Using Data to Tackle Stigma, Homophobia, and Gender-Based Violence

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Photo by Health Policy Project

Session Objectives

■ To understand the scope and challenges of addressing HIV and key population stigma and discrimination (S&D) in the Latin America and Caribbean (LAC) region

■ To learn about effective approaches being used to address HIV and key population S&D in Eastern Caribbean countries, Jamaica, and the Dominican Republic

Warm-up:
Reflection Exercise

"Changing entrenched attitudes cannot be done through lectures. People need to be able to name the problems themselves, share experiences about stigma and discrimination and discuss issues with their peers, and discover themselves through their own analysis new, non-stigmatising forms of practice."

—Workshop Participant (Barbados)

HPP in the Caribbean

- Three programs
  - Jamaica
  - Eastern Caribbean
  - Dominican Republic

- All three use a similar approach to measure and reduce S&D against people living with HIV (PLHIV) and key populations (KPs) in health facilities

- There is a gender-based violence (GBV) component, because KPs experience high levels of GBV in the Caribbean; programming is integrated into S&D reduction activities
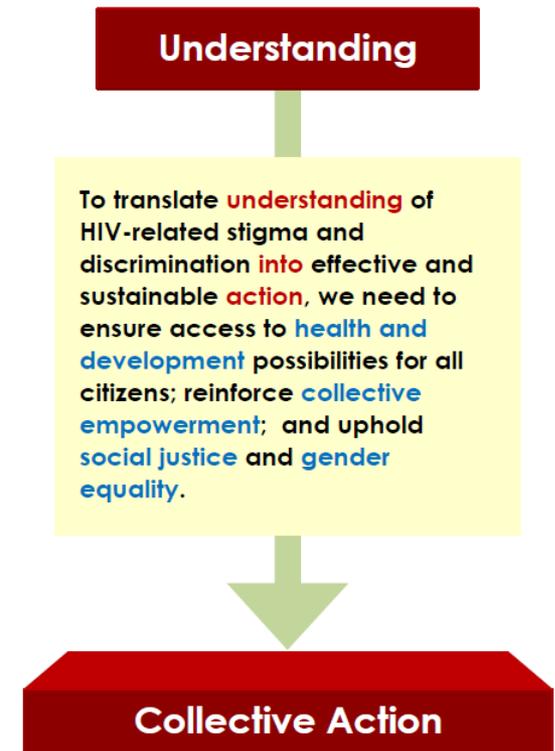
Understanding

