; and when he saw him, he took pity on him. He went to him and bandaged his wounds, pouring on oil and wine. Then he put the man on his own donkey, brought him to an inn and took care of him.

(Luke 10:30–34)

We have appointed a law and a practice for every one of you. Had God willed, He would have made you a single community, but He wanted to test you regarding what has come to you. So compete with each other in doing good. Every one of you will return to God and He will inform you regarding the things about which you differed.

(Surat al-Ma'ida, 48)

The overall purpose of this manual is to engage participants in a personal journey of compassion and reflection. The Facing our Fears training is planned for four days. The modules can also be used separately, in different scenarios, and with different audiences.

Learning Objectives:

Training Goal

To educate religious leaders on HIV, stigma and discrimination, and gender and sexual diversity, and to discuss their roles in protecting the human rights of all persons.

After completing the training, participants will be able to—

- explain what HIV is and how the epidemic affects Kenya
- describe stigma and discrimination as it relates to marginalized groups in the HIV epidemic, specifically gender and sexual minorities
- discuss how religion and spirituality can be useful tools to address the social determinants of health
- as religious leaders in your communities, protect the rights of all human beings
- apply concepts around diversity and inclusion to religious practices and social programs.

Training Methodology

Discussing gender and sexual diversity (GSD) can be complex, especially with those with a limited education on the topic, because of the common social stigmas around sex, gender, and sexuality. This training takes a unique approach towards understanding sexual orientation and gender identity. In the beginning, participants are not aware that GSD will be one of the topics covered. Participants are first introduced to public health, HIV and AIDS, stigma, and discrimination before they are sensitized to topics related to gender and sexual identity. The early discussions around compassion and stigma prepare participants to be receptive to the more sensitive topics. This has been called the *submarine* approach, and it is highly effective.

Testimonials From the Religious Leader Training

Many people may question the potential impact of working with religious leaders on such a sensitive issue. Yet, PEMA Kenya found great success through this curriculum. One example comes from a religious leader who organized, and even led, the 2010 gay evictions in Mtwapa:

“The thing of gays has disturbed my head for a long time. In the past, my heart was difficult, but then I softened after the trainings and all because I have learnt to be a lot more accommodating; even staying in the hotel where there are gay people during a national symposium on HIV/AIDs in Mombasa targeting homosexuals, lesbians and sex workers organized by National AIDS Control Council. (<https://www.nation.co.ke/news/Murugi-urges-Kenyans-to-accept-gays---/1056-1024376-71y83m/index.html>). This training helped because before I would be very sad, especially if I was forced to be in the same place where there were homosexual people. Now I have many friends (who are gay), and yet in the past they used to run away when they saw me. Now we talk with them in an ordinary way.”

Another religious leader, Bishop Lawrence Chai, who also had an equally important role in leading the attacks, said this about the training:

“Before I was very harsh with those people called homosexuals. I did not like them, but after attending seminars, counselling and advising on change of attitude and love—I have begun to love them, and show them love. They can even come to your house if you invite them. This program was good for me. During the 2010 (Mtwapa attack) I had not attended any seminar on homosexuality. That is why there was no problem even if people want to kill them—now it would not be possible.”

The methodology for the training is that religious leaders come in believing it is focused on HIV. The training is contextualized within the framework of HIV services for key populations. This is because, to paraphrase one religious leader: “If I was told before starting the training that this training will discuss homosexual people, I would never have attended. But, now I am happy that I did. I have more empathy for people who are marginalized.”

Given a backdrop of HIV prevention, the religious leaders have a safe space to discuss gender and sexual diversity and how their support of these marginalized communities can help make a better society, as well as help the country respond to HIV.

Sample Training Agenda

The following agenda can be used to conduct the trainings. From previous experience, it is best to facilitate the modules on five consecutive days to ensure participants stay throughout the entire process and remain engaged. Other configurations are also possible. Include breaks, as well as lunch, to allow rest for the participants and facilitators.

DAY 1: Introductions, Structural Determinants of Health and HIV

Welcome (1 hour)

- Introductions
- Overview of Training Days and Agenda
- Expectations and Fears
- Ground Rules
- Housekeeping

Module 1: The Individual and Society

- Section 1.1: What it means to be human in the society (45 minutes)
- Section 1.2: What is the role of the individual in the community (45 minutes)
- Section 1.3: Roles religion plays in the society (45 minutes)

Break

Module 2: Community Health

- Section 3.1: Cultural and social determinants of health: Introduction to public health (45 minutes)
- Section 3.2: Place of the individual and community health (45 minutes)
- Section 3.3: Religion and Public Health(20 minutes)
- Section 3.4: Values clarification(20 minutes).

Lunch

Module 3: HIV and AIDS

- Section 3.1: HIV and AIDS 101(30 minutes)
- Section 3.2: Epidemiological data indicating HIV prevalence(30 minutes)
- Section 3.3: Exploring personal fears of HIV and AIDS(30 minutes)

DAY 1 Wrap Up: Key Takeaways and Ending Remarks

DAY 1: Evaluation and Wrap Up

DAY 2: Fears, Stigma, and Discrimination

Introduction to Day 2(30 minutes)

- Opening Remarks
- Discussion from Last Day
- Overview of Day 2.

Module 4: Understanding Stigma and Discrimination

- Section 4.1:Conceptual Framework (30minutes)
- Section 4.2: Contextualizing Stigma and Discrimination (30minutes)
- Section4.3: Religious Imperatives on Stigma & Discrimination (30minutes)

Break

Module 5: Religious Texts on Stigma and Discrimination

- Section 5.1:Conceptual framework – Bible (25minutes)
- Section 5.2: Conceptual Framework – Quran(25minutes)
- Section 5.3: Personal Response to Stigma and Discrimination (55minutes)

Lunch

Module 6: Discussing Our Fears and Opportunities for Intervention

- Section 6.1: Personal Fears and Phobias (30minutes)
- Section 6.2: Impact on Followers (30minutes)
- Homework: Preparing to Face Our Fears(20 minutes)

DAY 2 Wrap Up: Key Takeaways and Ending Remarks

DAY 2: Evaluation and Wrap Up

DAY 3: Gender and Sexual Diversity, Testimonials

Introduction to Day 3 (1 hour)

- Opening Remarks
- Discussion from previous day and report out from homework
- Overview of Day 3

Break

Module 7: Gender and Sexual Diversity Basics (2.5 hours)

- Section 7.1: Introduction (20minutes)
- Section 7.2: The Gender Person (60 minutes)
- Section 7.3:GenderandSexual Diversity Language (25 minutes)
- Section 7.4: Case Studies (35 minutes)

Lunch

Module 8: Panel Discussion with Gender and Sexual Minorities (3 hours)

DAY 3 Wrap Up: Key Takeaways and Ending Remarks

DAY 3: Evaluation and Wrap Up

DAY 4: Kenyan Experiences, Human Rights, and Protecting the Rights of All

Introduction to Day 4 (30 minutes)

- Opening Remarks
- Discussion from Previous Day
- Overview of Day 4

Module 9: Human Rights

- Section 9.1: Revisiting Mtwapa (20 minutes)
- Section 9.2: Activity: What Does It Mean to Be Human? (20 minutes)
- Section 9.3: What are Human Rights? (30 minutes)
- Section 9.4: Human Rights Instruments (20 minutes)
- Section 9.5: Activity: Gender and Sexual Minorities and Human Rights (30 minutes)

Break

Module 10: Respecting, Protecting, and Fulfilling Rights

- Section 10.1: Introduction to Session (10 minutes)
- Section 10.2: Disagreement and Discussion Exercise (20 minutes)
- Section 10.3: Challenging Stigma: Hot Seat Exercise (30 minutes)
- Section 10.4: Handout Discussion (20 minutes)

Lunch

Module 11: Reflecting on the Kenyan Experiences

- Section 11.1: A Narrative of Hurt and Division (20 minutes)
- Section 11.2: A Narrative of Resilience (20 minutes)
- Section 11.3: Focusing on What Unites Us (20 minutes)

Break

Module 12: Moving Forward

- Section 12.1: Graceful Engagement (30 minutes)
- Section 12.2 Personal Testimonies
- Section 12.3 Conclusion

Final Evaluation

Guide to Facilitating

The facilitator's role is to—

- Encourage full participation from the participants; ask questions and listen instead of talking, which will maintain full participation. Let the participants lead the conversations; this will keep them fully engaged in teaching themselves and others about the topic areas.
- Ask questions to encourage participants to develop their own solutions to problems and issues.
- Keep the focus on the main points.
- Process group input.
- Keep participants focused on their own experiences.
- Share your experience with others, when needed, to move discussion forward.
- Be a role model for the participants.
- Show the connections between spiritual laws, taboos, and other social references to ensure participants fully understand the concepts presented.

Teamwork

This training calls for a participatory approach, meaning that both the facilitators and participants should contribute actively to the workshop activities. The participants should be encouraged to carry a copy of their Bible/Quran for the training. Ideally, the workshop should have two to four facilitators.

Facilitators should be sensitive to the rules of acceptance, non-judgmental, respect one another, and respect a person's right to be heard. If painful or sensitive situations are shared in the group, the facilitators should ask the group for respect and attention to one another without laughing, mocking, or commenting. Everyone has a personal story, but the story can be accompanied by much pain. The participants must feel they are in a safe space.

Agreements and disagreements about an issue should be expressed openly and respectfully, even if one person or the group does not agree. This is a good way to learn together and to respect and listen to different points of view. The workshop is a learning process; it is helpful for the facilitator to observe the group dynamics that unfold. Learning takes place not only through the topics, but also through the role model of the facilitator practicing the qualities of a good listener.

Importance of Safe Space

It is important for the facilitator to begin the training by working with participants to establish a safe space for learning—reminding participants that the training and discussions in this space are to be respected and are confidential. Participants will have different thoughts and opinions about the modules and some may want to express ideas that may be diverse. The facilitator must allow these discussions to grow naturally in a way that fosters learning. If a participant becomes upset or hostile, the facilitator must calm the room. They should either ask the person to leave or talk

to them privately about ways they can rejoin the conversation by respecting all participants in the room.

To start building a safe space with participants, develop a Code of Conduct at the beginning of the training and frequently remind participants about what they agreed to. To create a code, see page 10-11.

Workshop Methods

The adult learning theory tells us there are multiple ways that adults can learn. This training does its best to ensure several methods are used throughout the modules. To encourage full participation, choose different people to answer questions, which will encourage equal participation. Also, use incentives (such as prizes) to ensure all participants are engaged in the conversation. Takeaways and summaries will integrate the different workshop methods in this training.

Different facilitation methods in this training include—

1. *Brainstorming*

Using this training method, the facilitator asks the group to suggest as many ideas as possible about a particular subject, and anything that comes to mind on that issue.

After enough participants have contributed, the facilitator reiterates the main points of the discussion, building off common themes presented by the participants. Remind the participants that all the answers are valid, but for this topic, only the main points are highlighted. The manual lists the main points the facilitator might want to repeat after each section.

2. *Lecturette*

In some sections, the facilitator may need to provide some conceptual details using the traditional teaching approach, lecturing participants on specific topic areas. Using diagrams, PowerPoint presentations, and handouts (see the annex), the facilitator can assist visual learners, as well as auditory learners (people who learn best through listening). Linking the materials with the experience and knowledge of participants will make the workshops more participatory; many adults learn best when they can connect new material to their own experiences.

3. *Small Group Work*

Divide workshop participants into smaller discussion groups to enhance participation by allowing more people to contribute to the conversation, particularly if they find it difficult to talk in large groups. Groups of three–four participants are usually ideal.

An easy way to divide the group is assign each person a number (e.g., 1, 2, 3, or 4). The facilitator then asks all those with number 1 to gather in a small group, number 2 in a different place, etc. If time, other techniques or games will bring energy to the group.

The facilitator then suggests that everyone in each small group should have a chance to speak their minds. The results of the group work come from the participation and expression of all the members.

Each small group chooses a representative, a notetaker, and a facilitator for each break out session. The notetaker will document discussions, the facilitator will ensure that all participants are engaged, and the representative will present their work at the plenary. Small groups can present to the large group in two ways:

1. The facilitator gives each group flip chart paper on which they can write the results of their discussion. One by one the representatives of each small group present their results to the large group at the plenary session.
2. Each group writes the results of their discussion on regular paper. The facilitator asks the first small group to share a few of the main discussion points from their list; the facilitator writes them on the flip chart or projects PowerPoint slides in the plenary room. The second group is asked for a few points from their list that the first group did not mention, and the facilitator adds these to the list. This process continues until all have groups have contributed.

Then, ask the first group again if they have anything to add that has not been mentioned, and so on, until all the groups have a second chance to add items from their work.

The first method can take a long time, depending on the ability of the small group leaders to be brief. There can be a lot of repetition, especially if the topic is the same for all groups. The second way to present is faster and uses less workshop time. Facilitators may test both approaches, and select the method that works best for the particular group, exercise, and time allotted for the session.

4. Individual Work

Individual work is required in some sections. Give the participants a few minutes to write in silence on issues that require individual reflection. Then, ask volunteers to share what they wrote in a small group or at the plenary.

Energizers

Energizers are short activities that encourage playfulness, laughter, and usually involve physical movement. They can be used during breaks between sessions to illustrate a focus point, or to encourage unity by involving everyone. They are also very helpful as recreational activity for tired participants, particularly after lunch or late in the day, or to relax participants after a discussion of difficult topics.

Examples of energizers:

http://www.icaso.org/vaccines_toolkit/subpages/files/English/energiser_guide_eng.pdf

Example: Song or Dance

Engaging the large group in a song or dance relating to the topic just discussed can effectively reinforce it. It can also be an effective release of emotions after discussing some of the more difficult topics. It is a good way to end a session on a positive and reassuring mood. Ensure that the song is well known by all the participants and that its theme or content is not controversial or divisive.

At the start of the workshop—

1. Participant introductions

Welcome participants and ask them to introduce themselves. Emphasize the importance of everyone's participation for the training to be a success. Begin with introductions. Introduce yourself, and tell them one thing you like about yourself. Ask others to do the same. Help participants to relax, get to know each other, and begin to collaborate. If appropriate, you can use a simple game to help participants learn each others' names, such as tossing a ball around. Ask the participants how they want to introduce themselves.

2. Expectations and fears

Ask the participants about their expectations and any fears for the workshop.

The facilitator can ask—

- What do you hope to gain from this workshop?

Ask participants to share their responses in the large group; the facilitator keeps a list on the wall during training. The facilitator should clarify any issues, such as fears about security, accommodations, meals/refreshments, and allowance.

3. Introductions to the day

The facilitator will go over the agenda for the day, telling participants about the broad themes. Do not go into too much detail; this will retain some flexibility for each training day.

4. Housekeeping issues and selection of chairperson and timekeeper

The facilitator should explain the participatory approach to the participants to make sure everyone understands it and the expectations. This is a good time to encourage openness to new ideas and a willingness to disagree with ideas without becoming upset.

Because some groups may be very concerned about keeping to the exact schedule, tell participants that this participatory approach requires flexibility, but that breaks and meals will still be the scheduled amount of time, even if they start earlier or later than scheduled.

Encourage participants to select leaders for the period of training. The chairperson can ensure the group maintains the ground rules. This gives the facilitator more freedom to engage with the group. The timekeeper can keep the discussions within the set time limit.

5. Creating a code of conduct

A code of conduct can help set norms for the room and create a safe space for discussion. Ask participants to define the rules they want the group to follow during the training. Ask participants to state any rules they think are important to keep it participatory but disciplined. With the participants, choose the most important rules and list them on a flipchart. Discuss any rules that they do not agree on. Make a final list of rules that all participants agree on together. Put them in a prominent place in the room.

Example rules include—

- At the start of the day, turn off or silent all mobile phones.
- Participants should raise their hands to make a comment or answer a question.
- If participants prevent others from speaking, they are asked to allow others to speak and refrain from comments for a set period of time.
- If participants are not contributing, they may be asked to come forward and join the discussion or group activities. Participants that are vocal need to give less vocal participants a chance to speak.
- All participants must respect the opinions of others.
- All participants can agree to disagree, and remain collegial.
- Personal stories shared by participants are confidential, and may not be shared outside the room.
- Trainings will end on time unless the group agrees to continue.
- Breaks are allowed at specific times.
- After every module, the facilitator will allow time for personal reflection or discussion.

After the rules are confirmed, display the code of conduct in the training room. The facilitator can then decide to be the one to enforce the rules, but ask that participants also ensure that other participants follow the agreed-to rules. If a participant wants to take a leadership role, they can be the *chairperson* for the training and enforce rules/provide decorum. Refer back to the rules if they are not followed; remind participants that everyone agreed to them.

6. Time management

To attain its objectives, time management is an important part of the training. This manual estimates the time for each section; however, each group may need different amounts of time for discussions. Co-facilitators can help to keep time, and the group's designated timekeeper can support this.

7. Evaluation

At the end of each day, facilitators and participants should evaluate and review the training together. To encourage participation, ask all participants for feedback after each day. Consider asking the following questions:

1. Which topic did you like most? Why?
2. What topics were most difficult to understand? Why?
3. Do you want to make any general comments?

See the end of this curriculum for an evaluation worksheet:

Curriculum Overview:

Each module is divided into sections; specific discussions or exercises will educate religious leaders on gender and sexual minorities. To help facilitate this exercise, the manual is divided into the following sections:

Lecturette:

The lecture section includes the text that you will read to the participants. See the end of the curriculum for the PowerPoint slides and other worksheet tools.

Exercise:

This section includes the exercises, with the instructions. These sections will engage participants in activities that encourage discussion and learning. They reinforce what is learned in the lecture sections and includes ideas for the facilitator to vary the lectures to ensure participants are fully engaged.

Facilitator notes :

Do not read this section to the participants, but use it as a guide. See the specific learning objectives, as well as ideas on how to best engage the participants.

Module 1: The Individual and Society

DESCRIPTION

Participants review the perspectives on what it means to be a human in society, and the roles the individual, community, and religion play in the society. The importance of religion in society is emphasized, including the various dimensions of power, particularly those from religious sources.

OBJECTIVES

At the end of module 1, participants should be able to—

- appreciate the separation of the *personal* from the *social*
- empathize with diverse personal moral paths and decisions
- appreciate the role of moral principles as ideals and aspirations.

MATERIALS

Handout: Story of the Man on the Road

STRUCTURE

Section 1.1: What Is the Role of the Individual in the Community? (45 minutes)

Onion activity: Multiple Layers of Individuals

Section 1.2: What it Means to Be Human in the Society (45 minutes)

Story of a Man on the Roadside

Reflections on the story

Section 1.3: Role of Religion in Society (45 minutes)

Section 1.1: What Is the Role of an Individual in the Community?

Facilitator notes: This section helps participants understand the multiple attributes each individual has, and how society often judges people based on one or two characteristics, ignoring the other traits.

