



2011 CARIBBEAN HIV CONFERENCE

STRENGTHENING EVIDENCE
TO ACHIEVE SUSTAINABLE ACTION

November 18–21, 2011 | The Bahamas

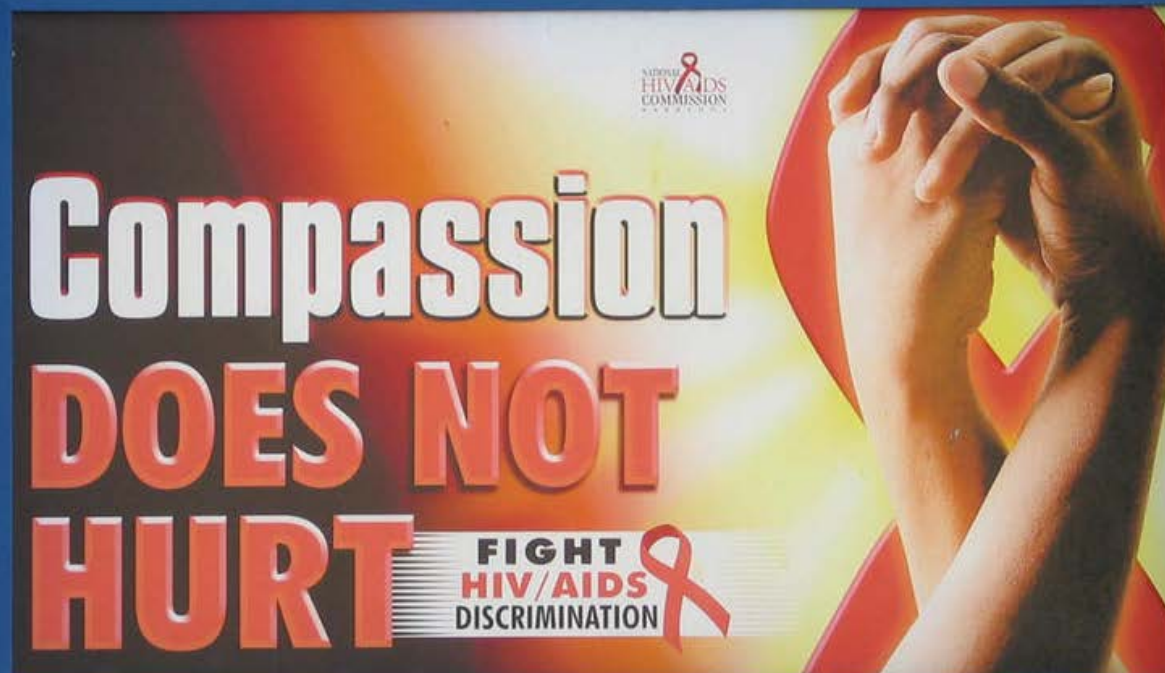
An AIDS-free Caribbean requires investment in Stigma and Discrimination

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Stigma and Discrimination

Can We End HIV and AIDS in the Caribbean Without Addressing Stigma?



A "Fight HIV/AIDS Discrimination" poster is on display at Grantley Adams International Airport in Barbados. © 2009 Lee Mantini, Courtesy of Photoshare.



Overview

- Stigma and Discrimination
- Healthcare Settings: An Oasis from Stigma and Discrimination?
- Next Steps: Lets be the change we want to see



Conceptualizing Stigma

- **Stigma is a social process:**
 - Contextual (social, cultural, political & economic forces)
 - Turns “difference” into inequity (gender, age, sexual orientation, class, race or ethnicity)
 - Devaluation to create superiority
 - Social exclusion of individuals or groups
 - Disqualification from full social acceptance



Defining Discrimination

Unfair and unjust action toward an individual or group on the basis of:

- real or perceived status or attributes
 - medical condition like HIV & AIDS
 - Socio-economic status
 - Gender
 - Race
 - Sexual orientation or sexuality

