



HIV/AIDS
STIGMA,
DENIAL,
FEAR AND
DISCRIMINATION

HOW WE CAN STOP HIV/AIDS STIGMA IN TORONTO'S AFRICAN AND CARIBBEAN COMMUNITIES

Background

From 2004 to 2006, researchers from the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), the University of Toronto, and other institutions conducted the Stigma Study to understand how African and Caribbean communities in Toronto experience and respond to HIV stigma, denial, fear and discrimination.¹ At the conclusion of the study, ACCHO organized two forums – one for service providers and policy makers, and the other for African and Caribbean communities – to present the study findings and discuss strategies and actions to reduce HIV stigma, denial, fear, and discrimination.² This fact sheet summarizes the strategies and actions discussed at the forums and suggested by the Stigma Study research participants.

It is important to understand that African and Caribbean communities in Canada already experience stigma and discrimination based on race, religion, immigrant status and other factors. Also, within African and Caribbean communities, some individuals and groups are stigmatized (e.g., gay men, transgender people) based on interpretations of norms and moral values that prevail among some segments of the communities. Therefore, strategies and actions to reduce HIV stigma should be motivated by a framework that opposes racism and other forms of oppression, and recognizes how social conditions influence people's health.

Reducing the impact of HIV/AIDS stigma and discrimination on any community is a slow process that requires varied approaches. The actions and strategies outlined below are guidelines that should be tailored to the varying capacities of organizations and agencies. Each action/strategy is presented in the following format: **Who** should be responsible for the action/strategy; **What** the action/strategy is; important considerations about **How** the action/strategy may be implemented; **Why** this action/strategy should be considered; and **Anticipated Outcomes** of the action/strategy.

ACTIONS AND STRATEGIES

Anti-racism and anti-oppression training

Who

Institutions and organizations that serve African and Caribbean communities: health-care providers, funding bodies, policy makers at all levels of government, service provision and community development agencies, faith institutions, educational institutions.

What

Anti-racism, anti-oppression and cultural competency training for all staff and volunteers.

How

Such training must be tailored to the different roles of people in the organization (e.g., front-line workers who deal directly with African and Caribbean people as clients, versus management or board members who set directions, priorities and policies).

Why

Organizational practices and policies may support stigma and discrimination, even if unintentionally.

Anticipated Outcomes

- Staff and volunteers will understand how their beliefs, practices, and organizational policies may enable stigma and discrimination, and will learn specific ways to reduce stigma and discrimination in their work environment;
- Greater organizational commitment to anti-racism and anti-oppression principles and practice.

Funding for organizations and programs

Who

Funding agencies

What

- Stipulate commitment to anti-racist/anti-oppression practice as a requirement for all funded organizations and programs;
- Allocate funding to support the hiring, training, and retention of African and Caribbean people to work with their communities.

How

- In the application process, request proof of anti-racist and anti-oppression practice, and cultural competency;
- Create systems to evaluate and monitor anti-racist and anti-oppression practice and cultural competency in organizations.

Why

Funders influence the framework of the agencies they fund and should use that influence to create systemic change among organizations and service providers. Funders can also allocate funding according to the special needs of various communities.

Anticipated Outcomes

- Organizations will be encouraged to incorporate anti-racism and anti-oppression practices in their work;
- Services provided by and for African and Caribbean people will be more adequately resourced.

Connecting with faith leaders and their congregations

Who

African and Caribbean faith leaders and their institutions, HIV/AIDS service providers, people living with HIV/AIDS (PHAs), and others affected by HIV/AIDS.

What

Address and speak out against stigma and discrimination within faith communities and congregations.

How

- Work in partnership to create specific HIV/AIDS education training for faith leaders;
- Jointly develop initiatives and positive messages for faith congregations that respect their values and concerns while supporting the needs of all African and Caribbean people.

Why

African and Caribbean faith leaders in Toronto are very influential within their communities and often have a leadership role that extends beyond their

specific congregations or faith.

Anticipated Outcomes

- Increased inclusion and understanding of people and communities affected by HIV/AIDS;
- Improved collaboration between HIV/AIDS organizations and faith leaders in addressing HIV/AIDS stigma, discrimination, denial and fear.

Mobilizing communities

Who

African and Caribbean community leaders and organizations

What

Educate and mobilize African and Caribbean people around HIV/AIDS issues, and create a supportive environment for care, treatment, support and prevention related to HIV/AIDS.

How

- Facilitate workshops for community leaders and community organizations on how to engage their peers and community members in discussion and action related to HIV/AIDS;
- Train and support diverse community members for peer support and leadership roles;
- Increase the scope and reach of HIV/AIDS-related services that are offered by and for African and Caribbean communities.

Why

Many myths and stereotypes fuel HIV/AIDS stigma and discrimination in African and Caribbean communities. Information and campaigns are more likely to be accepted when they come from trusted or credible sources within these communities.

Anticipated Outcomes

- Building capacity, responsibility, and empowerment within the communities;
- Increased access to accurate HIV/AIDS information, increased discussion, and increased self and community recognition of attitudes and practices that generate or support HIV stigma, discrimination, denial and fear.