Lecturette:

There is an African saying: If you want to walk fast, walk alone, but if you want to go far, walk with the many.

Yet, sometimes before we walk with the many, we want to be sure that they are like us. We often judge people based on small perceived differences. This creates a challenge of establishing our individuality while conforming to social expectations—especially when social expectations are at odds with individual goals. This sometimes means that we judge others even before we know their story.

Exercise:

Onion Exercise:

This exercise teaches that judging others before understanding them is easy. But, every person is like an onion, full of layers—if we only see one layer we do not see the whole shape of the onion. We need to see all the layers that make an onion. Similarly, we need to see all the layers that make a person. To do this, we need to listen without judging until we begin to understand who they are!

Ask participants to divide into small groups of three–four participants. Select one participant in each group for the *hot seat*. Ask the other participants to answer the following questions about the person without talking to them.

1. What is their name?
2. What is their favourite colour?
3. Are they married?
4. Where do they live?
5. Do you they have children?
6. Do they play football?
7. What is their favorite pastime?
8. What is their biggest fear?

After this exercise, the participant who on the hot seat is asked to truthfully answer the questions.

Give each participant time to do individual reflection. Ask the questions below and ask participants to respond.

- After you heard the answers from the individual, what is your opinion of this person?
- Do you feel differently about the person before or after the exercise?

- What assumptions did you first make about the person? Have you learned anything about stereotypes?

Summarize this section:

- People are different; it is important to learn the many ways in which people are unique.
- It is easy to pre-judge someone before you know them well. We often say, “do not judge a book by its cover,” but we often do.
- While it is a human tendency to pre-judge people, to reduce the pain of exclusion, we should always try to understand each person’s *story*, especially those more likely to be excluded from society.

Section 1.2: What It Means to Be Human in Society

Facilitator notes: The following section includes an exercise using stories from the Bible, Quran, or a non-religious text. The facilitator selects the story that will best resonate with the participants.

Exercise:

Choose one of the following stories to read and answer the questions. Each participant has five minutes to answer the following questions individually before sharing with the group.

The Story of the Good Samaritan Luke 10:30-34

³⁰ And Jesus answering said, A certain man went down from Jerusalem to Jericho, and fell among thieves, which stripped him of his raiment, and wounded him, and departed, leaving him half dead.

³¹ And by chance there came down a certain priest that way: and when he saw him, he passed by on the other side.

³² And likewise a Levite, when he was at the place, came and looked on him, and passed by on the other side.

³³ But a certain Samaritan, as he journeyed, came where he was: and when he saw him, he had compassion on him,

³⁴ And went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him.

Discussion Questions for Luke 10:30-34

1. What would you do if you encountered the man in the road?
2. Why?
3. What would you wish you could have done?
4. Why?

5. Can you think of a time when you ignored a person in need? Why do you still remember that?
6. What do other people do in similar circumstances?
7. What does your religion say about helping people in need?
8. Why do we, sometimes, not help?

The Story of Moses and the Lost Sheep

They say that when Moses (Peace Be Upon Him [PBUH]) was still the shepherd of the Prophet Shu"ayb (Upon Him Be Peace) and had not yet received divine Inspiration, he was one day feeding his sheep. By chance one ewe became separated from the others. Moses wanted to bring her back to the flock, but the ewe ran off into the desert; not being able to see the sheep, she ran about in terror and Moses chased her for a distance of two or three farsangs, until she had no strength left and fell down exhausted and could not get up. Moses came up to her and was moved with compassion. He said "O hapless one, wither are you fleeing? Whom do you fear?" Seeing that she could not walk anymore, he picked her up and put her on his shoulders and brought her back to the flock. Moses put her down and she joined the flock. God (Be He Exalted) called to the angels, saying, "Saw ye with tenderness my servant treated that dumb ewe? Because he took trouble and harmed not the ewe, but rather had mercy on her, (I declare) be My glory that I will raise him up and make him My interlocutor; I will grant him prophet hood and send him a book, and as long as the world exists, his name will be spoken." God bestowed all these token upon him.¹

Discussion Questions for Moses and the Lost Sheep:

- What is the meaning of this passage?
- What is the meaning of what God (Be He Exalted) said to the angels?
- How can we follow the teachings of this passage?
- What does your religion say about helping such people in need?
- Why do we sometimes not help?

The Man in the Road

A man has been knocked down on the road and starts to bleed as you are walking down the street. Some people are walking past, others are watching, you are rushing to a meeting.

Discussion Questions:

- What would you do?
- Why?
- What do you wish you could have done?
- Why?
- Can you think of a time when you ignored a person in need? Why do you still remember that?
- What do other people do in similar circumstances?

¹ <https://english.tebyan.net/newindex.aspx?pid=90917>

- Why do we sometimes not help?

Summarize the discussions by emphasizing—

- the values of compassion, love, and human dignity
- that it is not always easy to act in the most compassionate or loving way; we aspire to keep these values or ideals.

At the same time, we should continually strive to treat all people with compassion and love, especially those most likely to be victims of discrimination or exclusion; therefore, they are the least likely to receive compassion and love from anyone.

Section 1.3: Roles Religion Plays in Society

Lecturette: 

Facilitator notes: This section starts with a lecture and continues with an exercise in which participants reflect on the role religion has played in society. It is important that the participants understand the influence they have in society as religious leaders, and they should use their authority to respect the diversity in others.

Religion has historically played an important role in the lives of people. In the democratic struggle of many African countries, religion has been positive and often a beacon of hope for the oppressed. During the 1980s and 1990s, religion played an active role in the re-introduction of political pluralism in Kenya and for many other African countries. Unfortunately, religiously motivated interests can also cause dis-unity, sometimes destroying lives and property. Religion in its purest form promotes harmony, love, and a better world; it is important for people to recognize this.

Exercise: 

This exercise explores instances when religion was used as a force to unite the people and when it was used to divide the people.

Participants form groups of three–four people and take about five minutes to answer the following questions before opening up for a group discussion.

Ask participants to reflect and then discuss the following questions.

Can you think of instances when—

1. Religion has brought about social unity?
2. Religion was a movement to protect the rights of others?

3. Religion provided relief from human suffering and pain (e.g., during periods of natural or man-made disasters)?
4. Religion had unintended, negative consequences?
5. What responsibility do religious leaders have to their communities?

Facilitator notes :

Summarize this section by pointing out how religion has done many great things to improve social welfare. But, on some occasions, religion has not improved social welfare, but has caused harm to the common good. Explain that during the next sessions, we will look at how religion can build on the great work religion is already doing for society. The trainings will also explore how to limit the few instances when religion harms society, especially the marginalized members. Reference the following passages from the Bible and Quran.

Sample scriptural texts to conclude the session.

Help those in trouble! Then your light will shine out from the darkness, and the darkness around you shall be as bright as day. And the Lord will guide you continually, and satisfy you with all good things, and keep you healthy too; and you will be like a well-watered garden, like an ever-flowing spring (Isaiah 58:10–11)

“O you who have believed, be persistently standing firm in justice, witnesses for Allah, even if it be against yourselves or parents and relatives. Whether one is rich or poor, Allah is more worthy of both. So follow not [personal] inclination, lest you not be just. And if you distort [your testimony] or refuse [to give it], then indeed Allah is ever, with what you do, Acquainted”

(Verse 135 of Surah Al Nisa[The Women])

Module 2: Community Health

DESCRIPTION

The second module focuses on public health, with particular emphasis on HIV. It introduces the concept of determinants of health and invites participants to explore factors that positively and negatively influence the health of individuals and communities.

OBJECTIVES

At the end of module 2, participants should be able to—

- a) Explain the different determinants of health.
- b) Appreciate the impact of structural barriers on HIV programming for key populations.
- c) Understand the role religion can play in public health.

MATERIALS

- Handout: Religion and Public Health
- Handout: Story of John Snow
- Handout: Values Clarification (Shipwreck Exercise).

STRUCTURE

Section 2.1: Cultural and Social Determinants of Health: Introduction to Public Health (45 minutes)

- Religion and public health

Section 2.2: Place of the individual and community health (45 minutes)

- Addressing positive and negative externalities

Section 2.3: Values clarification

- The shipwreck roleplay

Sample scripture reference:

- “Let us not become weary in doing good. As we have opportunity, let us do good to all people, especially to those who belong to the family of believers” (Galatians 6:9–10)
- “Mankind there has come to you a guidance from your Lord and a healing for (the diseases) in your hearts, and for those who believe a guidance and a mercy.” (Yunus10:57)

Section 2.1: Cultural and Social Determinants of Health: Introduction to Public Health

Facilitator’s notes: In this section, the facilitator explains the need to look at the root causes of disease in general and HIV in particular. You can use technical terms, such as social determinants of health, but also other terms that resonate with the participants. It is important to emphasize that there are *social factors that place some people at a greater risk of acquiring HIV*. It is important to add that the challenge of HIV *cannot* be fully addressed unless these social factors are also addressed.

Social epidemiology is the study of the ways in which social, psychological, political, cultural, and economic circumstances influence our chances for a healthy life. Social circumstances, such as stigma and discrimination, and poverty; and other structural issues, such as policy and legal environment, can have a huge impact on health outcomes. This is especially true where a certain sector of the population lives within a context of legally enforced social inequalities.

Facilitator notes:

Start this session by asking participants: “What is health?” Ask a few volunteers to suggest definitions; write down the main points on a flip chart. Then summarize the common themes from this brainstorm session.

Then, read the World Health Organization (WHO) definition for health:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.²

Ask the participants what they think this means. Conclude this discussion with, “Public health is not just about the health of individual people; it is concerned with the health of communities.”

Exercise:

Determinants of health

Determinants of health and well-being are illustrated in figure 1.1. As a group, discuss how each level of the diagram can influence individual and community health in positive or negative ways.

Feel free to adopt other models that explain the factors that influence an individual’s health. Many factors are individual choices, but individual choices are influenced by the existing social and community networks. Yet, even these social and community networks are influenced by social economic, cultural, and environmental conditions. Social determinants of health and well-being—the outermost layer—are sometimes called the “causes of causes.”

²Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 states (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Ask participants to discuss the place of policy and laws and how that affects access to health for marginalized members of society. End this session with key takeaways, including how cultures and norms can negatively affect people's access to health care services.

Figure 1. Determinants of Health

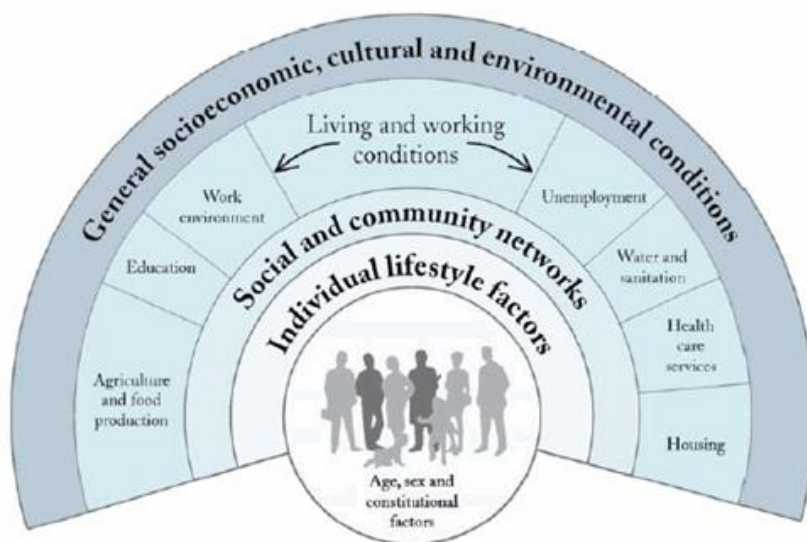


Figure shows one influential model of the determinants of health that illustrates how various health-influencing factors are embedded within broader aspects of society.

Source: Dahlgren, G. and Whitehead, M. (1991). *Policies and Strategies to Promote Social Equity in Health*. Stockholm: Institute for Futures Studies.

Facilitator notes: Figure 1 is best explained by working from the inside out. In the centre is the individual and how they can be described: age, sex, colour, tribe, etc. Moving out, we see the individual lifestyle factors: profession, religious affiliation, etc. From there, social and community networks—friends, colleagues, family—influence a person's decisions. Finally, we see general socioeconomic and other living and working conditions not under the individual's direct control.

Discussion questions:

- Who in your life influences how you spend your time?
- How does unemployment affect how someone chooses to spend their time?
- How do religious leaders and church communities affect someone's choice of how they spend their time?

Write down answers to these questions individually and then discuss them in groups of three:

1. Can participants think of instances when cultural laws and norms affected the health of the people in both positive and negative ways (e.g., wife inheritance, female genital mutilation, etc.)?
2. Do any cultural taboos have an impact on health (e.g., not eating eggs when pregnant)?
3. How does gender (being a man or a woman) impact health?
4. How does criminalization make it difficult for members of the lesbian, gay, bisexual, and transgender(LGBT) community to access services? How might that affect their health?

Facilitator notes:

Summarize the key takeaways:

- Health is not just one's physical state, it's also the holistic well-being of people and communities.
- Social problems—gender inequality; poverty; stigma; discrimination; and lack of access to education, housing, employment, and health services—significantly impacts health outcomes.
- Research shows that marginalized groups are at higher risk of HIV and other infections, because they are often denied access to health services.

Exercise:

Religion and Public Health

Religion and public health are closely aligned because they both take a holistic approach to improving community well-being. This exercise will identify ways that religion contributes to the health of individuals and communities.

Steps

1. Ask participants to divide into small groups.
2. Ask the groups to read the statements below and discuss their ideas; use the discussion questions as a guide.
3. Small groups report out and share the highlights of their discussion with the larger group.

The Story of John Snow

Dr. John Snow was born 15 March 1813 in York, England. The germ theory of disease, which states that some diseases are caused by microorganisms too small to see without magnification, had not been developed. Nobody understood how disease was transmitted. Helped by Reverend Henry Whitehead of the Church of England, the assistant curate of St. Luke's Church in Soho, London, during the 1854 cholera outbreak, John Snow explained the cause of the continuing cholera outbreaks in London.

With Reverend Whitehead, Snow talked to local residents, and identified the source of the outbreak as the public water pump on Broad Street (now Broadwick Street). His studies of the pattern of the disease were convincing enough to persuade the local council to disable the well pump by removing its handle. Researchers later discovered that this public well had been dug only three feet from an old toilet, which had begun to leak faecal bacteria.

How does this story help us today?

Reverend Whitehead's collaboration with John Snow is similar to the good work being done by religious leaders in Malindi who are encouraging local communities to use pit latrines instead of open defecation. Open defecation causes public health problems in areas where people defecate in fields, urban parks, rivers, and open trenches in close proximity to the living space of others. This is a good example of religious leaders working with public health officials to address the "causes of causes" of disease.

Health is about the whole of life, and it includes our relationship to others, to the environment, to everything. That's where it overlaps with religion. And that's why many religious people get involved in the health of the people. They do many things, some you can see or touch, like starting a hospital, a clinic or a project; some you cannot see, like giving care, compassion, or emotional support. In that way, religion works as an asset. (Barefoot guide, p. 7)

Thinking about the health of the public is another way of imagining a world that is whole and healed; free of unjust hurt and unfair inequity; and filled with people, communities, and societies that allow people to live a full and fulfilled life. What is true of health is also true of the deepest roots of religious imagining, which, in different ways for different traditions, aims at a fulfilled life in a healed and whole society and world. (Barefoot guide, p. 108)

Discussion questions:

- What role does religion play in the health of individuals and of communities?
- In what ways does religion overlap with or influence other social determinants?
- How did religion help Dr. John Snow's work?
- What are specific ways that we, as religious leaders, can promote the health of both individuals and communities, especially those who are marginalized or discriminated against?

Section 2.2: Place of the Individual and Community Health

Facilitator note: The facilitator can choose to explain the interaction of individual and community health using terms that are familiar to the people or can use the material in this section. The concept of externalities however is important for this training, because it shows the interaction between individual health choices and the impact they have on the community in general.

Lecturette:

The place of the individual in the society can be illustrated by discussing externalities, which are a cost or benefit that affects a party who did not choose to incur that cost or benefit. For example, when a person plants a tree and the benefits are shared by people who did not plant that tree—that is a positive externality.

Positive externalities benefit the society even though the actions are essentially private. A good example is immunizing people or planting trees. By being immunized, the individual is reducing possibility of an infectious disease spreading, and they are helping protect the community from disease, even those who are not immunized. By planting trees, the individual improves the air quality, not just for them, but also for others who do not plant trees.

Negative externalities are the opposite. It means that negative consequences extend to third parties who had no role in the decisionmaking. They impose a negative effect on the third party and become an "external cost." An example is when marginalized populations are criminalized. When this happens, people in those communities cannot access HIV prevention and treatment information and services. As a result, the negative outcomes spread to the whole society.

Excluding marginalized populations from the health system, however, affects everyone in society. Negative health outcomes for marginalized populations mean a higher community infection rate, additional morbidity and mortality costs, often borne by close family members—who may have no say on the exclusion or inclusion of key populations in HIV programming.

The individual is, therefore, integrated with the society in more ways than can be seen. Their inclusion in providing services and respect for their rights benefits the entire society, while their exclusion disadvantages everybody. How can we, as religious leaders, promote advocacy and progress on these issues?

Section 2.3: Values Clarification

Facilitator notes: This is the first time that participants will talk openly about lesbian and gay men and women. The facilitator must carefully manage the discussion and allow them to openly express their thoughts and opinions.

Exercise:

1. Distribute the handouts and explain the directions.
2. Participants write down what they would do in the following situations.
3. Open the discussion to the group by inviting participants to share their choices.

Shipwreck

The following people are on a sinking boat in shark-infested waters—

You

Mother and an intersex 6-month-old baby

Nurse (female)

Gay medical doctor (male)

Lesbian environmentalist (female)

School teacher (female)

Football player (16years old, male)

Lawyer (female)

Policewoman

Carpenter (75years old, male)

School teacher (male)

Gifted child (7 years old, female)

Pastor (male)

Counselor (male)

Ustadh (male)

Government minister (female)

Chief Kadhi (male)

In the distance is an uninhabited, but self-sufficient, island. The only life boat holds five people. Choose who will go into the lifeboat and cross with you to the island; explain why.

Give participants enough time to consider and write down their responses.

Ask several participants to say who they chose and why. If no one picks the gay doctor, or the lesbian environmentalist, ask why. For those who pick the gay doctor or lesbian environmentalist also ask them to explain.

Facilitator notes:

To summarize the module, the facilitator highlighting the key points:

- This module is a very basic introductory information to HIV and AIDS.
- Marginalized and excluded individuals and communities have a higher risk for exposure to HIV infection.

- Religious leaders can be catalysts for healing and reconciling excluded individuals and communities with the rest of the society, but this is unlikely to happen if they, as religious leaders, marginalize or exclude these people.