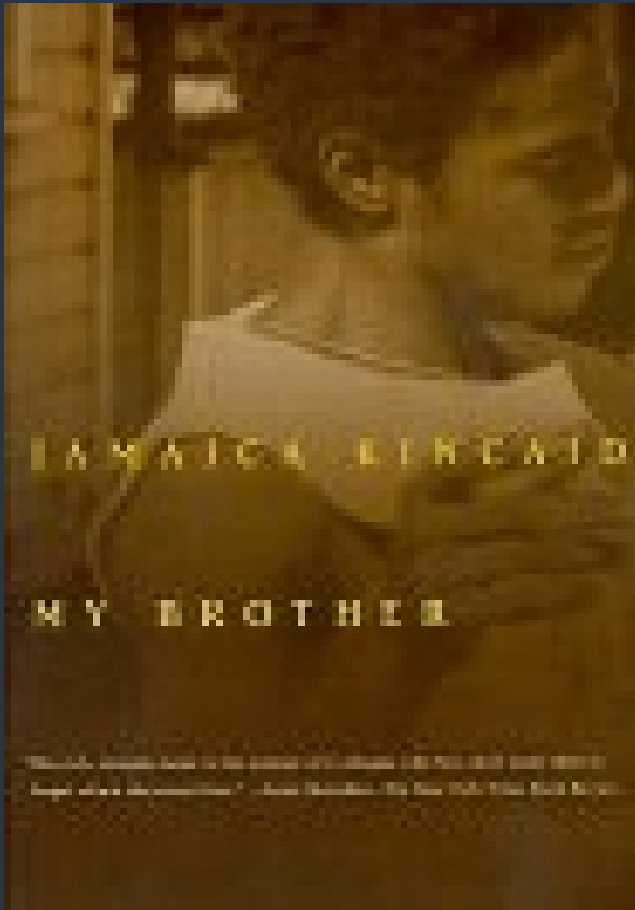


Terminology of Stigma

- **Enacted stigma (discrimination)**
- **Anticipated (fear of) stigma**
- **Internalized (self) stigma**
- **Secondary (by association) stigma**
- **Compound (layered) stigma**
 - Gender
 - Poverty/class/race/geography
 - Sexuality or Sexual Orientation



Stigma and Discrimination Impede:

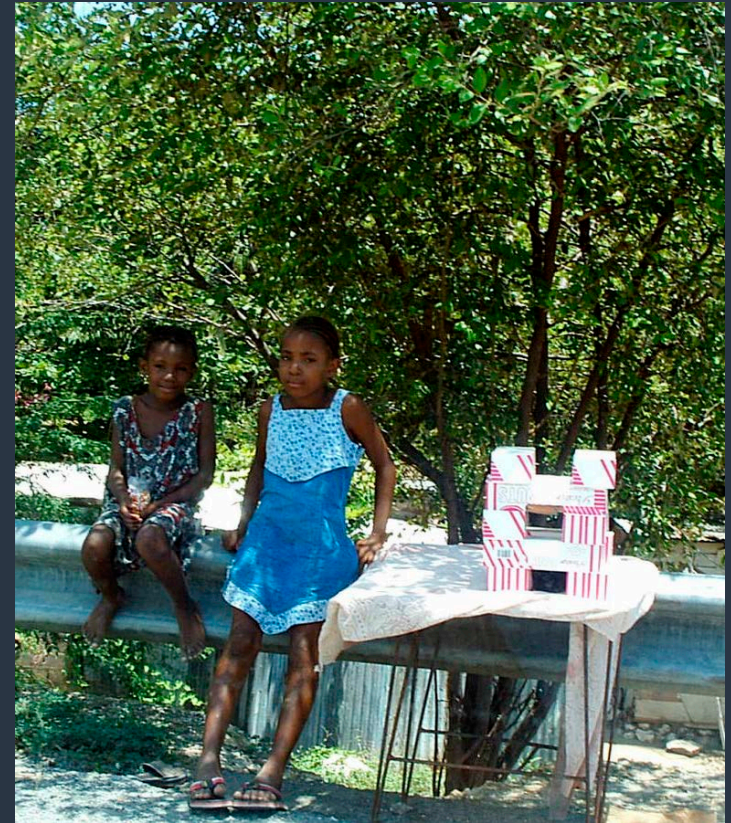


- **Prevention**
 - HIV testing and counseling
 - Disclosure
 - Risk reduction
- **Treatment, Care, and Support**
 - Health-seeking behaviors
 - Adherence
- **Health Systems**
 - Access
 - Quality of care
 - Human capital