Recognizing and valuing people living with HIV/AIDS

Who

People living with HIV/AIDS (PHAs), through the support of community and faith organizations.

What

- Value the lives and contributions of PHAs through inclusion;
- Improve public understanding of the factors that may increase people's vulnerability to HIV/AIDS, and the experience of living with HIV/AIDS in African and Caribbean communities.

How

- Include PHAs in all aspects of the response to HIV/AIDS;
- Ensure HIV prevention messages are non-stigmatizing and that language does not disempower or alienate PHAs;
- Develop campaigns that highlight the struggles, rights and contributions of PHAs.

Why

PHAs experience first-hand the consequences of HIV/AIDS stigma and discrimination. Without their leadership and participation, the process will lack credibility, fail to properly address the experiences of PHAs, and contribute to their marginalization.

Anticipated Outcomes

- Improved treatment of PHAs among the general public, service providers, and African and Caribbean communities;
- Increased self-esteem and empowerment of PHAs.

Engaging the media

Who

Service providers, PHAs, community leaders, and community and mainstream media companies.

What

- Engage the media to improve public understanding of how HIV/AIDS affects African and Caribbean communities, and address systemic issues related to racism, gender, other

forms of oppression and marginalization;

- Use the media to challenge myths and stereotypes, and support individual and community responsibilities;
- Engage community leaders and celebrities to support the struggle against HIV/AIDS related stigma, discrimination, denial and fear.

How

- Develop relationships with media and provide them with HIV/AIDS related stories and perspectives that are sensitive to African and Caribbean communities;
- Develop public service announcements and communication campaigns to raise awareness of HIV and develop a supportive environment for responding to HIV;
- Engage celebrities as spokespersons to destigmatize HIV/AIDS and related issues (e.g. condom use, testing, diagnosis, etc).

Why

- Mainstream and community media disseminate information, opinions, and ideas to the public and are able to influence attitudes and beliefs among the public;
- Celebrity spokespersons are able to attract attention to an issue.

Anticipated Outcomes

- Improved public understanding, perception, acceptance, and treatment of African and Caribbean people, especially those living with HIV/AIDS;
- Greater recognition that HIV/AIDS is an urgent issue affecting African and Caribbean communities in Canada that requires a responsible and proactive response.

CONCLUSION

This list of strategies is not exhaustive and does not address all issues. Additionally, current research shows that very little has been done to evaluate interventions and strategies to reduce HIV/AIDS stigma.³ Community members and organizations need to acknowledge their responsibility and accountability in this role. Hence, it is important to implement these strategies and systematically document the process, measure the impact, and

disseminate the results widely.

The overall goal of the actions and strategies outlined in this fact sheet is to reduce HIV/AIDS stigma, discrimination, denial, and fear among and towards African and Caribbean communities in Toronto and throughout Ontario. This is an important step in creating an environment that supports more effective HIV prevention programming and enhances the wellbeing of people already infected.

¹ Lawson, E., Gardezi, F., Calzavara, L., Husbands, W., Myers, T., Tharao, W. and the Stigma Study Team (2006). HIV/AIDS Stigma, Denial, Fear and Discrimination: Experiences and Responses of People from African and Caribbean Communities in Toronto. African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) and the HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto. The report and an earlier fact sheet (How African and Caribbean People in Toronto Experience and Respond to HIV Stigma, Denial, Fear and Discrimination) are available at www.accho.ca. In addition to the authors of the report cited above, the Stigma Study team also included C. George, D. Willms, D. Taylor, R. Remis, S. Adebajo, F. McGee, A. Pancham and E. Wambayi (researchers), and V. Keyi, B. Nday wa Mbayo, S. Teclom and H. Teffera (community advisory committee).

²The community forum attracted 130 people from Toronto's diverse African, Caribbean and Black communities, and the forum for service providers and policy makers attracted 50 participants.

³Brown, L., Trujillo, L. and Macintyre, K. (2001). Interventions to Reduce HIV/AIDS Stigma: What Have We Learned? Horizons Program, Tulane University.

Acknowledgements

Monika Goodluck prepared this fact sheet based on the Stigma Study report and the discussions in two forums. Thanks to LLana James, Fauzia Gardezi, Esther Amoako, Tiisetso Russell, Henry Luyombya, Fanta Ongoiba and Francesco Nurse for their assistance with the forums. Special thanks also to the Stigma Study participants, the Community Advisory Committee, volunteers, staff, and service providers who helped promote the Study. The Ontario HIV Treatment Network funded the research, and the Levi Strauss Foundation funded the community report, forums and fact sheets. Neither funder is responsible for the content of this fact sheet.

© ACCHO 2008

CACVO

Le conseil des africains
et caraïbéens sur le
VIH/SIDA en Ontario



ACCHO

African and Caribbean
Council on HIV/AIDS
in Ontario



HIV Social Behavioral and
Epidemiological Studies Unit