Module 3: HIV and AIDS

DESCRIPTION

This session is a basic overview of HIV and AIDS. It is an opportunity for religious leaders to discuss their fears, doubts, and struggles when dealing with a socially stigmatized condition. If possible, ask a representative of International Network of Religious Leaders Living with HIV and AIDS (INERELA+) to speak with participants during this session.

This session presents general data on HIV but, particularly, for key populations. HIV does not affect all people or regions in the country equally and this needs highlighting to understand vulnerabilities for key populations.

This session also builds the capacity of religious leaders to act as peer educators, both to other religious leaders and to their congregations. The group exercise and role playing emphasis on personal experiences of stigma creates an opportunity for enhancing empathy.

OBJECTIVES

At the end of module 2, participants should—

- a) develop a shared understanding of the HIV epidemic in Kenya
- b) undertake a journey of empathy for people infected living with or affected by HIV
- c) appreciate their contribution to HIV prevention, treatment, care, and support.

MATERIALS

- Handout: Compulsory HIV testing for all religious leaders and clergy
- Handout: HIV Epidemiology in Counties of Kenya.

STRUCTURE

Section 3.1: HIV and AIDS 101

- What is HIV and AIDS?
- Who is at risk for acquiring HIV?
- How can we reduce the risk of acquiring HIV?

Section 3.2: Exploring Personal Fears of HIV and AIDS

- Personal experiences of HIV and AIDS—Media Story
- Identification with people living with HIV and AIDS patients, families, and loved ones—INERELA+.

SAMPLE SCRIPTURE REFERENCES

“As he went along, he saw a man blind from birth. His disciples asked him, “Rabbi, who sinned, this man or his parents, that he was born blind?” “Neither this man nor his parents sinned,” said Jesus, “but this happened so that the works of God might be displayed in him.” (John 9)

"Avoid cruelty and injustice...and guard yourselves against miserliness, for this has ruined nations who lived before you." (Riyadh-us-Salaheen, Hadith 203)

Section 3.1: HIV and AIDS 101³

Facilitator note: Many religious leaders will probably have been exposed to HIV trainings; this section is meant to ensure that everyone has a shared understanding of the epidemic. Moreover, it is helpful to add that for those who are not yet adequately trained on HIV prevention, treatment, and care basic training, to seek a more grounded training than this module can offer. INERELA+ Kenya can provide appropriate resources and networks for those who may need or want additional training.

Lecturette:

What Is HIV?

The human immunodeficiency virus (HIV) is spread when infected bodily fluids from one person enter another person's body. HIV attacks the cells, called CD4 cells, that normally defend the body against illness. Many people who become infected do not know they are infected and can only know their status by being tested. As the virus invades a person's cells it makes copies of itself and goes on to infect more cells. Without treatment, HIV can eventually weaken the immune system to such an extent that the body can no longer fight off other diseases and infections.

What Is AIDS?

Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of HIV, when the body's immune system has become very weak. HIV has destroyed the body's power to fight off infection and disease. The person becomes seriously sick and vulnerable to a group of diseases, or *opportunistic infections* that a healthy person would probably not contract. Doctors have two ways to determine if a person has advanced to an AIDS diagnosis:

- a) From other infections: If a person's immune system is so weakened by HIV that one or more opportunistic infections takes hold. A person with a healthy immune system would be highly unlikely to acquire these infections; for example, pneumocystis pneumonia or Cryptococcus pneumonia. Both are fungal infections in the lungs.
- b) From certain blood tests: When the number of CD4 cells in an HIV-positive person's body drops to a certain low point.

³ For a detailed (and visual) medical review of HIV, facilitators and participants can watch Khan Academy's video: <https://www.youtube.com/watch?v=17pfZUIAqow>

The key to slowing the progression of HIV to AIDS is early testing, care, and treatment. Today, effective medicines can help people with HIV stay healthy for years, even decades.

How does someone get HIV?

HIV is primarily spread through unprotected sexual contact: vaginal, anal, or oral sex. Certain bodily fluids can be shared between people during unprotected sex—semen, vaginal fluids, or blood can contain the virus. HIV can also be spread by sharing needles or razors, because blood contains the virus. Women who are HIV positive can transmit HIV to their baby before or during delivery or through breastfeeding after birth. If a person is on antiretroviral treatment and is noted as *undetectable* by medical staff, the person cannot transmit the virus.

What does undetectable mean?

People who are HIV positive receive *viral load tests*, which determines the amount of virus in the body. If a person is on antiretroviral treatment, and taking their medication every day, the amount of virus will decrease. After it is below a certain level, the person is considered undetectable. This is a good sign in which the person is managing HIV and able to live longer and healthier. When a person is undetectable, they cannot transmit the virus to others. To remain undetectable, a person must continue taking ART as prescribed by their doctor.

Saliva, tears, sweat, vomit, faeces, or urine do not transmit HIV. Kissing is safe. HIV cannot survive outside the human body and cannot pass through the skin on the outside of your body unless you have an open cut. HIV is not spread through casual contact like holding hands, hugging, sharing drinks, sitting on toilet seats, etc.

Who is at risk for HIV?

Often, people don't think they or their partners as being at risk, so they don't worry about using protection or getting tested. But, anyone who has had unprotected sex, or who has injected drugs, or has had a partner who has done either of these things, or whose partner's partner may have done these things, may be at risk. The only way to know for certain is to regularly go for HIV tests.

In Kenya, population-based surveys undertaken in the last 10 years show that HIV prevalence among women and men aged 15–49 years ranged from 6.7percent in 2003 to 5.6 percent in 2012.⁴ Although the prevalence has a downward trend, women are disproportionately affected. (*Ask: Why do you think this might be?*)

Kenya has both a generalized and a concentrated epidemic. The epidemic is deeply rooted among the general population; key populations also have concentrations of very high prevalence.

⁴Kenya Demographic and Health Surveys and Kenya AIDS Indicator Surveys

Key Populations

The Kenya HIV and AIDS Strategic Framework defines key populations as “groups who, due to specific higher-risk behaviour, are at an increased risk of HIV infection, irrespective of the epidemic type or local context. Legal, cultural and social barriers related to their behaviour increase their vulnerability to HIV. In Kenya they include men who have sex with men; people who inject drugs and sex workers.”

According to the Kenya Prevention Roadmap, countdown to 2030, key populations account for up to 30 percent of new cases of HIV infections cases, yet they comprise less than 2percentof the population.⁵

Facilitator notes:

Discussion Question for the group: Thinking back to our discussion on the determinants of health, what do you think are some of the legal, cultural, and social barriers that increase vulnerability for key populations?

Lecturette:

How can we reduce the risk of getting infected by HIV?

In Kenya, numerous HIV prevention methods are encouraged, including, but not limited to, the **A**bstain from sex, **B**e faithful to one partner, and use **C**ondoms (**ABC**).INERELA+ Kenya also talks about the **SAVE** approach for faith leaders which is **S**afer practices (including abstinence and condoms), **A**ccess to treatment and nutrition, **V**oluntary counselling and testing, and **E**mpowerment.

How do we treat HIV?

Antiretroviral therapy (ART) is a combination of medicine that an HIV-positive person takes to slow the growth of HIV in the body. ART reduces the viral load and prevents the destruction of CD4 cells—infection-fighting blood cells that protect our bodies from disease. If antiretrovirals(ARVs) are correctly taken, they can help a person live a healthier, more productive, and longer life.

ART is not a cure for HIV; when people start ART, they must continue taking it for the rest of their lives. If people stop taking the treatment, HIV will multiply in their bodies and they will become sick again and increase their risk of infecting others.

It is scientifically established that people who are HIV-positive and are on treatment are less likely to pass on HIV to their sexual partners. It is, therefore, very important to ensure that people who are living with HIV are on treatment.

⁵<http://www.nacc.or.ke/images/documents/Final.pdf>

People on ART should try to live healthy and positive lives—to help the ART fight the HIV in their bodies.

They can—

- Eat good food and drink plenty of liquids to strengthen their bodies and maintain their body weight.
- Be physically active.
- Get enough sleep and rest, to allow their bodies to recover.
- Practice safe sex (using a condom). People living with HIV and on ART are still HIV positive and can pass HIV to others. By practicing safe sex, they can also protect themselves from getting re-infected (increasing the amount of virus in the body).
- Live with hope and get emotional support from family and friends. This helps people living with HIV feel loved, accepted, and better about themselves, strengthening them to live longer and more productively.

If treatment is interrupted, the person living with HIV will get sick and the virus in their body will get stronger again and they will pass the virus more easily to others.

Exercise:

Activity: Small Group Discussion

Religious leaders can provide guidance to help people make decisions that protect them from being exposed to HIV. They can also support people to seek testing, care, and treatment, so it's important to be able to advise their communities.

1. In small groups, ask participants to brainstorm ways they can counsel their congregations on HIV. If a parishioner asks questions about HIV, how would you respond? If a parishioner said they were diagnosed with HIV, how would you respond? What resources or support would you provide? What is important about supporting your parishioners who come to you for help? How does helping HIV positive members of your community living with HIV align with your personal values?
2. Report out to the plenary.

Facilitator notes:

Takeaway messages:

- Certain behaviours can greatly reduce the risk of acquiring HIV.
- With care and treatment, people living with HIV can live healthy and fulfilling lives.
- Religious leaders must encourage people to seek and continue the care they need and deserve. Religious leaders should know clinics are available for testing and treatment for people with HIV.

Section 3.2: Epidemiological Data on HIV Prevalence

Facilitator notes: In this section, participants discuss in groups which laws have an impact on the health of the community and which laws, policies, and practices have both positive and negative impact on key populations and what can be done about them. Having presented the concept of the “root causes” of disease, it is time to look at the actual situation in the country. This session highlights the main patterns of HIV in Kenya.

Highlights from the documents below are in the annex. More information can be found from www.nacc.or.ke website (National Aids Control Council [NACC] website).

- Prevention roadmap 2030
- Relevant national/county fact sheet

2. Discuss their relevance for key populations with the religious leaders. The objective is to ensure that religious leaders understand the need to include everybody in HIV programming, particularly the marginalized sections of the society.

3. *Optional Exercise:* Download the recent *KAIS study* report and discuss what evidence is saying about health and well-being in the society? Divide the participants into three groups. Let each group discuss the—

- a) biological causes of HIV
- b) behavioural factors that make people vulnerable to HIV
- c) structural (social, legal, and cultural) factors that increase vulnerability to HIV.

4. Summarise the module by emphasizing—

- The direct and indirect causes of disease are complex.
- Because religious leaders help influence the shaping of social thinking, it is important that they appreciate these complex dynamics.
- The national and regional picture of how HIV affects various people differently, therefore, the need for religious leaders to express their messages appropriately.
- The main takeaways from this session include personal factors, social networks, and community organizational structures, including a culture that places people at risk, or higher vulnerability of acquiring and transmitting HIV.

Section 3.3: Exploring Personal Fears of HIV

Facilitator notes: The following section provides an exercise that looks to see how the participants react when they are specifically targeted and potentially at risk for stigma and discrimination. The facilitator should relate answers provided by participants and relate to them how a key population might feel.

Exercise:

Group Discussion: Compulsory HIV testing for all religious leaders

Participants form groups of three–four people and take about five minutes to answer the group discussion questions before opening up for plenary discussion.

Daily Nation, Monday September 26, 2011: Compulsory HIV Testing for All Religious Leaders and Clergy

All religious leaders with unknown HIV status will be required to know their HIV status and to make it public to their families, congregations, and religious followers. As leaders in society, religious leaders must stand up to their responsibility to teach society to take responsibility for their actions. HIV is a chronic illness and not a death sentence. Anyone with HIV can live a long and productive life—but only if they are tested for the virus first. Government officials have decided that religious leaders are the place to start, before the national policy requiring all citizens, takes effect.

Group discussion questions.

1. How do you feel about this policy?
2. Does it upset and worry you?
3. Do you feel this is right, that religious leaders should be first and be examples to the public?

This article is not real, but what do you think if the policy were to require:

- a) Compulsory testing for all?
- b) Compulsory testing for religious leaders since they are moral leaders in the society?
- c) Are some people in our society subjected to compulsory testing?
- d) Is it right or fair that they are treated this way?

Summarize the section by bringing together the main points from the participants on stigma and discrimination.

Facilitator notes: If possible, invite an INERELA+ member to introduce their organization to other religious leaders. If it is not possible, provide a lecture based on the information below.

Lecturette:

Introducing INERELA+

INERELA+ is an international, interfaith network of religious leaders—both lay and ordained, women and men—who are living with or personally affected by HIV. Religious leaders have a unique authority that plays a central role in providing moral and ethical guidance within their communities; indeed their public opinions can influence entire nations.

INERELA+ looks to empower its members to use their positions within their faith communities in a way that breaks silence; challenges stigma; and provides delivery of evidenced-based prevention, care, and treatment services. The mission of INERELA+ is to equip, empower, and engage religious leaders living with, and personally affected by, HIV to live positively and openly as agents of hope and change in and beyond their faith communities.

The five regions that make up INERELA+ are the Americas, Asia/Pacific, Europe/Central Asia, Southern Africa, and North Africa/Middle East. Since the start in 2006, the networks have grown to more than 7,000 members across five continents. These members mobilize their respective faith communities to provide accurate information and other services to an estimated 2.5 million people around the world, helping to reduce HIV-related silence, stigma, shame, and discrimination, and thereby reducing the number of new infections⁶.

Exercise:

When it is inconvenient to do the right thing

1. Divide participants into small groups and pass out handouts with the story and discussion questions.
2. Explain the directions: One person in each group should read the story aloud, and then the group will discuss the questions on the worksheet. After about 20 minutes, they will report out to the larger group.

One early evening, on a day dedicated for prayer, a great healer went for dinner in the house of a prominent spiritual leader, but because the great healer was sometimes known to break some of the spiritual laws he was being carefully watched during dinner. But, as they were taking dinner, the neighbours brought in a man suffering from abnormal swelling of his body. It was widely suspected that the abnormal swelling had come about because the sick man had broken some of the cultural or religious taboos of that community.

Now the great healer was really puzzled as to what he should do. On one hand, he wanted to cure the sick man, but, on the other hand, this was a day dedicated for prayer and he was at the house of the leading spiritual leader in town. He decided to ask his host, "Is it lawful to heal on a day like today that is dedicated for prayer or not?"

When his host refused to answer the healer asked again, "If it was your child, what would you do?"

In small groups, discuss the following:

1. What would you do if you were the great healer? Would you heal the sick man?
2. What if you were sure the sick man had actually broken the cultural and religious taboos of the community?

⁶ From the INERELA+ website – www.inerela.org

3. What if the man belongs to one of the key population groups, as were defined in module 2?
4. What would you do if one of your children belonged to one of the key populations, as defined in module 2?

Module 4: Understanding Stigma and Discrimination

DESCRIPTION

This module's focus is to deepen religious leaders' understanding of the impact of prejudice, stigma, and public opinion. The module's main frame still retains a public health approach and other topics are added, including gender and sexual diversity.

The session aims to build a deep sense of empathy, particularly for people discriminated against and excluded within the religious setting. Even if someone is regarded as a sinner, they still retain human dignity because they were created in the image and likeness of God. The session emphasizes experiential effects of healing and reconciliation through group exercises and role playing.

OBJECTIVES

At the end of the module, participants should—

- a) define stigma and discrimination
- b) appreciate the impact of stigma and discrimination on public health
- c) understand the role of religion in healing the wounds of stigma and discrimination.

MATERIALS

Handout: Turning Our Habits Upside Down: Developing Understanding and Compassion

STRUCTURE

Section 4.1: What is Stigma and Discrimination? (45 minutes)

- Defining stigma and discrimination

Section 4.2: Personalizing Stigma and Discrimination (45 minutes)

- Case Studies on Stigma and Discrimination

Section 4.3: Religious Imperatives on Stigma and Discrimination (45 minutes)

- Reflections on Equality.

SAMPLE SCRIPTURE REFERENCE:

"O believers! Let not the men scoff at the men, perchance they may be better than those who scoff, and nor the women at other women, perchance that they may be better than those women who scoff, and do not taunt one another and nor call one another by nicknames." (Quran 49:11–12)

"Accept one another, then, just as Christ accepted you, in order to bring praise to God." (Romans 15:7)

Section 4.1: What Is Stigma?⁷

Facilitator notes: This section builds on the theoretical and experiential background of what it means to be discriminated against. The history of humanity has many instances where people were discriminated against. In Kenya, tribal identity can be a basis for prejudicial treatment and even access to public resources. This section creates a conceptual basis for religious leaders to understand how stigma leads to discrimination and, hopefully, religious leaders will know better how to show empathy and support people who face stigma and discrimination.

Exercise:

Steps:

1. Ask participants, “What does stigma mean? Who can share an example?”
2. Record their responses on a flipchart
3. Explain and discuss the following:

Lecturette:

Stigma is a process where we create a *spoiled identity* for an individual or a group of individuals that attributes a lower value to the person or group. We identify a difference in a person or group—for example a behavioural (e.g., prostitution [Jn 8:4], physical (e.g., physical disability), or social (e.g., poor or a different tribe) difference and then assign negative connotations to that difference—a sign of disgrace. In identifying and marking differences as *bad*, we create an *us* and *them* to distance ourselves from a person or group, and this allows and justifies our mistreatment of and discrimination against the person or group. The result is that stigmatized people often lose status and access to basic human rights, resources, and services because of these assigned *signs of shame*, which other people view as showing they have done something wrong (sinful or immoral behaviour).

To stigmatize is to believe that people are different from us in a negative way, to assume that they have done something bad or wrong. Stigma can also be based on fear, where people might be afraid of someone’s disability and the potential for them to be *contagious*. When we stigmatize, we judge people, saying they have broken social norms and should be shamed or condemned—or we isolate people—saying they are dangerous or a threat to us.

⁷Some material in this section is adapted from Health Policy Project. 2013. *Understanding and Challenging HIV and Key Population Stigma and Discrimination: Caribbean Facilitator’s Guide*. Washington, DC: Futures Group, Health Policy Project. For more information see—http://www.healthpolicyproject.com/pubs/134_CaribbeanFacilitatorsGuideFINAL.pdf

Stigma is a powerful social process of devaluing a person or group that often ends in the action of discrimination—unfair and unjust treatment (e.g., people living with HIV not being hired, a sex worker forced to leave the house, key populations refused treatment at the clinic, or their HIV status or sexual behaviour being publicly revealed).

At a society-wide level, stigma against certain individuals or groups increases social inequality. The interaction between social inequalities—for example, gender, race, or economic inequalities—exclusion, and marginalization produces social vulnerabilities and disadvantages that are then used to justify social expressions of stigma (i.e., discrimination). This includes creating laws, policies, and cultural practices that lead to discriminatory practices.