Stigma also enables fear, discrimination, violence

- Gender-based violence due to gender inequalities faced by
 - Women and girls
 - Marginalized women, such as sex workers
 - Men who have sex with men, linked to homophobia
- Violence as a risk factor for increasing vulnerability to HIV and STIs
- Violence as a consequence of HIV infection, following disclosure



Rural Jamaican girls sell donuts by the roadside on a busy highway, Caribbean, and directly linked to the increasing rate of HIV among women and girls. © 2004 Nancy Muturi, Courtesy of Photoshare.



Expressions of stigma may be masked

- The pervasiveness of vaginal references in Trinidadian music and comedy
- Everyday cultural references to certain groups can be stigmatizing and demeaning
- Cuts across the region
- Names for gay men include “fish” and “batty man”





What We Know About HIV-related Stigma and Discrimination in the Caribbean:

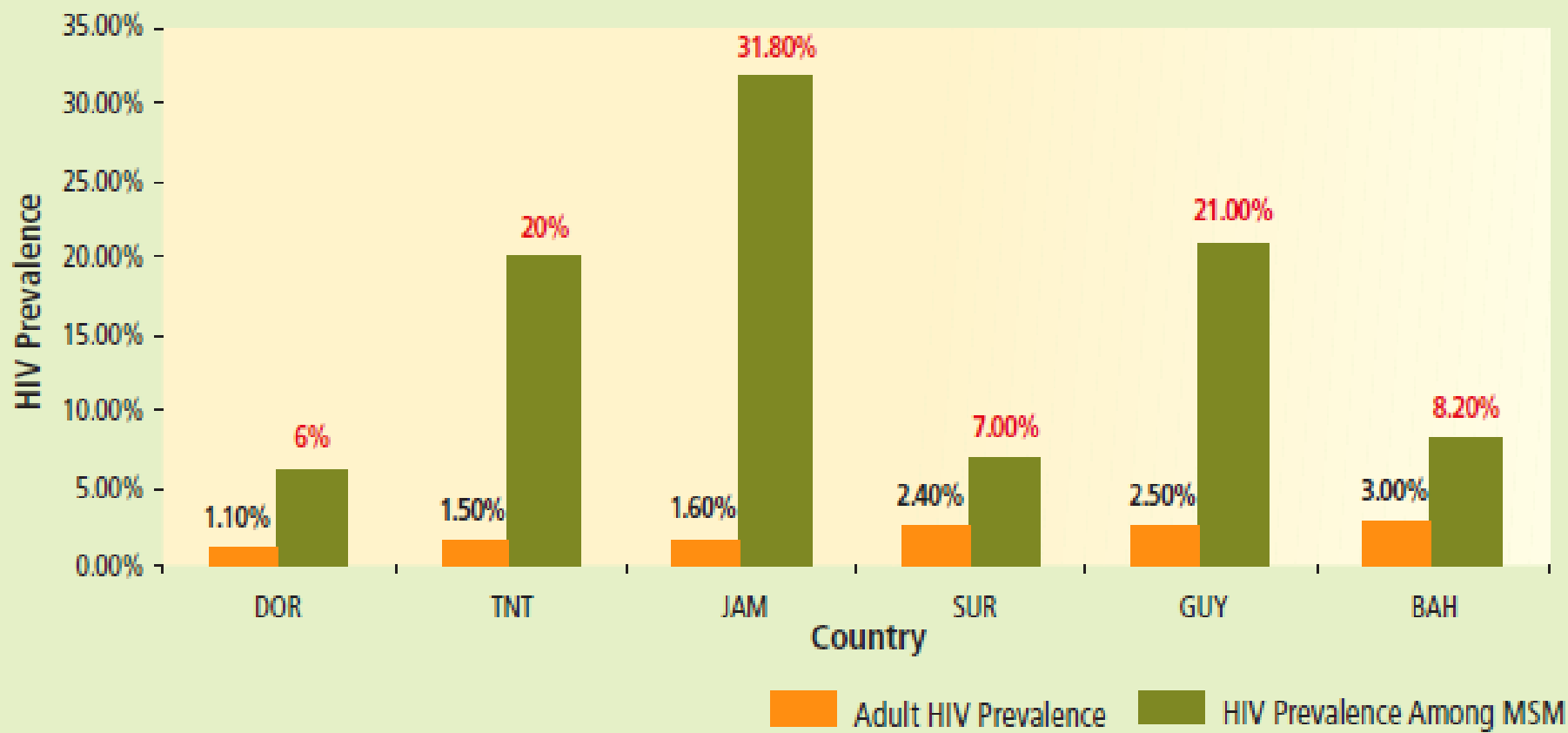
