

Integrated Services as a Model for Stigma Reduction for People Living with HIV, Young people and key populations in Belize Assessment

Focusing on:

Persons living with HIV in particular youth, sex workers, men who have sex with men and zero-discordant couples



PURPOSE

- * increasing evidence on the experiences of HIV-related stigma and building on existing mechanisms such as the People Living with HIV Stigma Index.

Goal and Objectives

- * To identify factors which influence people's choice when accessing stand-alone or integrated SRH-HIV services in Belize.

It seeks:

- * To provide a better understanding of the perspectives and experiences of young people living with HIV
- * To pave the way for future analysis that will look at these issues in more detail for men who have sex with men (MSM), sex workers or zero-discordant persons.

METHODOLOGY – The Process

- * Participants' views were recorded using a semi-structured, open-ended qualitative questionnaire.
- * The interview guide was implemented with persons living with HIV.
- * Working in collaboration with the Collaborative Network of Persons Living with HIV (CNET+) efforts were made to identify PLHIV that belong to the following categories: youth, sex workers, men who have sex with men and zero-discordant couples.

METHODOLOGY – The Process

A total of 25 participants were recruited in three districts namely:

- * Stann Creek (6)
- * Orange Walk (6)
- * Belize District (13).

These districts are geographically located in southern, northern and central Belize respectively.

Key focus areas identified for analysis

- * The extent to which young people living with HIV understand and have experienced HIV-related stigma in Belize when accessing health care services;
- * Key factors influencing choices about services for HIV and SRH services with a focus on integrated and stand-alone facilities
- * Perceptions and/or experiences of integrated services (those that offer both sexual health and HIV) as a mechanism for stigma reduction;

Young people and HIV-related stigma in Belize when accessing health care services

Findings indicate that those interviewed:

- *Do not feel that health care services cater to their needs.
- *Believe that services are too general and are not youth-friendly enough.
- *Feel that stigma and discrimination as a result of a positive HIV status is compounded by other stigma's which exist against young persons and vulnerable groups such as MSM, sex workers, drug users and prisoners.

Young people and HIV-related stigma in Belize when accessing health care services

Presently legislation exists in Belize which state that young people below the age of 18 must be accompanied by an adult when accessing SRH services which include HIV services.

The majority of young people find this particular law to be discriminatory against them because they can't access prevention and intervention services related to HIV.

The majority of young people feel that both health care providers and older patients do not respect young persons and feel that they have a right to reprimand them for their behaviors.

Young people and HIV-related stigma in Belize when accessing health care services

- * A few of the young persons who indicated that they did feel that the health services were youth-friendly indicated their satisfaction with particular health care providers.
- * They felt that particular nurses and doctors are more sensitive to the needs of young persons.
- * This does not necessarily indicate that it is a general approach that is taken by the health care facility.

Key factors influencing choices for HIV/SRH services with a focus on integrated and stand-alone facilities

- * Generally the perception is that persons prefer integrated services because it decreases the stigma and discrimination that results from people knowing who is HIV positive or who is going to access HIV services.
- * The findings of this study indicate that there was not a great disparity between peoples preference for integrated or stand-alone facilities.

Key factors influencing choices for HIV/SRH services with a focus on integrated and stand-alone facilities

- * The study found that what is most important to the young persons living with HIV is that they are able to access services at a facility where the health care providers are sensitized and do not discriminate.
- * The majority of them indicated that they are able to cope with the stigma and discrimination experienced when dealing with other patients but that it's a lot more difficult to have to cope with an insensitive or rude health care provider.

Key factors influencing choices for HIV/SRH services with a focus on integrated and stand-alone facilities

- * The young persons in this study indicated that when they are making a choice between an integrated and a stand-alone facility they normally think about the kind of health care provider that they will have to deal with.
- * They do not necessarily think of it as a stand-alone or integrated facility.

Key factors influencing choices for HIV/SRH services with a focus on integrated and stand-alone facilities

- * Many of the respondents stated that factors that influence their choices included: friendliness of the staff, non-judgmental health care providers and a private and confidential setting.
- * Their preference was influenced by logistical concerns such as accessibility and affordability.
- * Some of them indicated that they sought services that are free or not as expensive as private facilities and that they would choose facilities that are in their community so that they do not have to incur travelling expenses.

Perceptions and/or experiences of integrated services (those that offer both sexual health and HIV) as a mechanism for stigma reduction

- * This study showed that the young people that participated in this study indicated that they prefer private facilities such as BFLA that offer both HIV and SRH services.
- * The perception is that both types of services are essential and that they prefer to be able to access both services in the same place instead of having to go from one facility to the next.