Discrimination is the end point in the process of stigma. The Joint United Nations Programme on HIV/AIDS (UNAIDS) a UN body focused on the HIV pandemic, defines it as the unfair and unjust action toward an individual or group on the basis of real or perceived status or attributes, a medical condition (e.g., HIV), socioeconomic status, gender, race, sexual identity, or age. The process of stigma toward key populations leads to a potentially intensifying circle of stigmatization as it heightens the vulnerability to HIV, which, in turn, leads to increased opportunities for HIV-related stigma to be layered on top of the existing key population stigma, further intensifying the experience and consequences of stigma.

Stigma takes different forms:⁸

- *Isolation and rejection*—based on ignorance, fear, and/or judgment about the stigmatized identity or the behaviours of a marginalized group. The person stigmatized could be forced to sit alone, eat alone, and live alone.
- *Shaming and blaming*—gossip, name calling, insulting, judging, shaming. Stigmatized people are *blamed and shamed* for assumed *bad behaviour* and for breaking social norms.
- *Self-stigma*—Stigmatized people sometimes internalize the social stigma and stigmatize themselves in reaction to stigmatization from society. They accept the blame and rejection of society, and withdraw from social contact or do not access health and other services out of fear that their status will be revealed.
- *Stigma by association*—People associated with stigmatized people or groups often face stigma themselves. The family of a person living with HIV or other stigmatized group may be stigmatized because of the stigma faced by their family member—the reputation of the family is affected.
- *Layered stigma*—Marginalized groups (e.g., sex workers, people who use drugs, prisoners, etc.) are already stigmatized. When they are diagnosed with HIV, they are doubly stigmatized—gaining another layer of stigma.

Stigma and discrimination result in great suffering. People get hurt.

⁸Kidd R., S. Clay, M. Stockton, L. Nyblade. 2015. *Facilitator's Training Guide for a Stigma-Free Health Facility*. Washington, DC: Futures Group, Health Policy Project.

Section 4.2: Contextualizing Stigma and Discrimination

Facilitator notes: The following case studies provide examples of discrimination throughout human history. Select the stories to focus on. It is important that participants understand how discrimination led to major atrocities throughout human history, and how religion played a role in helping the downtrodden.

Exercise:

What events in the history of Africa resulted from severe prejudice and discrimination?

1. *South Africa*

Many times in history people have been judged harshly because of personal characteristics that they could not control. A classic example is in South Africa's apartheid government. Black people were segregated from white people. Yet, the black South Africans could not control the fact that they were black. They did not choose to be born black.

2. *Rwanda*

Another good example is what happened in Rwanda in the early 1990s. The genocide, which mainly targeted the Tutsis, was based on factors that a Tutsi or Hutu child could not control. Could the Tutsis and the Hutus in Rwanda control their physical characteristics? No one chooses to be tall and dark or short and pale.

3. *Tanzania*

Did the albinos in Tanzania who were accused of being witches, choose to be albinos and want to be discriminated against?

4. *Kenya*

And, in Kenya, what are some examples?

Case Study A: Stigma based on cultural differences

1. Divide participants into groups and pass out the case study.
2. Tell participants they should answer the questions in their small groups before reporting back to the plenary.
3. Have groups report out, and then facilitate a discussion based on their responses.

During the post-election violence in 2007/02 in Kenya, a gang blindfolded Walter O-Mwangi with a strip of cloth and steered him through the narrow alleys of a Nairobi street, slapping him with the flat sides of their machetes as they went. They then stripped O-Mwangi, pinned him,

and subjected him to one of the most painful and humiliating experiences anyone would have to go through. Oikodi explains:

"When the men had pinned me down, the man with the panga pulled my private parts out and started to play with it. He would slice it a little, and then he started mocking me, and then he would slice a little more, and then mock me some more⁹.

Discussion Questions:

1. This is a real life story. How does it make you feel?
2. Different communities in Kenya hold different value systems; do you think someone should be forced to observe a cultural practice that they do not believe in?
3. What about religious beliefs, should people be forced to observe religious values if they do not ascribe to them?
4. Is any form of violence (physical, verbal, emotional) allowed if the dominant group disagrees with a minority on cultural or religious values?

Bible References:

The Bible in Colossians 3:11 tells us that “there is no Greek or Jew, circumcised or uncircumcised, barbarian, Scythian, slave or free, but Christ is all, and is in all.” This same sentiment is echoed in 1 Corinthians 12:13: “For we were all baptized by one Spirit into one body—whether Jews or Greeks, slave or free—and we were all given the one Spirit to drink.” Yet in Kenya, people despise each other on the basis of differing cultural practices, religious affiliations—and, indeed, many other negativisms.

Quran References:

“The Messenger of Allah, may Allah bless him and grant him peace, said ‘Allah, the Mighty and Exalted, will say on the Day of Rising, ‘Son of Adam, I was ill and you did not visit Me.’ The man will say, ‘O Lord, how could I visit You when You are the Lord of the worlds? He will say, ‘Do you not know My slave was ill and you did not visit him? Do you know that if you had visited him, you would have found Me with him?’” (Al-Nawawi 1997)

You who believe! Show integrity for the sake of Allah, bearing witness with justice. Do not let hatred for a people incite you into not being just. Be just. That is closer to taqwa. Fear [and respect] Allah. Allah is aware of what you do. (Surat al-Maida 8)

The Prophet (PBUH) is reported to have instructed Mu‘az b. Jabal with these words when he sent him to Yemen as a governor: ‘*Create easiness and convenience, do not be severe; teach the people, and do not evoke disliking and disinterest.*’

“...To fair dealing, and let not the hatred of others to you make you swerve to wrong and depart from justice. Be just for it is next to Piety...” (The Holy Quran 5:8)

⁹ Based on a true story: <http://www.theatlantic.com/international/archive/2011/08/in-kenya-forced-male-circumcision-and-a-struggle-for-justice/242757/>

Discussion Questions

1. What happened in the story?
2. How we feel about stigma directed at people from different tribes, especially those with different cultural practices?
3. How do we feel about stigma directed at people from different religious backgrounds?
4. How do we feel about stigma directed at people with different sexual orientation or gender identity from ours?
5. Is there anything a religious leader can do to prevent these forms of stigma?

Pass out the second case study to the groups.

Tell them that we'll follow the same process we used for the first case study.

From World History

The pitch black atmosphere added to Kamau's discomfort. He could feel the blood drip down his bruised arm as the rope tightened into his wrist. All around him, many others shared a similar fate; some even screaming for help, but there was no response in the wilderness of the bottom deck. Kamau felt sick, as the boat swayed from side to side, travelling to Cuba, where eventually his life would effectively be in the hands of his "owner."¹⁰

Discussion questions:

1. What happened in the story?
2. Was Kamau treated like a human being? Why was Kamau treated this way?
3. What do you think were the effects of this treatment?
4. Do you agree or disagree with the following statement? "By nature we discriminate against what we see as different and abnormal."
5. Is it possible to grow to adulthood without harbouring at least some prejudice towards people who are different?
6. What can you do to fight prejudice in your religion or mosque, neighbourhood, or home?
7. As a religious leader, is it ever okay to feel prejudice or to discriminate?

Hadith – Bukhari (#397), Muslim, Tirmidhi, and Ibn Jarud

Abu Hurayrah reported that the Prophet of Allah said, "There are two things of which my people will never tire: wailing over the dead and finding fault with people's ancestry."

¹⁰<http://www.willowfield-school.net/other/Short%20story%20on%20Slavery.pdf>.

Close this section by summarizing the main points from the plenary discussions. The issue of discrimination also raises important issues of equality, equity, social justice, and fairness. This is the focus of the next section.

Section 4. 3: Religious Imperatives on Stigma and Discrimination

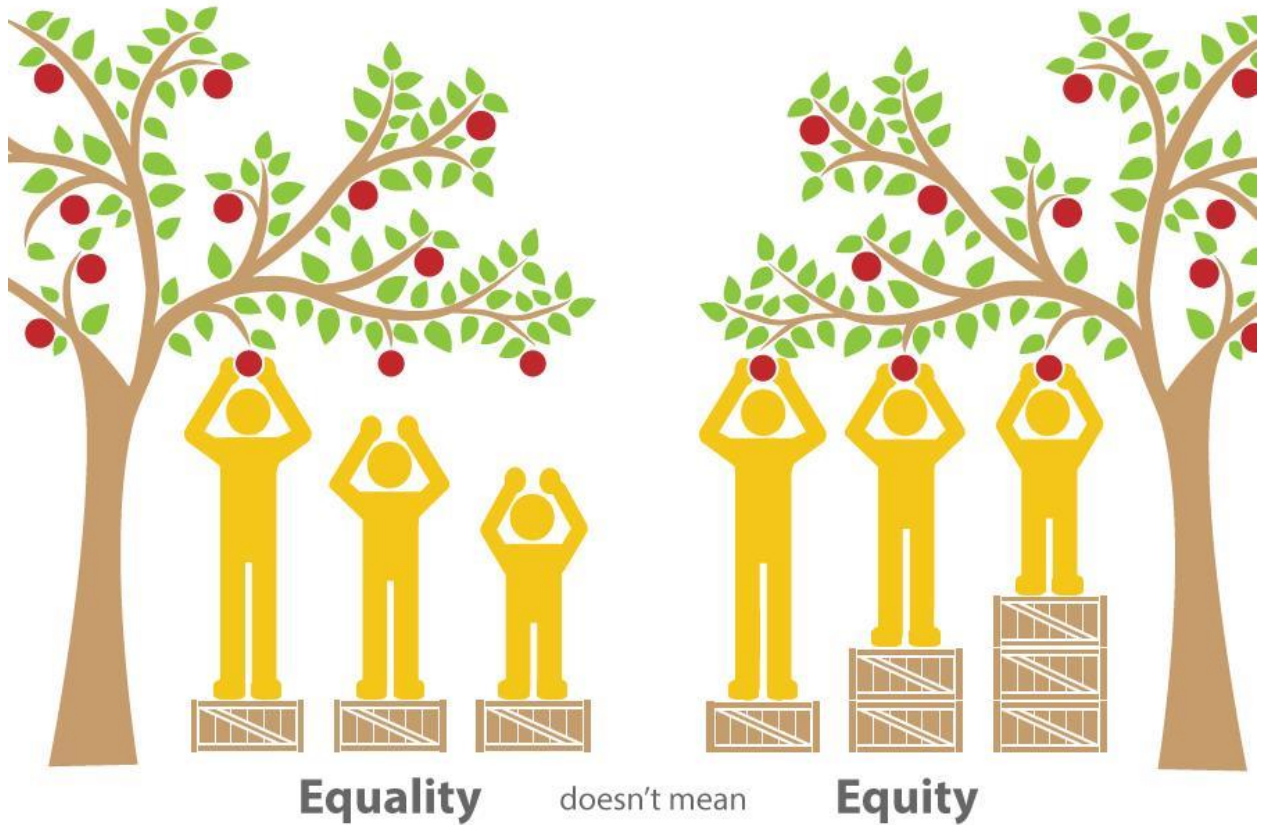
Facilitator notes: The following section discusses the importance of equity. Participants are to discuss what equity is and how religious leaders can support the advancement of equity for all.

Begin the section by doing the following:

1. Ask participants: What is equality?
2. After they volunteer their ideas, read the following description:

Equality means treating everyone the same. It is about treating *similar things in the same way*. It is different from equity, which is about meeting the specific needs of specific individuals. While it is important to treat all people in the same way—equally—there are circumstances when we must give preferential treatment to some people to ensure they have a fair chance at life.

In groups of three–four participants, discuss the picture below and (1cor.13) and then answer the following questions, which they will later report to the plenary.



1. How important is equality to you as a religious leader?
2. How important is equity to you as a religious leader?
3. How important is fairness to you as a religious leader?
4. How can religious leaders become beacons of equality, justice, and fairness for the marginalized in society?

Exercise: Turning our habits upside down! Developing understanding and compassion

In pairs, religious leaders receive one of the sentences below. They must complete the sentence: truthfully, but without judgment, prejudice, or discrimination.

For example:

All athletes are determined and learn to strive for their very best.

Women who go to school are

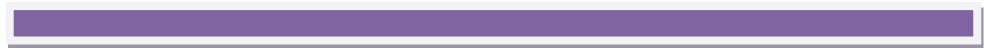
People who do not work are

Politicians are.....

People living with HIV are

- Girls who play football are.....
- Homosexuals are.....
- People who drink alcohol are
- People who take two or more wives are
- All Somali are

Facilitator notes:



After finishing the sentences, the religious leaders reread what they wrote; the key is to notice if there is any judgment or prejudice in the description, or whether there is compassion and understanding? Note these reactions and be prepared to facilitate a conversation over a negative reaction to a statement. For example, if someone wrote “Women who go to school are ignoring their role as mother of the house,” it would be important for the facilitator to talk about this and steer the conversation towards how women can work, as well as be mothers, and it is their decisions to make.

Module 5: Religious Texts on Stigma and Discrimination

DESCRIPTION

This module looks at the Bible and the Quran and what they say about stigma and discrimination. This session discusses the numerous instances in which excluded people experience stigma and discrimination within religious communities. This session gives participants the tools to preach to congregations in a way that is inclusive of marginalized communities in the society.

The session explores what religious leaders can do to ease stigma and discrimination within the religious communities and in society. This aim of the group exercises is to create a basis for developing a personal and communitarian spirituality to address stigma and discrimination in community settings.

OBJECTIVES

At the end of module 8, participants should—

- a) understand different scriptural teachings on stigma and discrimination
- b) relate these teachings to day-to-day lives
- c) create a basic framework for spirituality on stigma and discrimination.

MATERIALS

Handout: Scripture Passages

STRUCTURE

Section 5.1: Conceptual Framework—Bible (45 minutes)

- Biblical or Quranic passages on stigma and discrimination
- impact on our daily lives.

Section 5.2: Personal Response to Stigma and Discrimination (45 minutes)

- Prepare a joint sermon on stigma and discrimination.

Section 5.1: Individual Sermons

God does not show partiality or favouritism (Deuteronomy 10:17; Acts 10:34; Romans 2:11; Ephesians 6:9) should we?

The Noble Quran (Faatir 35:28)

See you not that Allah sends down water (rain) from the sky, and we produce therewith fruits of varying colours, and among the mountains are streaks white and red, of varying colours and (others) very black.

And of men and Ad Dawab (moving living creatures, beasts, etc.), and cattle, in like manner of various colours. It is only those who have knowledge among His slaves that fear Allah. Verily, Allah is All Mighty All Forgiving.

James 2:4 describes those who discriminate as “judges with evil thoughts.” Instead, we are to love our neighbours as ourselves (James 2:8) and love one another as he loves us (John 13:34)

If God is impartial and loves us with impartiality, then should we love others with that same high standard?

Jesus teaches in Matthew 25 that whatever we do to the least of HIS brothers, we do it to Him. If we treat a person with contempt, we are mistreating a person created in God’s image; we are hurting somebody whom God loves and for whom Jesus died.

Victims of racism, prejudice, and discrimination need to forgive. Ephesians 4.32 declares, “Be kind and compassionate to one another, forgive each other, just as Christ God forgave you.” May Galatians 3:28 be completely realized, “There is neither Jew nor Greek, slave nor free, male nor female, for you are all one in Christ Jesus.”

The Noble Quran—(Al-Imran 3:103) (cfr.8:2)

And hold fast, all together, by the rope which Allah (stretches out for you), and be not divided among yourselves; and remember with gratitude Allah’s favour on you; for ye became brethren; and you were on the brink of the pit of fire, and He saved you from it. Thus doth Allah make His Signs clear to you: That ye may be guided?

Facilitator notes: Take the religious leaders through the passages of the Holy Books below, but they can also use those generated at an earlier training session. The aim is to have participants develop inclusive sermons and get feedback from their fellow participants.

In this section, the religious leaders read through the various religious texts from the Bible or the Quran and provide a two–five minute sermon of their own understanding of how stigma and discrimination are understood in the Holy Books. Each should also provide a brief real life example of how that understanding applies in real life.

Facilitator notes:

After all the participants have read their two–five minute sermon and received brief feedback from the plenary, it is time for the group to develop the main sermon. Conclude the section by emphasizing that it was an important part of the training, because it prepared the group to undertake the next task, which is preparing two or three sermons as a group, depending on the main faiths represented (e.g., Christian, Muslim, etc.). The two (or more) sermons are important outputs of this training and they will be documented, so participants should take them seriously. Ask for copies of the sermon, if participants give approval, which PEMA Kenya can use in future work.

Section 5.2: Personal Response to Stigma and Discrimination

Facilitator notes: Participants will prepare a joint sermon on stigma and discrimination using only the Biblical and Quranic messages above as guides to start the session. Allow the religious leaders to form two groups. One group comprising the Christian leaders and the other the Muslim leaders; ask them to select their favourite passages from the Quran and the Bible.

Exercise:

Ask the participants to—

1. Write down passages that speak to stigma and discrimination.
2. Read each one and discuss how they feel about each one.
3. From these passages, give participants 30 minutes to prepare a sermon/preaching, in each of their religions, to be delivered at a chosen time.

- The keywords in the sermon: stigma and discrimination, HIV, key populations.

After the sermons are written, both groups read out loud each of the sermons. The participants should not criticize each other because each group is likely to be defensive about their sermon. Rather, ask them to roleplay and imagine that they are members of key populations or were living with HIV. What would be their reaction? The participants should give feedback using the following questions.

1. What is the tone of the sermon? Is it inviting, compassionate, and loving; or was it scary and condemning?
2. Would you be willing to invite key populations to your place of worship if that was the sermon you were going to give?

3. As a key population, am I motivated to listen to the sermon through the end or be defensive and sad?
4. Is the sermon challenging me to be a more compassionate person?
5. After the sermon would I want to come back to that place of worship?

Facilitator notes:



Conclude the session by documenting the two sermons, because they form an important output of the training. Participants should also feel free to modify the sermon to suit the unique needs of their congregation, but retain the main message.

Module 6: Discussing our Fears

DESCRIPTION

This Module discusses the fears religious leaders may have – what they would like to discuss and what they would not like to discuss with other people in public and sometimes even in private. Further the effects of the phobias experienced by religious leaders and their impact on their congregations are discussed. It is clear a religious leader's worldview has impact in the framing of important issues in the society.

OBJECTIVES

At the end of the Module, participants should be able to

- a) interrogate personal fears and phobias
- b) Appreciate how personal fears and phobias impact on relationship with others
- c) Appreciate how religious practice & leadership are impacted by personal fears and phobias
- d) Interrogate the role of religious leaders in times of crisis

MATERIALS

STRUCTURE

Section 6.1 – Personal Fears & Phobias (Approx. 45 min)

- Defining fear & phobia
- Analysis of actions & decisions motivated by fear & phobia
- Religious reflection on fear & phobia

Section 6.2 – Impact on Followers (Approx. 45 min)

- Group discussion on how leaders impact followers
- Religious reflection on this impact

Sample Scripture References:

"And let not the hatred of others make you avoid justice. Be just: that is nearer to piety...."
(Quran, 5:8)"

"Do not judge, or you too will be judged. For in the same way you judge others, you will be judged, and with the measure you use, it will be measured to you. Matthew 7:1-2

Section 6.1 – Personal Fears & Phobias

Facilitator Notes: The facilitator will be taking participants through a discussion on fears and phobias. This section is split between discussion, lecturette and exercises to help reinforce the knowledge around phobias.