Legal Environment

Snapshot of HIV-Related Legal Environment in the Caribbean 2010

- 56% of countries report no legal protection against HIV-related discrimination
- 75% of countries report laws and regulations that present obstacles to HIV services for vulnerable population groups
- 69% of countries criminalize same sex activities among consenting adults (These include Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Trinidad and Tobago)
- 81% of countries criminalize some aspect of sex work
- 19% of countries have HIV-related travel restrictions
- 19% of countries have HIV-specific laws that criminalize HIV transmission

Layered Stigma leads to concentrated HIV epidemics

Figure 2: Comparing Adult HIV Prevalence in 2007 and HIV Prevalence Among Caribbean MSM (2005-2008)



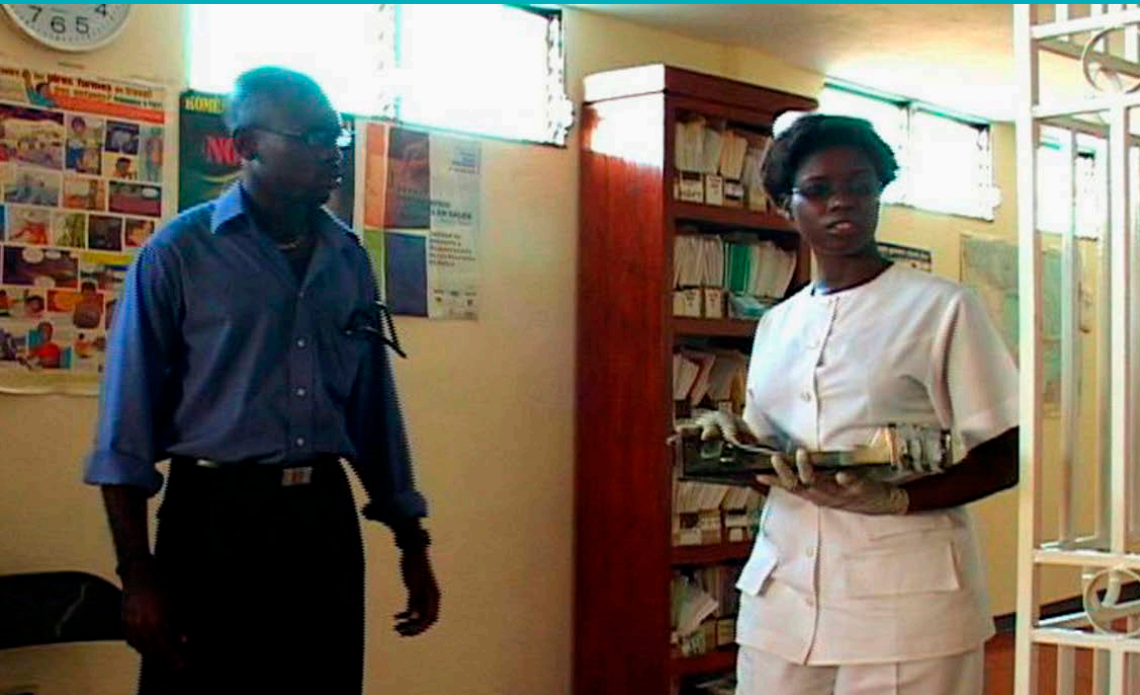
Source: UNAIDS. 2008 Report on the Global AIDS Epidemic and National HIV Seroprevalence Surveys.