To translate understanding of HIV-related stigma and discrimination into effective and sustainable action, we need to ensure access to health and development possibilities for all citizens; reinforce collective empowerment; and uphold social justice and gender equality.
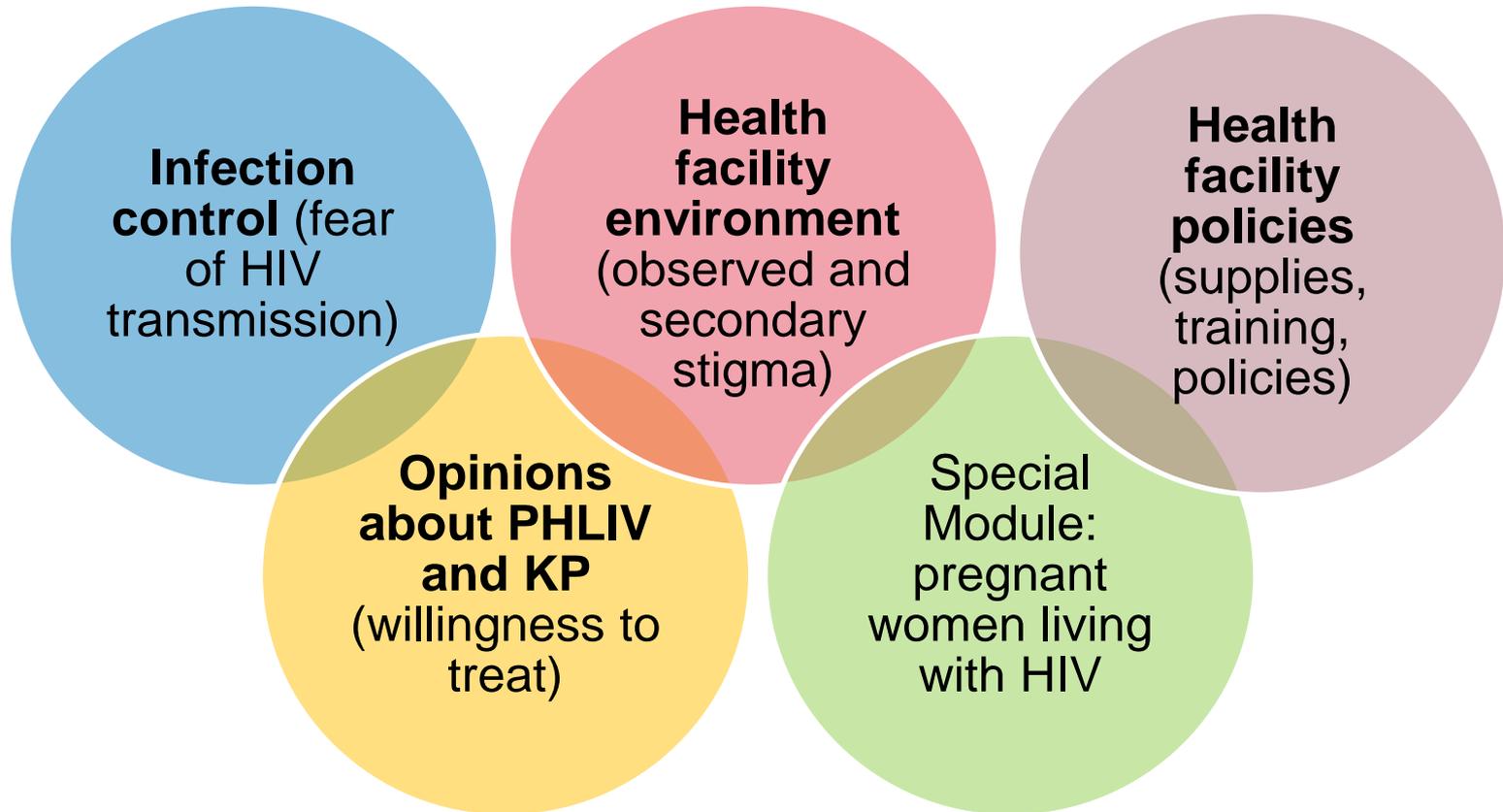
Collective Action

S&D Reduction Strategy

- **Data collection** on S&D in healthcare facilities followed by **data validation** sessions with stakeholders

- **Training** to strengthen the capacity of health facility staff to provide stigma-free services

- **Ensure sustainability** by working with facilities during and after training to put messages into action

Data Collection and Use

- Measurement tool was adapted from a brief, standardized questionnaire on stigma and discrimination that is used in other countries

- Questionnaire is administered to all categories of health workers (both technical and non-technical)

- HPP collaborated with university and national partners to apply the tool

- Data collection is followed by validation sessions with stakeholders to develop recommendations and draw conclusions from the results

Five Domains of the Survey

Infection control (fear of HIV transmission)

Health facility environment (observed and secondary stigma)

Health facility policies (supplies, training, policies)

Opinions about PHLIV and KP (willingness to treat)

Special Module: pregnant women living with HIV

Mock Validation Session

"You can have data without information, but you cannot have information without data."