Facilitator Notes:

The facilitator can ask participants:

- Think back to the onion exercise, and how we have each unique characteristics. Do you have any fears or phobias (i.e fear of flying, fear of spiders)?
- Does this fear prevent you from doing anything?
- How can one work through fear? Especially if it is impacting your ability to live?

This is a good opportunity for participants to open up to their secret fears & phobia. It also becomes a good opportunity to introduce the discussion on fear, phobia of people who are different, including homophobia.

Lecturette:

Defining Phobia: A phobia is defined as an irrational fear of something. Almost everyone has an irrational fear or two—of mice, for example, or your annual dental check-up. For most people, these fears are minor. But, when fears become so severe that they cause tremendous anxiety and interfere with your normal life, they're called phobias. A phobia is an intense fear of something that, in reality, poses little or no actual danger. Common phobias and fears include closed-in places, heights, highway driving, flying insects, snakes, and needles.

It is normal and even helpful to experience fear in dangerous situations. Fear is an adaptive human response. It serves a protective purpose, activating the automatic “fight-or-flight” (some might add freeze) response. With our bodies and minds alert and ready for action, we are able to respond quickly and protect ourselves.

But with phobias the threat is greatly exaggerated or non-existent. For example, it is only natural to be afraid of a marauding lion, but it is irrational to be terrified of a friendly house cat, as you might be if you have a cat phobia. Homophobia has been described as the intense and irrational fear of homosexual persons. While most people may react with disgust, angst or rejection of homosexual people, others even go to the extent of engaging in physical violence against homosexual persons.

Section 6.2 – Impact on Followers

Facilitator Notes: One of the most effective ways of empathizing with stigmatized people is through re-enacting situations of stigmatization and being subject of stigma. The following group exercise takes through the experience of being at the center of stigmatizing attention. While this is only a play, for the stigmatized people, this situation is lived in real life daily.

Additional Note: Some of the games in this section could be upsetting or unsettling to some participants – it will be important to offer a private talk to any individuals who would like to have the opportunity after the session to talk through anything.

Exercise:

Role-play: Discrimination Game

This game is called ‘where did you get it’. Participants sing a song of their choice while standing in a circle. They pass an object around as they sing but when the leader of the song claps, they stop the singing and the person holding the object steps into the middle of the circle.

At this point, the whole group points their figures at him or her and shouts loudly “Where did you get that dirty thing? Where did you get that?” The person does not need to answer. The singing continues until most people have had chance to be at the middle of the circle.

In groups of 3-4, participants then answer the following questions, which each group reports to the plenary, through its designated speaker.

1. How does it feel to be in the middle and be pointed at?
2. Stigma is when someone is not socially accepted because of something about him that some people in society find distasteful, frightening, sinful or dirty. Have you ever been stigmatized?

Exercise:

Group discussion: Name-calling

Divide participants into new groups of 3 – 4 members. Each group discusses what other names the following people are known by and then writes down answers to the questions that follow.

- Sex workers
- HIV orphans
- MSM – Men who have sex with men
- PLWHA – People living with HIV or AIDS
- Teenage Girls
- Widows
- Street children

Discussion Questions

- a) What do you feel about these names?
- b) Is it ok to call people these names
- c) Why do we do it?

Religious reflection

Facilitator Notes:

The facilitator concludes this section by observing that stigma is a challenge for all people including the religious leaders. It is therefore helpful to take a spiritual journey both for oneself as a religious leader but also for the congregation to get spiritual support. With spiritual support it should become easier to accept people and/or situations that we find threatening. Below are some scriptural texts that the facilitator could consider using though, the facilitator should feel free to adopt other helpful texts. Ask participants to discuss these bible passages and how they relate to Stigma and Discrimination. Real world examples could be given.

And as they continued to ask him, he stood up and said to them, “let him who is without sin among you be the first to throw a stone at her.” John 8:7

Luke: 6

37 “stop judging and you will not be judged. Stop condemning, and you will not be condemned.

Forgive, and you will be forgiven.

38 Give, and you will receive. A large quantity, pressed together, shaken down, and running over will be put into your pocket.

The standards you use for others will be applied to you.”

Allah’s Apostle said, “Yes, no Muslim is afflicted with harm because sickness or some other inconvenience, but that Allah will remove his sins for him as a tree sheds its leaves.”

Abu Sa’id Al-Khudri r.a. reported that the Prophet ___ said: Whenever a Muslim is afflicted with a hardship, sickness, sadness, worry, or depression – even a thorn’s prick; Allah expiates his sins because of it.

The Homework: Meeting Marginalized people

Facilitator Notes:

Before the next meeting participants make a concerted effort and go out of their way to meet marginalized people. Participants find one person, make an appointment and meet him or her. They then sit down with him or her and ask about and listen to the experience of his/her life and struggles. The religious leaders are instructed to

1. To LISTEN
2. Show LOVE
3. Show UNDERSTANDING
4. Not to PREACH

It is important for the facilitator to address how this exercise should be like the Onion exercise earlier. We are trying to understand the different aspects of people and not look to judge on side of the person. Finding out more about the individual, and the different aspects of their life, is the key here to listening, showing love and understanding their plight.

Religious leaders are encouraged to meet a variety of marginalized, excluded, and/or stigmatized people. Perhaps a sex worker, an orphan, a beggar, an albino, a disabled person, a widow, a street child and man suspected to be homosexual and may have rejected in the past.

After speaking to them, write a few notes to remind you of their struggle and how you related to them.

As a participant in this training ask yourself:

- Was I full of love?
- Did I listen with my ears and my heart?
- Did I try to understand them, even if I did not like what I heard?
- Did I show concern?
- Did I allow them to speak, rather than speaking?
- Did I make them feel safe?
- What did I learn about their lives?
- How has this changed how I see the world?

Write these answers down and bring all your notes and memories for the following day.

The facilitator concludes this session, by pointing out:

- That the task of the exercise is helpful for this training but more importantly in living out the lessons of the entire workshop.
- In a previous training, participants were very apprehensive of this homework, but they soon realized that interacting with marginalized people can be very rewarding, since the participants were able to pull out from their wealth of resources, of empathy compassion and love.

Module 7: Gender and Sexual Diversity Basics

DESCRIPTION

This module exposes participants to gender and sexual diversity (GSD) concepts and terminology. Biological sex, gender expression, gender identity, and sexual orientation are presented and discussed.

OBJECTIVES

At the end of module 7, participants should be able to—

- a. List examples illustrating the difference between sex and gender.
- b. Describe the four elements of gender and sexual identity.
- c. Empathize with people who are hurt and endangered because of disrespectful language related to gender and sexual diversity.
- d. Imagine actions they could take as spiritual leaders or community or family members to support the rights of gender and sexual minorities.

MATERIALS

- Slide set
- Gender Game Handout
- Gender person handout
- Handout: Sex or Gender, Which Is Which?
- Sticky notes.

STRUCTURE

Section 7.1: Introduction (20 minutes)

- What is sex? What is gender?

Section 7.2: The Gender Person (45 minutes)

- Biological sex, Gender expression, Gender identity, Sexual orientation

Section 7.3: Gender and Sexual Diversity Language (25 minutes)

- Local terminologies for GSD

Section 7.4: Reflection on GSD (35 minutes)

- Case studies: What would you do?

Sample Scripture References

“My house shall be called a house of prayer for all peoples” (Isaiah 56:7; Mark 11:17)

"Narrated Abu Hurayrah: A makhana who had dyed his hands and feet with henna was brought to the Prophet. He asked: What is the matter with this man? He was told: Apostle of Allah! He affects women's get-up. So he ordered regarding him and he was banished to an-Naqi'. The people said: Apostle of Allah! should we not kill him? He said: I have been prohibited from killing people who pray. Abu Usamah said: Naqi' is a region near Medina and not a Baqi (in other words not referring to Jannat al-Baqi cemetery. Indicating he was not executed.)" (Dawud 41:4910)

Section 7.1: Introduction (20 minutes)

Facilitator notes:

Facilitator's quick reference:

Sex = male, female, intersex

Gender = masculine, feminine, androgynous

Sex refers to biological differences: chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex.

Gender refers to roles, responsibilities, rights, behaviours, feelings, and obligations that a particular culture associates with being a girl, boy, woman, man, or other gender; and the power relationships between people of different genders.

Without going into great depth or getting into debates, gently introduce the idea that sex and gender are different, with gender being determined by culture and changing over time, as demonstrated by the wide variety of gender roles around the world and throughout history.

Exercise:

1. Tell the group that we'll be exploring ideas of gender and sexuality, and much more. These topics are especially interesting because they combine issues of biology and culture and they affect everyone.
2. Tell the group we will start with a brief discussion of gender. Ask the group if anyone can explain the difference between sex and gender.
3. After a clear and correct distinction is made, ask participants to work in pairs to complete the Sex or Gender handout, checking the box they feel is correct for each example.
4. After the small groups complete the worksheet, discuss the answers as a group.
5. Summarize the main points:
 - Sex describes the chromosomal, hormonal, and anatomical characteristics that classify an individual as female, male, or intersex. For example, males have a penis and testicles and produce sperm to make babies. Females have a vulva, vagina, and ovaries, and produce eggs to make babies.
 - Gender refers to the socially constructed roles, behaviours, activities, and characteristics that a given society considers appropriate for men and women—and in some societies other genders. People are expected to maintain the ascribed gender roles and have certain characteristics. Men are expected to be strong, play the role of breadwinner, marry, and have sex with women. Women are expected to be gentle, hard-working, marry, and have sex with men.
 - Sex is physical, while gender is social (e.g., a woman can give birth to children but a man cannot [sex]; women can raise children and so can men [gender]).

Sex or Gender: Which Is Which?

Sex	Gender	
		1. Females give birth to children, males do not.
		2. In many places, boys and men are told not to cry.
		3. Women in sub-Saharan Africa contribute an average of 70% of the labour for food production; yet rural women are poorer than men and have lower levels of literacy, education, health, and nutrition.
		4. Many women are not allowed to make their own decisions about sexuality and relationships.
		5. Males' voices change with puberty, females' voices usually do not.
		6. Women's risk for HIV infection is often determined by their partner's sexual behaviour.
		7. Females are biologically more at risk for HIV than males.
		8. Females can breastfeed babies; anyone can bottlefeed babies.
		9. In ancient Egypt, men stayed home and did weaving. Women managed household affairs. Women inherited property, men did not.
		10. In many countries, both men and women work as bus drivers. In others, the job is reserved for men.
		11. A study in Uganda found that adolescent males thought having a child could enhance their status and prove their manhood.
		12. Of the estimated 6–7 million persons around the world who inject drugs, most (four-fifths) are men.

Source: This activity was adapted from materials created by USAID's Interagency Gender Working Group (IGWG).

Section 7: The Gender Person (45 minutes)

This section requires corresponding slides or handouts with the gender person and the continuums.

Facilitator notes:

Four main definitions refer to biological sex, gender expression, gender identity, and sexual orientation. Try to understand these four main dimensions of gender and sexual diversity to ensure the presentation flows as smoothly and effortlessly as possible.

Steps

1. Introduce the *Gender Person*. It demonstrates four key dimensions of a human being in relationship to gender and sexuality: biological sex, gender expression, gender identity, and sexual orientation.
2. Next, use a fun quiz on the slides to help explain each of these dimensions, starting with biological sex.

Lecturette:

Biological sex

1. Ask participants to choose the correct definition of biological sex from the four options on the slide. Point out that this is not a test, but a fun way to learn what is probably new material for most people.
2. Slowly read each answer aloud, pausing between each answer. Give participants time to think about the options; ask for a volunteer to give the answer.
3. Read the correct definition: “Biological sex is the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.”
4. On the next slide, explain biological sex:
 - a. Typically, when a mother delivers a baby, the baby is assigned a sex based solely on the baby’s visible genitalia (what’s between their legs). However, biological sex is much more complicated than just someone’s genitalia. Biological sex includes a person’s chromosomal, hormonal, and anatomical characteristics.
 - e. Ask participants for examples of typical male sex characteristics. These may include testes; penis; more testosterone than estrogen; XY chromosomes; and features that develop, such as wide shoulders and thick facial hair. Likewise, typical female characteristics include vulva; vagina; ovaries; uterus; more estrogen than testosterone; XX chromosomes; and, later in life, features that include breasts and wide hips.
 - f. Variations in these characteristics are quite common. Rarely are two females or two males biologically exactly the same. For example, someone may have most but not all of these characteristics—a man may have larger than usual breasts or a woman may have narrow hips.
5. However, not everyone knows that more significant variations may occur. Someone with more significant variations in their biological sex is typically called “intersex.” Intersex, a general term, is used for a variety of conditions that a person is born with—a reproductive or sexual anatomy that doesn’t fit the typical definitions of female or male.

Which of the following is the meaning of biological sex?

- A. A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.
- B. An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- C. A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- D. The external display of one’s gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.

Biological sex

A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.



Intersex: an umbrella term that refers to a variety of chromosomal, hormonal, and anatomical conditions in which a person does not seem to fit the typical definitions of female or male.



- a. For instance, in approximately one in every 2,000 births, the genitalia are not clearly male or female.¹¹ Other times, it may not be visually obvious that someone is intersex. In fact, for many people, the indications that they might be intersex don't appear until they are older—often after going through puberty. This is more common than you may think. In, approximately, one in 100 births, there is some deviation in the many sex characteristics that were mentioned.
6. Biological sex is not a binary. In fact, studies show that at a genetic and cellular level, many people have a mix of traits that are considered *male* or *female*.¹² It's, therefore, easier to understand biological sex as a continuum, with male and female on either end. All four dimensions are presented as continuums to represent the diversity.¹³

Takeaway messages

- Everyone has a biological sex, and biological sex exists along a continuum.
- Biological human diversity is much more complicated than most people think!

Gender expression

1. Moving on to gender expression, ask for a volunteer to choose the correct answer from the options on the screen.
2. Read the correct answer word by word: “The external display of one’s gender, through a combination of appearance, disposition, social behaviour, and other factors, generally measured on a scale of masculinity and femininity.”
3. Explain that gender expression is about how you present and express yourself to the world—it often is the most immediate way that someone learns about your gender. Clothing, mannerisms, gait, pitch of voice, language choices, pronunciation of language, posture, grooming, social interactions, and much more comprise what we consider to be a person’s gender expression. It’s (also) easiest to understand gender expression as a continuum, this time with feminine and masculine on either end. Ask one or two people to give examples of behaviours or expressions that are considered feminine. Then, do the same for masculine.

Which of the following is the meaning of gender expression?

- A. A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.
- B. An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- C. A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- D. The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.

Gender expression

The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.



Gender norms: A culturally-defined set of (economic, social, and political roles), responsibilities, rights, entitlements and obligations, associated with being female and male, as well as the power relations between and among women and men, boys and girls.



¹¹Blackless, Melanie, Anthony Charuvastra, Amanda Derryck, Anne Fausto-Sterling, Karl Lauzanne, and Ellen Lee. 2000. “How sexually dimorphic are we? Review and synthesis.” *American Journal of Human Biology* 12:151-166.

¹²Ainsworth, Claire. 2015. “Sex Redefined.” *Nature*, 518, 288–291.

¹³ You can walk up to the screen and point to the continuum, showing the range along the biological sex continuum, noting that individuals can exist anywhere along it. For example, some women have facial hair, and some men have broad hips. Somewhere along the center—parameters are understood differently around the world—is where someone who is intersex would exist.

4. Explain that gender expression is often shaped by gender norms. Gender norms pressure people of all genders to behave in certain ways. Read the definition of gender norms: “A culturally-defined set of economic, social, and political roles, responsibilities, and rights, associated with an individual’s gender.”

Facilitate a discussion on how gender norms change from culture to culture. For example, an occupation that is commonly seen as *normal* for women in one culture may, in a different country, be seen as inappropriate for women. Ask one or two participants to describe examples of gender norms specific to one Kenyan culture or community that may not be true in another Kenyan culture or community.

Discuss how gender norms change over time. Sometimes, shifts in gender norms change during significant periods of time. Other times, shifts occur during just a few years or months (e.g., fashion trends). Ask for an example of this happening in Kenya.

Likewise, a person’s gender expressions can shift, whether it is because of changing gender norms or personal discovery or safety. Take, for example, a man who is very decisive and a strong leader in the workplace—qualities considered to be masculine. When he gets home he may help with the cooking and the children—which is considered traditionally feminine.

Ask for a volunteer or two to describe how someone whose gender expression is different from expected might experience stigma and discrimination.

Takeaway messages

- Everyone has one or more gender expressions and, for most people, they are influenced by gender norms.
- Gender expression exists along a continuum and, for many people, changes over time—even within a day—and in different settings.

Gender identity

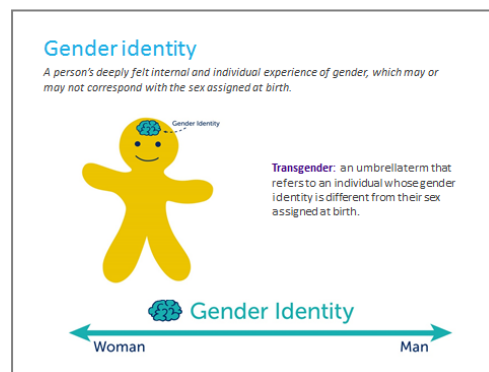
1. Ask for a volunteer to choose the correct definition for gender identity.
2. Read the correct answer word by word: “A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.”¹⁴

Which of the following is the meaning of gender identity?

- A. A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.
- B. An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- C. A person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- D. The external display of one’s gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.

¹⁴ The difference between gender expression and gender identity can be confusing. If this isn’t clear, ask a volunteer from the audience to try to explain the difference.

3. Explain that gender identity is how a person understands their own gender. Deeply felt, it can remain private. Formation of identity is influenced by hormones, environment, biological sex, culture, class, and other personal circumstances. Our scientific understanding of gender identity suggests that children can form a gender identity by the age of three years.¹⁵
4. Being born biologically one way, but identifying another way (e.g., someone who is biologically female but who identifies as a man), can be very difficult for an individual in society. People who develop a gender identity that does not correspond with that person's biological sex are often labelled *transgender*. Read the definition: "Transgender is an umbrella term referring to an individual whose gender identity is different from their sex at birth."¹⁶



Takeaway messages

- Gender identity is one's internal experience of gender—how one wants to define their own gender.
- Sometimes it is the same as that person's biological sex, sometimes it is not.