Source: UNAIDS Keeping Score III 2011

Source: The Status of HIV in the Caribbean. UNAIDS 2010

The Health Care Setting

An Oasis from Stigma and Discrimination?



A nurse is chastised by an uninformed doctor for treating an AIDS patient in "Deye Mon" ("Behind the Mountain"), a movie about AIDS stigma in Haiti. © 2003 Amelia Shaw, Courtesy of Photoshare.



Healthcare Settings Should ...

- Be a safe (and competent) space for people living with or at risk of HIV infection to seek prevention, treatment, care, and support

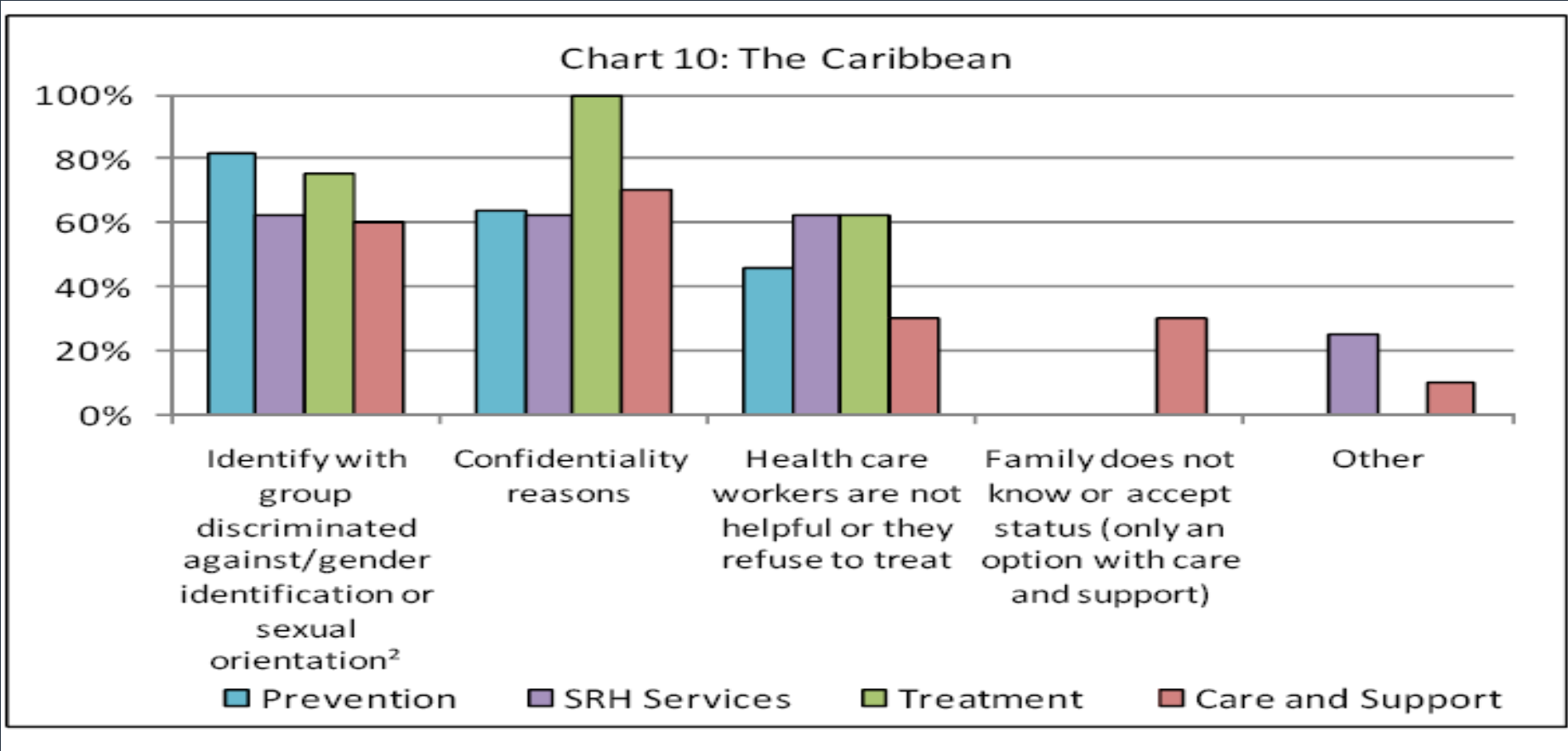


A friend comforts a young man who learns he is HIV-positive in "Deye Mon" ("Behind the Mountain"), a movie about AIDS stigma in Haiti. © 2003 Amelia Shaw, Courtesy of Photoshare.