Perceptions and/or experiences of integrated services (those that offer both sexual health and HIV) as a mechanism for stigma reduction

- * Several of the young people also indicated that they felt that the stigma would be reduced since people would not know what services you are there to access.
- * However, this would only be the case if the system is effective in truly integrating services and ensuring protection of information and identity of persons living with HIV and other vulnerable groups.

Perceptions and/or experiences of integrated services (those that offer both sexual health and HIV) as a mechanism for stigma reduction

- * indicated that accessing services within integrated services such as the regional hospitals does not protect them from discrimination.
- * Presently, the Ministry of Health is instituting a new policy whereby PLHIV must access services from the general pharmacy.
- * Previously, PLHIV received their ARV medications at the VCT clinic while receiving other HIV services.
- * Several of them indicated their discomfort with this new system since they feel that they need to disclose to more persons such as the pharmacists and that these health care providers are not as sensitized as those at the VCT clinic.

Perceptions and/or experiences of integrated services (those that offer both sexual health and HIV) as a mechanism for stigma reduction

- * They also indicated that having their medication distributed to them just like any other medication makes it not confidential since others can see that you are receiving ARVs especially when these are not handed to you in a bag.
- * One person stated that the discrimination comes when the pharmacist is over-protective and invites you behind the counter to give you the meds.
- * Everyone knows that this special attention means that you are receiving your ARVs.

Perceptions and/or experiences of integrated services (those that offer both sexual health and HIV) as a mechanism for stigma reduction

- * It is very important to note that the issue of integration of services versus stand-alone services raises questions of external stigma and discrimination but also auto or internal stigma.
- * This is important to take into account when developing programs to address stigma and discrimination within integrated services as empowerment sessions also need to be conducted with PLHIV and other vulnerable populations to ensure that they understand that this form of stigma exists and that they are able to recognize it and address it appropriately.

RECOMMENDATIONS

- ❖ *Conduct a similar assessment at a larger scale which not includes interviews with the clients but also persons who work within these health facilities or are stakeholders to be able to conduct a comparative analysis of different perspectives.*
- ❖ *Conduct training and sensitization for all staff members including non-clinical staff which includes administrative, maintenance and security staff in providing service that is human rights and gender-sensitive based.*
- ❖ *Conduct an assessment of the Youth-Friendliness of all clinics providing sexual and reproductive health in Belize and develop guidelines that can be used by facilities to make their services youth-friendlier. In particular focus on the provision of services to young persons who are HIV positive and are members of marginalized groups such as MSM, gays, sex workers and drug users.*

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Incorporate stigma and discrimination campaigns within the different clinics to raise awareness among staff as well as inform patients of their policies of non-discrimination and respect for the human rights of all individuals especially the right to access quality health care. A special focus should be placed on the sexual and reproductive rights of adolescents and marginalized groups that are most vulnerable to HIV

RECOMMENDATIONS

❖ *Provide support to organizations such as the Belize Family Life Association to be able to mobilize the resources necessary to keep it functional and running. Presently, BFLA and other NGOs are faced with imminent closure or down-sizing due to lack of resources to cover institutional expenses. If SRH and HIV services will continue to be available to young people at a national level, the necessary resources must be secured.*

❖ *Collaborate with the National AIDS Commission to ensure that the necessary legal framework that is needed to implement the National HIV Policy is put in place. Non-discrimination and the provision of equal and fair treatment to all clients accessing services at both governmental and non-governmental facilities needs to be enforced by the law.*

RECOMMENDATIONS

❖ Place a special focus on advocating for the removal of laws and policies that discriminate against young persons and place barriers to their access to SRH services

❖ If services are to be integrated, special sensitization training needs to take place before so as to ensure that young persons living with HIV and other marginalized groups will not feel discriminated. In particular, efforts must be made to put in place workplace policies that discourage discrimination against PLHIV and other vulnerable groups

RECOMMENDATIONS

- ❖ *Empowerment and Coping Skills Sessions need to be conducted with PLHIV and persons from vulnerable groups on the topic of stigma and discrimination which is both external and internal.*
- ❖ *Integration requires that all clients are sensitized, educated and empowered to confront stigma and discrimination but it also requires that PLHIV and other vulnerable groups are able to recognize self-stigma and address it accordingly*

THANK YOU!!!!

Presented by:

*Martha Angelica Carrillo, MSc.
Sexual Health Consultant*