¹⁵ Money, J. 1994. "The concept of gender identity disorder in childhood and adolescence after 39 years." *Journal of Sex and Marital Therapy*, 20, 163–177.

¹⁶ When discussing transgender it is OK to mention the idea of one gender living in the body of another sex. But, avoid using the word "trapped"—which has negative connotations.

- Like the other dimensions we've discussed, gender identity exists along a continuum.

Facilitator tips: Participants may have questions about the concept of transgender. These definitions and tips will help you respond to common questions. Note that the definitions below are meant for more advanced audiences in understanding sexual and gender minorities. **Do not bring up these terms unless asked by the group.**

A **transgender woman** is a person whose sex was assigned male at birth and who identifies as a woman.

A **transgender man** is a person whose sex was assigned female at birth and who identifies as a man.

Gender non-conforming has two meanings. It can describe a gender expression that does not fit society's expectations (e.g., feminine man or masculine woman). It can also be a gender identity label for a person who identifies outside the social gender binary.

Cisgender is a term used to describe someone who is not transgender; that is, their gender identity corresponds with their sex assigned at birth.

Transgender is not the same as **intersex**. Intersex refers to biological sex, while transgender is linked to gender identity and often gender expression.

Before assuming that someone uses any word to identify their gender, it is respectful to ask them which term they use to identify their gender.

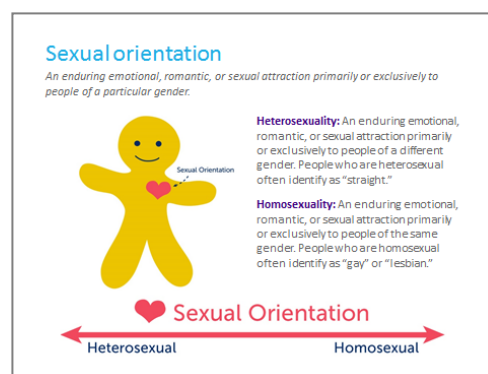
Sexual orientation

1. Ask for a volunteer to read the definition of sexual orientation aloud: "An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender."

Which of the following is the meaning of sexual orientation?

- A. A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female or male or intersex.
- B. An enduring emotional, romantic, or sexual attraction primarily or exclusively to people of a particular gender.
- C. A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
- D. The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity.

2. As with the previous three dimensions, sexual orientation exists on a continuum and each person's sexual orientation is unique. However, four categories are commonly used to understand a person's sexual orientation.
3. Read the definitions of heterosexuality, homosexuality, bisexuality, and asexuality.
4. Explain that these are only four categories. Around the world, different communities divide the continuum into other categories. Some societies or cultures prefer not to think of sexual orientation as definitive categories and, instead, view sexual orientation as more fluid.
5. Evidence shows that people cannot change their sexual orientation and that efforts to force a person to change their sexual orientation do not work and they can cause serious psychological damage.¹⁷

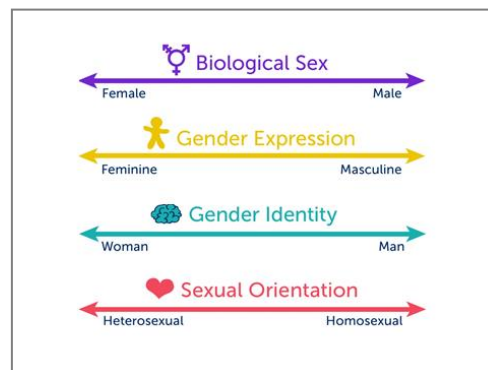


Takeaway messages:

- Sexual orientation is about emotional, romantic, and sexual attraction.
- Everyone has a sexual orientation and sexual orientation exists along a continuum.
- How we divide the continuum into categories, or whether we do so, depends on a society's norms and, ultimately, the individual.

Continuums

1. Biological sex, gender expression, gender identity, and sexual orientation all exist on separate continuums. The four continuums may influence each other. For example, one's biological sex may influence one's gender identity. One's sexual orientation might even influence one's gender expression. However, where a person falls on one continuum does not determine where they fall on another. They are not interdependent.



¹⁷ The topic of changing a person's sexual orientation is sensitive. Treat with respect participant stories about changing sexual orientation. But, note that evidence has consistently shown that such efforts fail and can do serious harm. (Pan-American Health Organization (PAHO) and World Health Organization (WHO). 2009: The PAHO/WHO Position Statement. "Cures" For an Illness That Does Not Exist. Washington, D.C.: PAHO.

For example, just because someone is born biologically female, it does not mean that the person will identify as a woman or express their gender in feminine ways. Why does this matter? Because attempting to guess where someone is on one continuum, based on where they exist on another, is not only often wrong, it can be insulting.

2. Customize the position of the dots on the next two slides before the presentation. There are two ways to present it:

1. Option A (personal experience): “Take myself, for example.” Explain very briefly where you exist along each continuum.

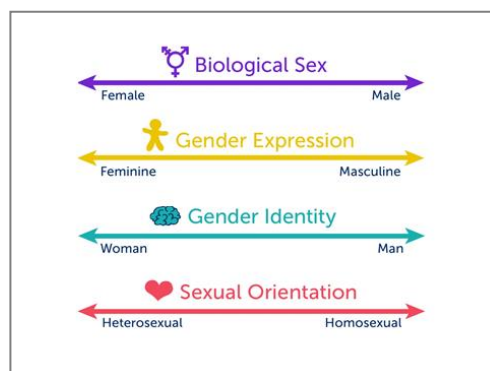
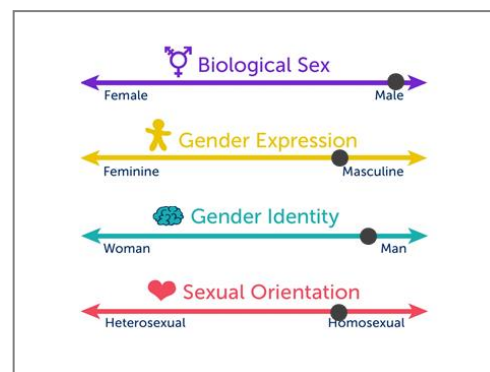
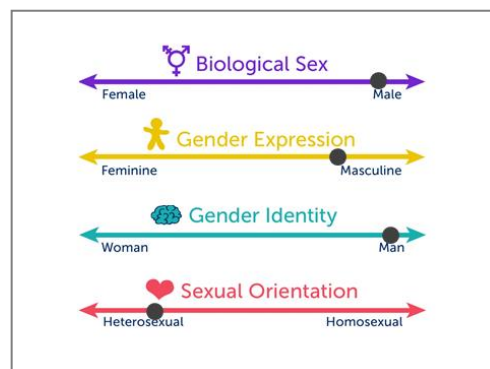
- b. Option B (hypothetical experience): “Take a person, for example, who exists in these places along the continuums.” Explain briefly where this imaginary person is on the continuums. Do not use a name because someone in the audience may have that name.

6. The next slide should represent different locations on each continuum, except gender expression. Choose the same option as above:

- a. Option A: “Someone who could look and act and dress just like me (i.e., gender expression), might actually be somewhere completely different along the other continuums.”

- b. Option B: “Another person who could look and act and dress just like that person (i.e., gender expression), might actually be somewhere completely different along the other continuums.”

7. Invite participants to silently reflect on the material and consider how these continuums may apply in your own lives. Pause for 30 seconds before moving on to the next activity. Do not ask participants to share where they see themselves on the continuums.



Section 7.3: Gender and Sexual Diversity Language

Facilitator notes: Participants will collectively generate, analyse, and, hopefully, reject the negative names given to gender and sexual minorities. They increase their empathy while generating practical actions to take about this terminology.

A broader reflection about the verbal abuse (and the intent behind it) that gender and sexual minorities face regularly can encourage empathy. This exercise also helps emphasize just how prevalent and diverse gender and sexual minorities are in Kenya: If it is a new or foreign import, why does every language have words for it, including ancient languages?

This exercise is powerful because of the feelings it brings out—and for that reason you must strongly reinforce key ideas, especially at the end. Enlist participants for reinforcement and validation.

Materials

- Three labels: Positive, Neutral, Negative
- Sticky notes and pens/markers.

Exercise:

1. Give each participant several sticky notes or note cards and a pen.
2. Ask participants to think of all the words they know in the local languages (and English) that describe gender and sexual minorities. Encourage them to think of many and not worry if they are street language or disrespectful.
3. Instruct participants to write one word on each sticky note. They may use as many notes as they like. Ask participants to post their sticky notes on the front wall.
4. After most notes are up, designate three sections on the board: negative,¹⁸ neutral, and positive. Ask volunteers to rearrange the words into categories. Ask the group to stand close so they can read and comment, and support the volunteers who sort them.
5. Facilitate a group discussion.
 - a. Note which words appear frequently. Does everyone know what they mean? What are the implications (e.g., describing a person by a physical act)?
 - b. Ask participants which words would be acceptable to hear in church/mosque or at the family dinner table.
 - c. Why are so many words negative?

¹⁸ Note that negative means any word that a person who is a gender or sexual minority may find insulting or offensive.

- d. How might a person who is a gender or sexual minority feel about the word cloud we created? Imagine this as their daily reality. Does this provide insight into links between language and stigma?
 - e. Which terms have a gender component (e.g., sissy boy, ladies man)?
 - f. Ask the group to discuss—and agree on—which are acceptable for them to use in church and as spiritual leaders. (Hopefully not the negative ones!)¹⁹
6. Reinforce the group’s conclusion. “Can we agree that the negative words here do not promote peace, love, or respect for all human beings?”

¹⁹ Although some words have been “reclaimed” by gender and sexual minorities for positive use, it’s important to take care when using them if you identify as a gender or sexual minority.

Section 7.4: Reflections on GSD

Facilitator notes: This session combines all the material in the module and envisions how to apply it in real life. Participants read fictional stories and discuss how they would support the characters in the stories.

Materials

- Case studies
- Worksheets: one per small group.

Exercise:

1. Divide participants into small groups of three–four (use a technique that’s fun!).
2. Give each group a case study to read and a handout to complete, based on their case study.
3. Groups report out and a wrap-up discussion completes this module.
 - Discuss reactions to and ideas generated by the case studies.
 - What kind of society do we want to have in terms of gender and sexual diversity?
 - What do we want to share and remember?

Amani comes to her pastor seeking help. She is depressed, lonely, and fearful. She explains that she is a woman who has tried to please and respect her parents and do the right thing, but she is not attracted to men and knows she will never marry one. Amani is afraid that the men in the community will attack her next—she knows a victim of *corrective rape* who nearly died from the attack and is now suffering from post-traumatic stress syndrome. She is considering leaving home and perhaps moving to the city, even though she has a good job and would miss her family.

Anthony lives in the community and attends church regularly. He goes to school at night and works as a security guard during the day. He has a lively sense of humour and brings much laughter into his communities. Anthony confided to his church friend that he is gay and HIV-positive. He told the friend he is in treatment and in good health. The friend now demands that Anthony be denounced and banished from the church. The congregation is upset, arguing, and confused. Anthony cannot be found.

Your neighbours, James and Aisha, come by for tea. They are unhappy. When you inquire, they say they are worried about their son, Paul, who is at university. Paul has always been a person who stands against injustice, but now he has gone too far. He told his parents he has joined a youth support group. He says he is not a homosexual, but he believes that, in Kenya, people are too cruel and harsh to gay, lesbian, bisexual, and transgender people; and that we must all be more accepting, and even welcoming. He even plans to participate in a human rights march. They are fearful he will be corrupted by such company or may get into legal trouble. They ask your advice.

At dinner, your 10-year-old daughter, Waseme, tearfully recounts her rough day at school. Because she does well in school and sports, three boys have taunted her, calling her a lesbian and rude slang names. She doesn't want people to think she is a lesbian, and is considering quitting the netball team.

Module 8: Lived Experiences of Stigma and Discrimination

DESCRIPTION

Module 8 is dedicated to the testimonies of people who have experienced stigma and discrimination. Religious leaders are challenged to listen with love, to consider their fears, and to show empathy and compassion. Encourage them to ask questions of the testimony-givers to gain greater clarity on the issues they may not fully understand.

One of the major objectives of this session is to have religious leaders commit to creating a stigma- and discrimination-free environment for each person represented by the testimony givers.

OBJECTIVES

At the end of module 8, participants should—

- Empathize with people who have experienced stigma and discrimination.
- Consider being more inclusive in their own congregations.

MATERIALS

STRUCTURE

Section 8.1: Testimonies and Discussion (90 minutes)

Section 8.2: Reflections (30 min)

Sample Scripture Reference

“And the word of the Lord came again to Zechariah: “This is what the Lord Almighty said: ‘Administer true justice; show mercy and compassion to one another. Do not oppress the widow or the fatherless, the foreigner or the poor. Do not plot evil against each other.’” (Zechariah 7:8–10)

"Avoid cruelty and injustice...and guard yourselves against miserliness, for this has ruined nations who lived before you." (Riyadh-us-Salaheen, Hadith 203)

Section 8.1: Testimonies and Discussion (3 hours)

Facilitator notes:

Invite three–five members of gender and sexual minority communities to be on a panel where they will talk about their lives and experiences. Each panelist gives a short testimony about their personal experiences. After each panelist has spoken, religious leaders can ask questions.

Create a mutually respectful environment both for the testimony givers and the religious leaders. The testimony-givers should feel free to skip or rephrase the question if it makes them uncomfortable. Bring the religious leaders to a place where they appreciate the testimony-givers as a proxy for the silent members of their congregations. Be mindful of questions raised and ensure that the space is safe from negative comments and questions.

Facilitators can ask the following questions to start the conversation:

- What one thing do you wish people knew about you?
- What would you like to see from religious leaders to promote safety for gender and sexually diverse individuals?

Ask the testimony-givers to stay for a tea break, so that participants can speak to them individually. This is a good time to have an open space dialogue between gender and sexual minorities and religious leaders. Talking one-on-one is a powerful way to create connections and understanding.

Section 8.2: Reflections (30 min)

Facilitator notes:

After the testimony-givers leave, ask the participants to describe what they will do differently in their congregations to address the issues raised in the testimonies.

In particular, discuss and document on flip charts suggested interventions to—

- Explore how, within our religions, we can make people feel welcome, supported, and valued.
- Explore opportunities for how people who are stigmatized and discriminated can play active and responsible roles in the church or mosque activities.

Module 9: Human Rights

DESCRIPTION

This module is a basic introduction to the concept of human rights. Participants learn about fundamental human rights, how each of us has an obligation to support the human rights of others, and how human rights are often violated, especially for gender and sexual minorities. They should understand that these rights are in line with religious teachings and morality; they should begin to think about their role in protecting rights. We will explore this more in the following module.

OBJECTIVES

At the end the module, participants should be able to—

- understand what human rights are
- identify examples of human rights
- understand the obligations religious leaders have to respect human rights for all people
- understand how the human rights of gender and sexual minorities are commonly violated.

MATERIALS

- Notecards
- Pens or markers
- Handouts:
 - UDHR
 - Kenyan Bill of Rights 2010.

STRUCTURE

Section 9.1: Revisiting Mtwapa

Section 9.2: Activity: What Does It Mean to Be Human? (20 minutes)

Section 9.3: What are Human Rights? (30 minutes)

Section 9.4: Activity: Gender and Sexual Minorities and Human Rights (30 minutes)

Sample Scripture References:

“O you who believe! Stand out firmly for justice, as witnesses to Allah, even if it be against yourselves, your parents, and your relatives, or whether it is against the rich or the poor. . .”
(Quran 4:135)

“Blessed are the poor in spirit, for theirs is the kingdom of heaven. Blessed are they who mourn, for they shall be comforted. Blessed are the meek, for they shall inherit the earth. Blessed are they who hunger and thirst for righteousness, for they shall be satisfied. Blessed are the merciful, for they shall obtain mercy. Blessed are the pure of heart, for they shall see God. Blessed are the

peacemakers, for they shall be called children of God. Blessed are they who are persecuted for the sake of righteousness, for theirs is the kingdom of heaven."(Matthew 5:3–10)

Section 9.1: Revisiting the Mtwapa 2010 Incident

Facilitator notes: The following section shows participants the importance of religious tolerance as seen from an event in the history of Kenya. The facilitator can also consider using other relevant incidents where people were targeted with violence and eviction because of an identity they cannot change.

Exercise:

Read the following text:

The Mtwapa attacks (2010) on gay people, or people suspected of being gay, left a huge mark on the lives of many people. There were individuals who were participating in an HIV vaccine study, which had potential to improve the lives of all people in the society. The exercise below seeks to recreate the memories of those attacks and examine the role of religious leaders in moral leadership in the face of an opposing value system.

This excerpt is from the events of that day, as reported in the Daily Nation.²⁰

Kenya's would-be first gay wedding was violently stopped by protesting youths and police on Friday at Mtwapa near Mombasa, hours before it was due to take place. Police intervened as dozens of Christian and Muslim youth stormed the apartment where three men—including the gay couple—had been putting up, intent on flushing them out to stop the wedding. They arrested five suspected homosexuals, including two who were rescued from youths baying for their blood Religious leaders led Operation Gays Out

Reflection on Mtwapa

1. Distribute media clippings of the stories on the Mtwapa attacks. Some of the website links that can help are listed below.²¹
2. In groups of threes, ask participants to discuss the overall assessment of religious leader's reaction to the belief that there was to be a gay wedding in Mtwapa. After the group discussions, they report to the plenary. The following questions could guide the group discussions:
 - a) Do you think the religious leaders were justified by reacting the way they did?

²⁰[2] <http://www.nation.co.ke/News/-/1056/860810/-/vqhvrh/-/index.html>

²¹<http://www.nation.co.ke/news/-/1056/860810/-/3anjlrz/-/index.html><http://www.capitalfm.co.ke/news/2010/02/gay-wedding-thwarted-in-kenya/>

- b) Why do you think that way?
- c) What would you have done, if the Sheikh or Bishop was your superior?
- d) What could be done differently today, if there was a rumour in your village that there was to be a gay wedding?
- e) How would you respect, protect, and fulfill rights?

Facilitator notes:

Takeaway messages: Summarize this session by collecting the reflections of the religious leaders on their role in perpetuating or reducing violence against sexual and gender minorities. Use a popcorn method or ask the following questions:

- Can we all resolve to protect vulnerable people (not only gender and sexual minorities) from violence?
- Can we all resolve to preach against violence to our congregations, especially against people who cannot defend themselves or are socially excluded?

Section 9.2: Activity: What Does it Mean to Be Human? (20 minutes)

Facilitator notes: This activity is adapted from *Human Rights Here and Now: Celebrating the Universal Declaration of Human Rights*, Human Rights Educators' Network, Amnesty International USA, Human Rights Resource Center, 1998.