What We Know About HIV-related Stigma and Discrimination in the Caribbean: Impact on HIV Service Uptake

Charts 9-10: Respondents' reasons why they may be afraid to, or denied access to HIV prevention, treatment, and care and support services.





Forms of Stigma and Discrimination in Health Settings

Neglect

- Had to wait longer
- Not having bed pans changed
- Receiving less care/attention

Differential treatment

- HIV test required before care was given
- HIV test required before scheduling surgery
- Using gloves for non-invasive exams
- Extra precautions in sterilizing instruments

Denied care

- Denied treatment
- Referral to another provider/facility
- Senior provider pushed client to a junior provider
- Junior provider pushed client to a senior provider

Lack of consent

- HIV testing without consent
- Disclosing HIV status to family without client's consent

Verbal stigma

- Gossip about a client's HIV status
- Scolding or blaming a client



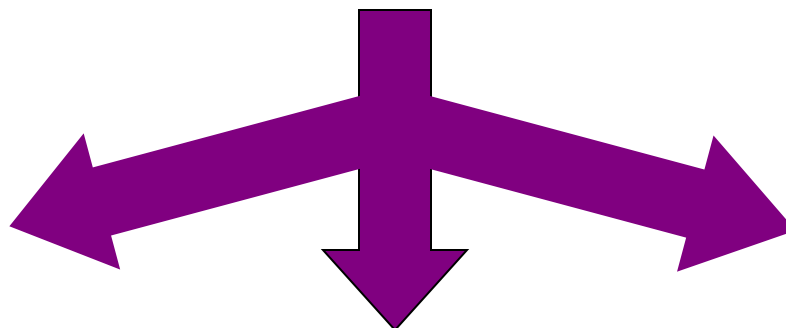
Stigma-free health services – what do they look like?

- All health facilities have operations and management guidance for S&D-free services
- All personnel (from the receptionist to the guard to the surgeon) are trained/certified in sensitivity to S&D
- Client satisfaction is monitored
- Key populations, including PLHIV, are health facility staff and are involved in evaluation



Immediately Actionable Causes

- Lack of awareness
- Fear of casual contact
- Linking HIV with socially “improper” behavior