– Daniel Keys Moran

Opinions Related to Providing Services

Opinions related to providing services to at-risk populations		Support Admin Staff	Medical Personnel	Cleaning/ Auxiliary Staff	Pharmacist/ Technicians	Not Stated	Total
I would prefer not to provide services to: men who have sex with men	Agree	5.6	10.1	38.1	9.4	.0	11.2
	Disagree	80.6	83.9	52.4	90.6	71.4	81.7
	Not stated	13.9	6.0	9.5	.0	28.6	7.1
I would prefer not to provide services to: sex workers	Agree	11.1	8.5	38.1	6.3	.0	10.5
	Disagree	77.8	85.9	52.4	93.8	71.4	83.1
	Not stated	11.1	5.5	9.5	.0	28.6	6.4
I would prefer not to provide services to: transgender people	Agree	2.8	8.5	33.3	6.5	.0	9.2
	Disagree	83.3	85.9	57.1	93.5	57.1	83.7
	Not stated	13.9	5.5	9.5	.0	42.9	7.1

Attitudes and Fears

	People get infected with HIV because they engage in irresponsible behaviors	Most PLHIV do not care if they infect other people	Worried about HIV transmission when taking the temperature of a person living with HIV	Worried about HIV transmission when giving an injection to a person living with HIV	Wear double gloves when providing care/services for a person living with HIV
Medical staff % agree (n = 199)	34	33	5 Non-response rate = 6%	37 Non-response rate = 7%	20 Non-response rate = 9%
All facility staff % agree (n = 307)	31	34	6 Non-response rate = 6%	37 Non response rate = 9%	18 Non-response rate = 10%

Observed Behaviors

Observed behavior of other staff within the past 12 months	Unwilling to care for a patient living with HIV	Providing poorer quality of care to a patient living with HIV than to other patients	Disclosing a patient's HIV status without the patient's permission	Facility staff providing extra support or care for patients living with or thought to be living with HIV
% Medical staff observed other staff (n = 199)	23	25	16	45
% All facility staff observed other staff (n = 307)	20	21	14	36

Training

UNDERSTANDING AND CHALLENGING
HIV AND KEY POPULATION STIGMA
AND DISCRIMINATION:

Caribbean Facilitator's Guide

■ HPP tool: *Understanding and Challenging HIV and Key Population Stigma and Discrimination: Caribbean Facilitator's Guide*

■ Four modules with participatory exercises to raise health workers' awareness of S&D in health facilities, shift attitudes and behaviors toward PLHIV and KPs, and address fear of HIV transmission

■ HPP trains in-country partners through a Training of Facilitators (ToF) to form a cohort of trainers who train staff at healthcare facilities

Exercise from S&D tool

Sustainability

- The training includes
  - Tools and resources for healthcare workers and facilities to help sustain "stigma-free" HIV services
  - A module on action planning to produce a concrete strategy for mainstreaming stigma reduction

- Trained staff members develop their own codes of conduct to support stigma-free services

- Data are gathered, analyzed, contextualized, *owned*, and applied by users

Photo by Cesar Castellanos, HPP

What Makes This Approach So Effective?

- Data use -- participants identify solutions based on data

- Comprehensiveness -- data captures response from all types of healthcare workers, not just doctors

- Ease of use -- training can be used anywhere, is low-budget, and can be split up if you don't have time to run the whole thing

- Beyond "sensitization" -- training is designed to evoke empathy

- Inclusivity and exposure -- key populations are actively involved as trainers

Successes, Challenges, and Lessons Learned

- Challenging issues such as homophobia *can* be addressed and S&D in the health system *can* be measured

- Data *can* be accessible if they are presented and used effectively, and if stakeholders are involved throughout

- S&D reduction efforts in the health setting can be effective, but must involve all staff members, not just doctors

- Transformation at an individual level and structural shifts do occur, but not always in a linear fashion

"When I first came to this workshop, I thought it would be like any other workshop, something where we just go through the motions. But this workshop was different—the trainers engaged our feelings and forced us to think more deeply about the issues, to really critique how we think and feel about other people" —Workshop participant (Barbados workshop)

Thank You

Thank You!

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