Exercise:

Steps

1. Write the word *human* at the top of chart paper or a blackboard, and draw a circle or the outline of a human being.
2. Ask participants to brainstorm about what qualities define a human being and write the words or symbols inside the outline; for example, *intelligence, sympathy, etc.*
3. Next, ask participants what they think is needed to protect, enhance, and fully develop these qualities of a human being. List their answers outside the circle, and ask participants to explain them; for example, *education, friendship, family, faith, etc.*
4. Discuss:
 - What does it mean to be human? How is that different from just *being alive* or *surviving*?
 - Based on this list, what do people need to live in dignity?

- Are all human beings essentially equal? What is the value of human differences?
- What happens when a person or community attempts to deprive someone of something that is necessary to human dignity?
- What would happen if you had to give up one of these human necessities?

5. Explain that everything inside the circle relates to human dignity, the wholeness of being human. Everything written around the outline represents what is necessary to human dignity. Human rights are based on these necessities.

6. Read this sentence from the Kenyan Bill of Rights:

The purpose of recognizing and protecting human rights and fundamental freedoms is to preserve the dignity of individuals and communities and to promote social justice and the realization of the potential of all human beings. (Kenyan Constitution, Chapter 4, Article 19)

Section 9.3: What Are Human Rights?

Facilitator notes: The following lecturette includes the key characteristics of human rights and the moral justification for human rights. Then, participants will brainstorm a list of key human rights.

Lecturette:

Read through and explain the following section to the participants:

According to the United Nations, “Human rights are rights inherent to all human beings, whatever your nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination.”

- Ask participants what this means to them. Then provide the following examples: Rights are basic and universal, and everyone needs them to live a happy, meaningful life.
- Human rights are about valuing human life, human dignity, equality, and freedom.

From the moral perspective, human rights refer simply to the morally justifiable claims that every human should be able to make upon society. For example, if one can make the moral claim that no person should be sold into slavery, then the right not to be enslaved is, morally speaking, a human right. But, what is the moral basis for these claims?

Most great religions speak of moral duties, and in doing so, rights are often implied. The Hebrew commandment, “Thou shalt not kill” (Exodus 20:13) implies that other people have a moral claim, or right, to life. In the sphere of human rights, the right to life in the Universal Declaration

of Human Rights—“Everyone has the right to life, liberty, and the security of person;” Article 3—imposes the duties to not kill and to support others’ right to life. When Jesus told of the Good Samaritan who reached across the boundaries of race and religion to help a man who had been robbed and beaten, he told his listeners, “Go and do likewise” (Luke 10:37), there is an implication that all humans have a right for their needs to be addressed without concern for race or status.

When the Quran commands; “O you who believe! Stand out firmly for justice, as witnesses to Allah, even if it be against yourselves, your parents, and your relatives, or whether it is against the rich or the poor. . .” (Quran 4:135), the right of all to be treated with fairness and justice is implied.

Ask participants what additional quotes or topics from Holy Scriptures could be used to show the inherent rights of individuals.

Exercise:

Group Brainstorm

1. Ask participants the following question:

“Based on the list of necessities we developed earlier, what do you think are some specific examples of human rights?”

2. Record their responses on a flip chart.

Sample Responses

Right to life, food, water, employment, shelter, health, freedom, education, dignity, privacy, religion, sex, have children, get married, own land and property, freedom of movement, and freedom from discrimination.

3. Hand out the Universal Declaration of Human Rights and Kenya Bill of Rights.
4. Explain that the United Nations developed a list of human rights for all, known as the UN Declaration for Human Rights (UDHR). The UDHR is a foundational document that protects the human rights of all people in the world in terms of international human rights law. The UDHR has provided the foundation for many UN human rights conventions, regional human rights systems, and mechanisms for advancing and enforcing human rights. Kenya is a signatory to the UDHR. The Kenyan Constitution draws from the UN Declaration for Human Rights and calls for equal treatment for all citizens and the respect for human life.
5. Compare and discuss the rights the participants brainstormed with and those listed in the UDHR and Kenya Bill of rights.

Section 9.5: Activity: Gender and Sexual Minorities and Human Rights

Exercise:

Facilitator notes: This exercise looks at how the rights of gender and sexual minorities are violated.

This activity is adapted from the BONELA *Sexual Minorities, Human Rights, and HIV/AIDS: Trainer's Guide*. Botswana Network on Ethics, Law, and HIV/AIDS (BONELA).

1. Make sure the previous exercise's list is on a flip chart and visible to the group.
2. Put this topic on the wall: "What human rights might be violated if a person is known or presumed to be a gender or sexual minority?"
3. Divide into groups of two and hand out cards and markers to each pair. Ask participants to write on each card one example of a right that is often violated in Kenya if a person is known or assumed to be a sexual minority.
4. Give participants an example to get them started: Right to Equality and Dignity: Many gender and sexual minorities are stigmatized, blamed, and shunned, which violates their right to equal and respectful treatment.
5. Let the groups brainstorm for about 15 minutes.
6. Report back: Each pair presents one right violated, including an example of how. Debrief as a group, encouraging participants to elaborate on how rights are violated, and what they can do to prevent or address these violations.

Facilitator notes:

Sample Responses from Other Groups

- Right to Equality and Dignity: Many gender and sexual minorities are stigmatized, blamed, and shunned, which violates their right to equal and respectful treatment.
- Right to Life, Liberty, and Security of Person: Some gender and sexual minorities have been violently attacked or abused verbally, emotionally, or psychologically.
- Freedom from inhumane or degrading treatment: Gender and sexual minorities are treated badly in the home, in their communities (blamed and beaten), by some health workers and other individuals.

- **Right to Health Care:** Gender and sexual minorities are stigmatized and discouraged from using some clinics (e.g., unfriendly treatment, name calling, and lack of confidentiality). As a result, they stop getting tested or treated for HIV and other diseases.
- **Right to Privacy:** Gender and sexual minority patients have the right to keep their medical information and other facts about themselves confidential, but their sexual orientation is often disclosed to others without their consent.
- **Right to Shelter/Housing:** Gender and sexual minorities have been banished from their homes
- **Right to Work:** Some gender and sexual minorities are not hired, or in some cases, are fired or not promoted if the employer discovers, or assumes, they are gender and sexual minorities.
- **Right to Equal Protection by the Law:** If a gender or sexual minority reports a case of harassment, the police often refuse to take up the case and often make fun of them.
- **Right to Religion:** Some faith groups will not allow gender and sexual minorities to join.

Facilitator notes:



Close the module by stating the following takeaway messages:

- Human rights are based on morality and human dignity, and are protected through international, regional, and national instruments.
- All people, including gender and sexual minorities, have human rights and should be able to access those rights.
- Sometimes human rights are violated because of stigma or fear.
- We all have a role in protecting human rights.

Module 10: Respecting, Protecting, and Fulfilling Rights

DESCRIPTION

1.5 hours

OBJECTIVES

- Understand the role of religious leaders in respecting, protecting, and fulfilling rights.
- Learn how to respond effectively to stigmatizing statements made by others.

MATERIALS

- String and/or tape

STRUCTURE

Section 10.1: Respect, Protect, Fulfill

Section 10.2: Disagreement and Discussion Exercise

Section 10.3: Challenging Stigma: Hot Seat Exercise

Sample scripture references:

"It is better for a leader to make a mistake in forgiving than to make a mistake in punishing."
(Al-Tirmidhi, Hadith 1011)

"God has told you, O mortal, what is good; and what does the Lord require of you but to do justice, and to love kindness, and to walk humbly with your God?" (Micah 6:8)

"But when the Pharisees heard that he had silenced the Sadducees, they gathered together. And one of them, a lawyer, asked him a question to test him. "Teacher, which is the great commandment in the Law?" And he said to him, "You shall love the Lord your God with all your heart and with all your soul and with all your mind. This is the great and first commandment. And a second is like it: You shall love your neighbor as yourself. On these two commandments depend all the Law and the Prophets." (Matthew 22:34-40)

Section 10.1: Respect, Protect, and Fulfill

Facilitator notes:

Remind the participants about the previous module on human rights. Specifically, that human rights constitute a set of rights and duties necessary for the protection of human dignity, and are inherent to all human beings, irrespective of nationality, place of residence, sex, gender, national or ethnic origin, colour, religion, language, or any other status. Everyone is equally entitled to human rights without discrimination.

Also recap that while human rights are now situated within the context of international, regional, and national laws, they can also be looked at from a moral/ethical imperative angle. In fact, human rights are ethical principles based on the nature of their creation (Genesis 1:26–27; Quran 49:13). This module looks at ways in which religious leaders can work with their congregations to realize these rights in the community.

Lecturette:

When looked at from the perspective of international, regional, and national laws, human rights are seen as imposing duties or obligations on duty bearers (often governments) to respect, protect, and fulfill. This session looks at whether these three concepts can also be applied to people of faith, especially if we are looking at human rights as moral or ethical obligations.

Obligations to Respect, Protect, and Fulfill

The obligation to respect: This requires the duty bearer refrain from interfering with the enjoyment of the rights of citizens. For example, governments should not perform medical experiments on people without their consent or exclude a person from school.

The obligation to protect: This requires the duty bearer to prevent violations of these rights by third parties. For example, this would mean protecting someone from mistreatment or abuse by other people.

The obligation to fulfill: This requires the duty bearer to take appropriate action towards the full realization of human rights.

Exercise:

In groups of three–four, participants discuss their roles as *duty bearers* in their communities. After the small group discussion, participants are invited to share their thoughts with the plenary.

Discussion Questions

What role do religious leaders play in respecting, protecting, and fulfilling the rights of all people?

Do you have an example of how you have done this in the past?

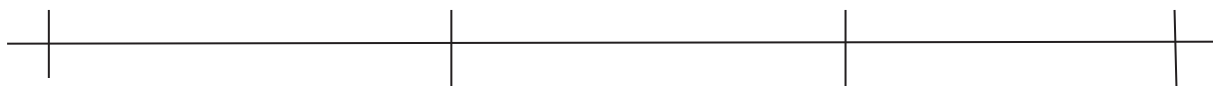
Section 10.2 Disagreement and Discussion Exercise

This exercise asks participants to begin thinking about how they can advocate to their congregations and communities for acceptance and understanding of marginalized people. Through general topics, participants begin to think about crafting convincing statements, which prepares them for the following exercise that focuses on stigma and discrimination.

Exercise:

Ask participants to stand up. Take a piece of tape or string and makes a line on the floor. Then mark four different areas on the line.

The picture below shows what the line should look like:



Tell the participants that each mark resembles (from left to right), *Strongly Disagree*, *Disagree*, *Agree*, and *Strongly Agree*. Read a statement, and participants go to the marked spot depending on whether they strongly disagree, disagree, agree, or strongly agree with the statement.

Choose one or more of the following statements.

- It is better to cook food at home than to go out and eat at a restaurant.
- The heart is not so easily changed, but the head can be persuaded.

After participants arrange themselves, ask someone who strongly disagreed, someone who disagreed, someone who agreed, and someone who strongly agreed to give their opinions on why they selected their choice; try to persuade people to join them. After they have made their points, participants can rearrange themselves.

Ask the participants the following questions:

- What made you change your answers?
- How did the people who talked try to persuade or convince you to change your opinion?
- Which types of statements were more or less convincing?

Section 10.3: Challenging Stigma—the Hot Seat

Facilitator notes: Adapted from *Understanding and Challenging HIV Stigma Toolkit for Action*. Academy for Educational Development, International Center for Research on Women and International HIV/AIDS Alliance, 2007.

Exercise:

1. Option A: Invite volunteers to take turns sitting in the *hot seat*. The person in the hot seat is expected to improvise responses to stigmatizing statements that they could hear in the community or in their congregation. Option B: Ask pairs to practice responding to these stigmatizing statements together.

Use the list of statements below and add any common statements relevant to the group/community/language.

- Sex workers deserve what they get.
- She deserves to get HIV for being so promiscuous.
- I don't want my children to go to school with a child who is HIV-positive.
- Gay people are spreading HIV in Kenya.
- Gay people abuse children and convert them.
- Gay people are un-African.
- Transgender people are possessed.

2. Then discuss with the entire group, “What methods work best for challenging stigma? Be specific.”

The most powerful responses are those that make people stop and think, rather than attacking responses that make the stigmatizer defensive.

Module 11: Reflecting on the Kenyan Experiences

DESCRIPTION

This module reflects on the lessons learned and invites the participants to form a religious transformational working group. This framework can be used to unify a country that is divided and hurting. The goal is not to make all Kenyans uniform, to practice the same religion, or even follow the same culture, but rather to form a strong, united society that respects individual, community, religious, and cultural diversity. At the same time, it focuses on healing the hurts and challenges that divide us.

OBJECTIVES

At the end of module 11, participants should—

- a) Broaden their understanding of discrimination in the country.
- b) Explore positive success stories.
- c) Create a narrative of a religious contribution to unity in diversity.

MATERIALS

Graceful Engagement Worksheet

STRUCTURE

Section 11.1: A Narrative of Hurt and Division (20 minutes)

Section 11.2: A Narrative of Resilience (20 minutes)

- Stories of resilience in the country
- Religious reflections on resilience

Section 11.3: Focusing on What Unites Us (20 minutes)

- Religious reflections of unity in diversity

SAMPLE SCRIPTURE REFERENCES

“And among His signs is the creation of the heavens and the earth, and the variations in your languages and your colours: Verily in that are signs for those who possess knowledge.” (Quran 30:22)

“My house shall be called a house of prayer for all peoples.” (Isaiah 56:7; Mark 11:17)

“For if you forgive other people when they sin against you, your heavenly Father will also forgive you. But if you do not forgive others their sins, your Father will not forgive your sins.” (Matthew 6:14–15)

Section 11.1: A Narrative of Hurt and Division

Facilitator notes: The following exercises are meant to foster continued dialogue on how religious leaders can be involved in bringing peace and promoting human rights in the communities they serve. Ensure that the conversations are relevant to how religious leaders can begin to take what they have learned in this training to the communities they serve.

Exercise:

To begin, the group can discuss cases of violence and divisions in the country caused by various factors, such as tribe, political party, or religious affiliation. Possible topics to discuss include—

- tribal violence during election cycles
- tribal classes among pastoral communities
- violent crime in urban settings.

In groups of three–four, participants select any of the three scenarios and answer the following questions, and then report to the plenary. Guide the discussion at the plenary.

1. Select a story of a particular victim (either known to you or reported in the press) of the above situations.
2. What were the consequences to their personal lives?
3. What were the consequences and impact to their families?
4. How did that event affect the community and social life in general?
5. What is the role of religious leaders in situations like these?

Guide the group to discuss the impact of these events on individuals, families, and communities. Do not point accusatory fingers at anyone, but recognize that these cycles of violence harm our society. As religious leaders, it is necessary to point this out to their congregations, which will often include the planners, financiers, perpetrators, and victims of these events. A strong, healthy community is one that respects the dignity of every human being and respects human diversity. Summarize this section by asking for responses to the following questions:

- Can we agree that violence against people is always harmful?
- Can we agree that we would like to see our society respect the dignity of every person?
- Can we agree to work for a society that respects the principles of equality and equity for every person in that society?

Section 11.2: A Narrative of Resilience

Facilitator notes: In this section, collect stories of regeneration and resilience from the community—stories of people who have overcome hatred and discrimination and have moved on to help the same people that discriminated against them. If there are no immediately recognizable stories, the facilitator could select the story of Joseph in the Old Testament.

Lecturette:

Each community has individuals like Nelson Mandela who have overcome the adversity of social exclusion. In the villages, it could be a lady who was married to a man from a different tribe, and was initially excluded, only to become the preferred nurse in that village, helping mothers in the middle of the night. Our communities have stories like these, but they rarely get told. By sharing these stories, we can help our communities understand the damage caused by exclusion and the value of inclusion.

Exercise:

In groups of three–four, the religious leaders brainstorm the community stories they know about and write down two stories. Each story should focus on a community’s ability to heal tribal, religious, or political divisions. At the plenary, all the participants vote for two of the most impressive stories of social inclusion.

Facilitator notes:

Conclude this session by thanking the participants for generating important narratives of social inclusion from their own communities. These stories rarely get told, but this training is an important opportunity to share them. Encourage participants to include these stories in their own sermons and teachings, and, where possible, document them, so their congregations and the community can work towards a social context that respects and rewards people who uphold social diversity. By celebrating inclusion, we can encourage more people to act inclusively.

Section 11.3: Focusing on What Unites Us

Lecturette:

During a human tragedy, like a terrorist attack; a natural calamity, such as an earthquake; or a huge accident, people often pull together. This is often because individuals not affected often know it could have been them, if they were passing by, or if the earthquake occurred near their home.

What brings us together during these times? Whether we are talking about the tsunami of 2005, the 9/11 attack in the United States, or the Westgate terrorist attack in Kenya, people from across the world join together with those who are suffering to offer them solace. During these times, people do not care about religion, race, moral standing, or even sexual orientation. They feel empathy for those who are suffering.

Exercise:

In a group of three–four, participants discuss why societies come together to support the afflicted in times of tragedy. In particular, let the groups discuss—

1. Why don't people consider racial differences?
2. Why don't people consider the moral standing of the people afflicted?
3. Is this a demonstration that humanity has the capacity to overcome human differences?
4. What is the lesson to take home, particularly for marginalized people?

Facilitator notes:

Conclude this section by highlighting the main points of the different groups. Point out that human beings have overcome their differences to pull together for a common purpose on many occasions in the past. This can happen again. People should not be united only during times of suffering, but they can also come together as a larger community. They can actively show they support those who are most likely to be excluded.

Explain that the next and final session is for the participants' graduation. Like before most graduations, a test will prove they participated in the training and learned something. In this training, the *test* is a personal testimony of what personal and congregational change this training has had for them. Participants should make their stories as interesting as possible and limited to no more than five minutes.

Module 12: Graduation and Commissioning

DESCRIPTION

The final module is dedicated to celebrating the commitment and dedication of the religious leaders to the course. Each training cohort will decide on the exact details for the graduation ceremony. Prepare a two-page document, with support from participants, documenting what the content of the training, lessons learned, and planned future activities.

OBJECTIVES

During module 12, participants will—

- a) celebrate their achievement having successfully completed the training modules
- b) share their personal stories of what they learned from this training
- c) create interest among the invited guests to undertake the training themselves.

MATERIALS

Graceful Engagement Worksheet

STRUCTURE

Section 12.1: Graceful Engagement

Section 12.2: Personal Testimonies

Section 12.3: Conclusion

Section 12.1: Graceful Engagement: Creating Safe Spaces and Inclusive Environments for All People

Facilitator notes: This exercise helps participants consider ways to create safe spaces for marginalized people within their communities.

Objectives:

- Participants will leave with a deeper understanding of how to engage marginalized people.
- Participants will reflect on how they personally can work to create an inclusive environment.