Individual

- Address attitudes and behaviors

Environmental

- Meet needs for information, training, and supplies

Structural

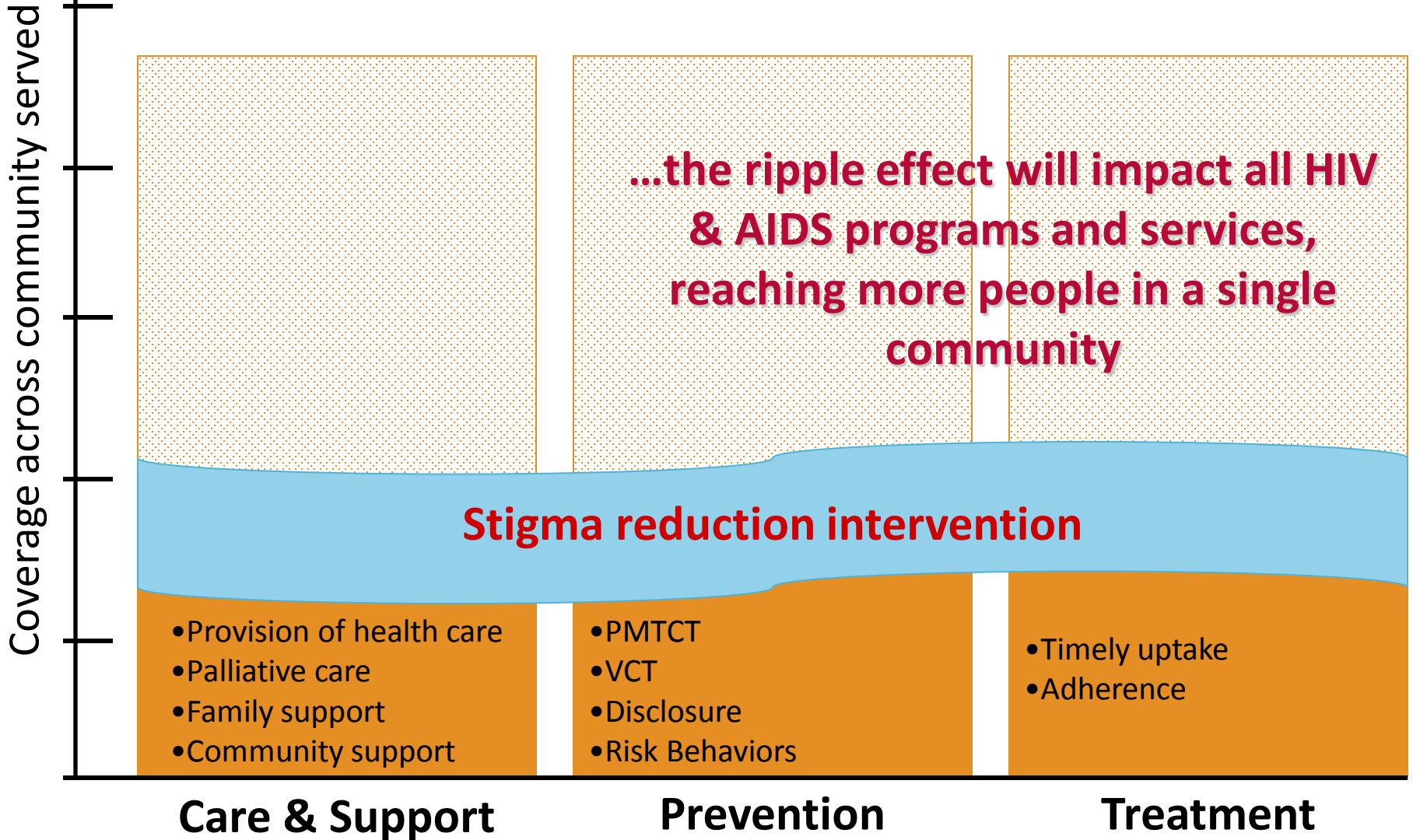
- Policies, laws, and institutions



Health Care Providers and Stigma – Role Models, Community Leaders

- Health care professionals change the environment they work in
- Health and HIV services are partnership (not just a “doctor-patient” relationship)
- Teach and guide leaders in your community on the harms of discrimination
- Model your behavior

If you invest in stigma reduction...




Some Next Steps on S & D

Develop Framework/Strategy

Measure Stigma / gather data

Invest



Build the evidence on why we need scaled-up Stigma reduction!

- Evaluate anti-stigma interventions
- Contribute to the knowledge base of identifying effective interventions
- Determine whether new trends in services and availability of treatment reduce stigma

Measure your impact on specific health outcomes

S&D/Update of testing * S&D/Update of PMTCT * S&D/Adherence to Rx
S&D/Timely entry into care * S&D/Disclosure to partner * S&D/key populations



What can your MOH do?

- **Provide incentives for “stigma-free” health facilities**
- **Monitor “stigma free” health facilities**
- **Urge “do no harm” anti S&D approach in certifying health professionals**
- **Invest in S&D curriculum and training for nursing and medical schools**
- **Develop redress systems for clients and integrate into services**

What will you do?

You are part of the solution

Join the Stigma Action Network

‘Working for a World Free of HIV-related Stigma’

www.stigmaactionnetwork.org



Thank you

Acknowledgments: Ken Morrison, Anita Bhuyan, Laura Nyblade, Liz Hunger, Ron MacInnis



Joint United Nations Programme on HIV/AIDS

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