Facilitator notes:

As a group, brainstorm what it means to be filled with grace. Participants are welcome to call out words they think of when they think of grace; write them on a flip chart. After this exercise, show the Graceful Engagement Worksheet. Review the objectives of the worksheet. After time for individual work on the worksheet, the participants break out into smaller groups to discuss it in more detail.

WORKSHEET: Graceful Engagement

Exercise

After the opening meditation, invite the team to collectively complete this phrase:

GRACE is....

If participants are having difficulty, other groups have used words that include loving, powerful, hopeful, centered, peaceful, free, content, calm, whole, open, forgiving, grounded, holy, loved, and spiritual. (Put these on a flip chart or project them on a screen.)

Scriptural Reflection

With these understandings on a flip chart or screen, read aloud and discuss several of the following scriptural passages: The Parable of the Good Samaritan (Luke 10:29–37), the Woman at the Well (John 4:4–26), or the Greatest Commandment (Matthew 22:35–40).

In each, Jesus models a radical form of discipleship. Each person with whom he interacts—those who genuinely seek him out as a teacher and those who seek to destroy him—Jesus treats as a beloved child of God. He engages them filled with Grace. And we, who would call ourselves his followers, are challenged to do likewise.

Making It Personal

Although we may wish to always be models of Graceful Engagement, it can be challenging to maintain this perspective. Lead a discussion about situations or conversations that might be difficult to engage gracefully.

Closing Meditation

Return to silence for two or three minutes, breathing deeply and pondering the stories of Grace that were shared. Close the time with spoken prayer. Invite each Core Team member to share their prayer for this Welcoming Process.

Source: Building an Inclusive Church: A Welcoming Toolkit 2.0

<http://welcomingresources.org/welcomingtoolkit.pdf>

Section 12.2: Personal Testimonies, Graduation, and Conclusion

Invite participants according to an appropriate order (e.g., alphabetically, or by volunteering), to give their own testimony. While the participants are encouraged to be as interesting as possible in their presentation—possibly in the same way they give their sermons and teachings in their churches and mosques—emphasize that the testimonies must be factual and limited to about five minutes each.

As an option, the facilitator could invite a guest—someone who benefited from interventions, such as counselling. This could be a fellow pastor or church leader—to also give a testimony of how the training has changed their own religious leader. Alternatively, a respected community leader could be invited to give a key note speech and officiate at the graduation ceremony. The facilitator could take this role if an elaborate ceremony is not planned.

The graduation ceremony is an important event in which the religious leaders can make commitments for their love, compassion, and inclusivity of the most marginalized in their societies. People listening to them will know they had this training, and can come to them for spiritual guidance and counselling. Families of LGBT persons can take solace in the fact that their religious leaders know and understand their struggles in society. The graduation ceremony is a public event to demonstrate their courage and capacity for inclusivity.

Annex 1. Worksheets

Use the following worksheets with each module and section with the religious leaders. Ensure enough copies are available for the religious leaders to use during the training.

Facing Our Fears Training

Module 1 Section 11.2

What It Means to Be Human in Society

Story 1

(Luke 10:30-34)

³⁰ And Jesus answering said, A certain man went down from Jerusalem to Jericho, and fell among thieves, which stripped him of his raiment, and wounded him, and departed, leaving him half dead.

³¹ And by chance there came down a certain priest that way: and when he saw him, he passed by on the other side.

³² And likewise a Levite, when he was at the place, came and looked on him, and passed by on the other side.

³³ But a certain Samaritan, as he journeyed, came where he was: and when he saw him, he had compassion on him,

³⁴ And went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him.

Discussion Questions for Luke 10 30–34:

- What would you do if you encountered the man in the road?
- Why?
- What would you wish you could have done?
- Why?
- Can you remember a time when you ignored a person in need? Why do you still remember that?
- What do other people do in similar circumstances?
- What does your religion say about helping people in need?
- Why do we sometimes not help?

Facing Our Fears Training

Module 1 Section 11.2

What It Means to Be Human in Society

The Story of Moses and the Lost Sheep in the Holy Quran

They say that when Moses (PBUH) was still the shepherd of the Prophet Shu"ayb (PBUH) and had not yet received divine Inspiration, he was one day feeding his sheep. By chance one ewe became separated from the others. Moses wanted to bring her back to the flock, but the ewe ran off into the desert; not being able to see the sheep, she ran about the terror and Moses chased her for a distance of two or three farsangs, until she had no strength left and fell down exhausted and could not get up. Moses came up to her and was moved with compassion. He said "O hapless one, wither are you fleeing? Whom do you fear?" Seeing that she could not walk anymore, he picked her up and put her on his shoulders and brought her back to the flock. Moses put her down and she joined the flock. God (Be He Exalted) called to the angels, saying, "Saw ye with tenderness my servant treated that dumb ewe? Because he took trouble and harmed not the ewe, but rather had mercy on her, (I declare) be My glory that I will raise him up and make him My interlocutor; I will grant him prophet hood and send him a book, and as long as the world exists, his name will be spoken." God bestowed all these tokens upon him.

Discussion Questions for Moses and the lost sheep:

- What is the meaning of this passage?
- What is the meaning of what God (Be He Exalted) said to the angels?
- How can we follow the teachings of this passage?
- What does your religion say about helping such people in need?
- Why do we sometimes not help?

Facing Our Fears Training

Module 1: Section 11.2

What It Means to Be Human in Society

Story 3: Man on the Side of the Road

A man has been knocked down on the road and starts to bleed as you are walking down the street. Some people are walking past, others are watching, you are rushing to a meeting.

Discussion Questions:

- What would you do?
- Why?
- What do you wish you could have done?
- Why?
- Can you think of a time when you ignored a person in need? Why do you still remember that?
- What do other people do in similar circumstances?
- Why do we sometimes not help?

Facing Our Fears Training

Module 2: Section 2.1

Story of John Snow

Dr. John Snow was born 15 March 1813 in York, England. The germ theory of disease, which states that some diseases are caused by microorganisms too small to see without magnification, had not been developed. Nobody understood how disease was transmitted. Helped by Reverend Henry Whitehead of the Church of England, the assistant curate of St. Luke's Church in Soho, London, during the 1854 cholera outbreak, John Snow explained the cause of the continuing cholera outbreaks in London.

With Reverend Whitehead, Snow talked to local residents, and identified the source of the outbreak as the public water pump on Broad Street (now Broadwick Street). His studies of the pattern of the disease were convincing enough to persuade the local council to disable the well pump by removing its handle. Researchers later discovered that this public well had been dug only three feet from an old toilet, which had begun to leak faecal bacteria.

How does this story help us today?

Reverend Whitehead's collaboration with John Snow is similar to the good work being done by religious leaders in Malindi who are encouraging local communities to use pit latrines instead of open defecation. Open defecation causes public health problems in areas where people defecate in fields, urban parks, rivers, and open trenches in close proximity to the living space of others. This is a good example of religious leaders working with public health officials to address the "causes of causes" of disease.

Health is about the whole of life, and it includes our relationship to others, to the environment, to everything. That is where it overlaps with religion. And, that is why many religious people get involved in the health of the people. They do all sorts of things, some you can see or touch, like starting a hospital, a clinic or a project; some you can't, like giving care, compassion, or emotional support. In that way, religion works as an asset. (Barefoot guide, p. 7)

Thinking about the health of the public is really another way of imagining a world that is whole and healed, free of unjust hurt and unfair inequity and filled with people, communities, and societies that allow people to live a full and fulfilled life. What is true of health is also true of the deepest roots of religious imagining which, in different ways for different traditions, aims at a fulfilled life in a healed and whole society and world. (Barefoot guide, page 108)

Discussion Questions:

- What role does religion play in the health of individuals and of communities?
- In what ways does religion overlap with or influence other social determinants?
- How did religion help John Snow's work?
- What are specific ways that we, as religious leaders, can promote the health of both individuals and communities, especially those who are marginalized or discriminated against?

Facing Our Fears Training

Module 2 Section 3

Values Clarification

Shipwreck

The following people are on a sinking boat in shark-infested waters—

You

Mother and an intersex 6-month-old baby

Nurse (female)

Gay medical doctor (male)

Lesbian environmentalist (female)

School teacher (female)

Football player (16years old, male)

Lawyer (female)

Policewoman

Carpenter (75years old, male)

School teacher (male)

Gifted child (7 years old, female)

Pastor (male)

Counselor (male)

Ustadh (male)

Government minister (female)

Chief Kadhi (male)

In the distance is an uninhabited, but self-sufficient, island. The only life boat holds five people. Choose who will go into the lifeboat and cross with you to the island; explain why.

Give participants enough time to consider and write down their responses.

Ask several participants to say who they chose and why. If no one picks the gay doctor, or the lesbian environmentalist, ask why. For those who pick the gay doctor or lesbian environmentalist also ask them to explain.

People to go on the life boat:

- 1.
- 2.
- 3.
- 4.
5. You are automatically included

Facing Our Fears Training

Module 3: Section 3.3

Compulsory HIV Testing for All Religious Leaders and Clergy



Daily Nation, Monday September 26, 2011: Compulsory HIV Testing for all Religious Leaders and Clergy

All religious leaders with unknown HIV status will be required to know their HIV status and to make it public to their families, congregations, and religious followers. As leaders in society, religious leaders must stand up to their responsibility to teach society to take responsibility for their actions. HIV is a chronic illness and not a death sentence. Anyone with HIV can live a long and productive life—but only if they are tested for the virus. Government officials have decided that religious leaders are the place to start, before the national policy requiring all citizens to be tested, takes effect.

Group discussion questions:

1. What do you think of this policy?
2. Does it upset and worry you?
3. Do you feel this is right that religious leaders should be first and be examples for the public?

This article is not real, but what do you think if the policy were to require:

1. Compulsory testing for all?
2. Compulsory testing for religious leaders because they are moral leaders in the society?
3. Are there some people in our society who are subjected to compulsory testing?
4. Is it right or fair that they are treated this way?

Facing Our Fears Training

Module 4: Section 3

Turning Our Habits Upside Down: Developing Understanding and Compassion

For example:

All athletes are determined and learn to strive for their very best.

All athletes are determined and learn to _____

Women who go to school are _____

People who do not work are _____

Politicians are _____

People living with HIV are _____

Girls who play football are _____

Homosexuals are _____

People who drink alcohol are _____

People who take two or more wives are _____

All Somali are _____

Facing Our Fears Training

Module 5: Section 5.1

Religious Teachings: Individual Sermons

God does not show partiality or favouritism (Deuteronomy 10:17; Acts 10:34; Romans 2:11; Ephesians 6:9) should we?

The Noble Quran (Faatir 35:28)

See you not that Allah sends down water (rain) from the sky, and we produce therewith fruits of varying colours, and among the mountains are streaks white and red, of varying colours and (others) very black.

And of men and Ad Dawab (moving living creatures, beasts, etc.), and cattle, in like manner of various colours. It is only those who have knowledge among His slaves that fear Allah. Verily, Allah is All Mighty All Forgiving.

James 2: 4 describes those who discriminate as “judges with evil thoughts.” Instead, we are to love our neighbours as ourselves (James 2:8 and love one another as he loves us (John 13:34)

If God is impartial and loves us with impartiality, then should we love others with that same high standard?

Jesus teaches in Matthew 25 that whatever we do to the least of HIS brothers, we do it to Him. If we treat a person with contempt, we are mistreating a person created in God’s image; we are hurting somebody whom God loves and for whom Jesus died

Victims of racism, prejudice, and discrimination need to forgive. Ephesians 4.32 declares, “Be kind and compassionate to one another, forgive each other, just as Christ God forgave you” May Galatians 3:28 be completely realized, “There is neither Jew nor Greek, slave nor free, male nor female, for you are all one in Christ Jesus.”

The Noble Qur’an (Al-Imran 3:103) (cfr.8:2)

And hold fast, all together, by the rope which Allah (stretches out for you), and be not divided among yourselves; and remember with gratitude Allah’s favour on you; for ye became brethren; and you were on the brink of the pit of fire, and He saved you from it. Thus doth Allah make His Signs clear to you: That ye may be guided?

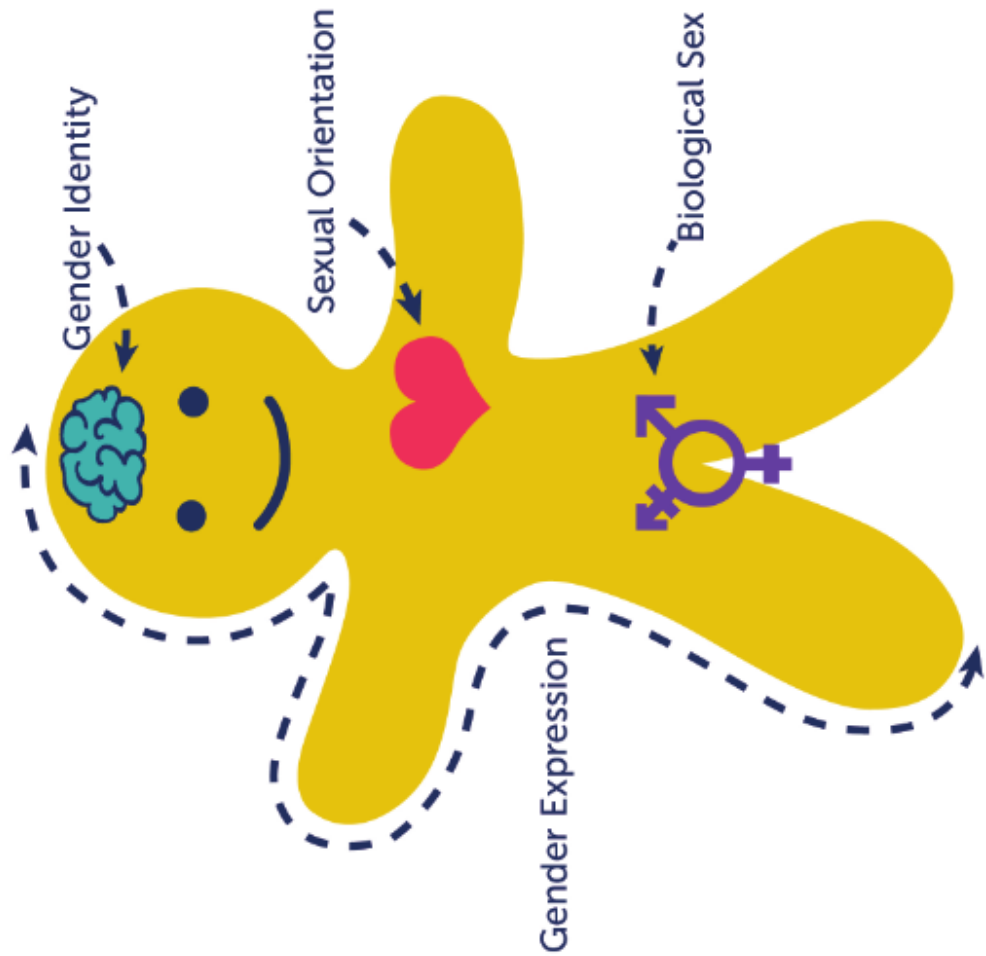
Facing Our Fears Training

Module 7: Section 7.1

Sex or Gender: Which Is Which?

Sex	Gender	
		1. Females give birth to children, males do not.
		2. In many places, boys and men are told not to cry.
		3. Women in sub-Saharan Africa contribute an average of 70% of the labour for food production, yet rural women are poorer than men and have lower levels of literacy, education, health, and nutrition.
		4. Many women are not allowed to make their own decisions regarding sexuality and relationships.
		5. Males' voices change with puberty, females' voices usually do not.
		6. Women's risk for HIV infection is often determined by their partner's sexual behaviour.
		7. Females are biologically more at risk for HIV than males.
		8. Females can breastfeed babies; anyone can bottle-feed babies.
		9. In ancient Egypt, men stayed home and did weaving. Women managed household affairs. Women inherited property, men did not.
		10. In many countries, both men and women work as bus drivers. In others, the job is reserved for men.
		11. A study in Uganda found that adolescent males thought having a child could enhance their status and prove their manhood.
		12. Of the estimated 6–7 million persons around the world who inject drugs, most (four-fifths) are men.

The Gender Person



Facing Our Fears Training

Module 12: Section 12.1

Graceful Engagement

WORKSHEET: Graceful Engagement

Exercise

After the opening meditation, invite the team to collectively complete this phrase:

GRACE is....

If participants are having difficulty, some words that other groups have used include: loving, powerful, hopeful, centred, peaceful, free, content, calm, whole, open, forgiving, grounded, holy, loved, spiritual. (Put these on a flip chart or project them on a screen.)

Scriptural Reflection

With these understandings on a flip chart or screen, take some time to read aloud and discuss several of the following Scriptural passages: The Parable of the Good Samaritan (Luke 10:29-37), the Woman at the Well (John 4:4-26), the Greatest Commandment (Matthew 22:35-40). In each of these contexts, Jesus models a radical form of discipleship. Each person with whom he interacts—those who genuinely seek him out as a teacher and those who seek to destroy him—Jesus treats as a beloved child of God. He engages them filled with Grace. And we, who would call ourselves his followers, are challenged to do likewise.

Making It Personal

Although we may wish to always be models of Graceful Engagement, it can be a challenge to maintain this perspective. Lead a discussion about situations or conversations that might come up that may be difficult to gracefully engage.

Closing Meditation

Return to silence for two or three minutes, breathing deeply and pondering the stories of Grace that were shared. Close the time with spoken prayer. Invite each Core Team member to share their prayer for this Welcoming Process.

Annex 2. Training Evaluations

The following are evaluation forms to be used to evaluate the training and how participants' viewpoints may have changed during the course of the training.

Daily Evaluation Form: Use after each training day

End of Training Evaluation: Use at the end of the training

Post-Training Follow Up: Use 2–3 months after the training as a post-training follow up assessment.

Daily Evaluation Form

How well did the workshop meet your expectations? Please explain how it succeeded and how it could be improved.

What is something you learned today that you didn't know before?

Which sections were the most useful to you and your role? Explain.

Which sections could be improved? How?

What did you find particularly effective about this workshop day?

What could have been improved about the workshop today?

What other comments or suggestions would you like to share?

End of Training Evaluation

How well did the overall training meet your expectations? Please explain how it succeeded and how it could be improved.

Which days were the most useful to you and your work? Explain.

Which days were the least useful to you and your work? Explain.

What did you find particularly effective about the training?

Could you share an example of how you will take what you learned in this training and apply it to your work?

How could the overall training be improved?

What other comments or suggestions would you like to share?

Post-Training Follow Up

Have you continued to use the skills and information you gained from the training in your work?

Do you have specific examples?

Are there any additional areas you wish the training had covered now that you are using the skills you have learned?

Have you given a sermon or lecture on HIV, stigma and discrimination, gender and sexual diversity, or human rights? How was it received? Would you be willing to share a written copy?

Is there anything else you would like to share?



PEMAKENYA
Advancing social inclusion and human rights