

CULTURALLY SENSITIVE CARE FOR SUB SAHARAN AFRICAN MIGRANTS:

DOES IT REALLY MATTER?

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Content

- ❖ **Introduction:**
 - ❖ epidemiology
 - ❖ do we need *special* care for SAM?
- ❖ **Understanding SAM**
- ❖ **Medical aspects to consider**
- ❖ **Culturally sensitive Counseling**



www.wiv-isp.be

**EPIDEMIOLOGY OF AIDS AND
HIV-INFECTION IN BELGIUM**

Situation on 31 december 2012

**Fig: HIV patients in follow up in Belgium in 2012
according to their nationality.**

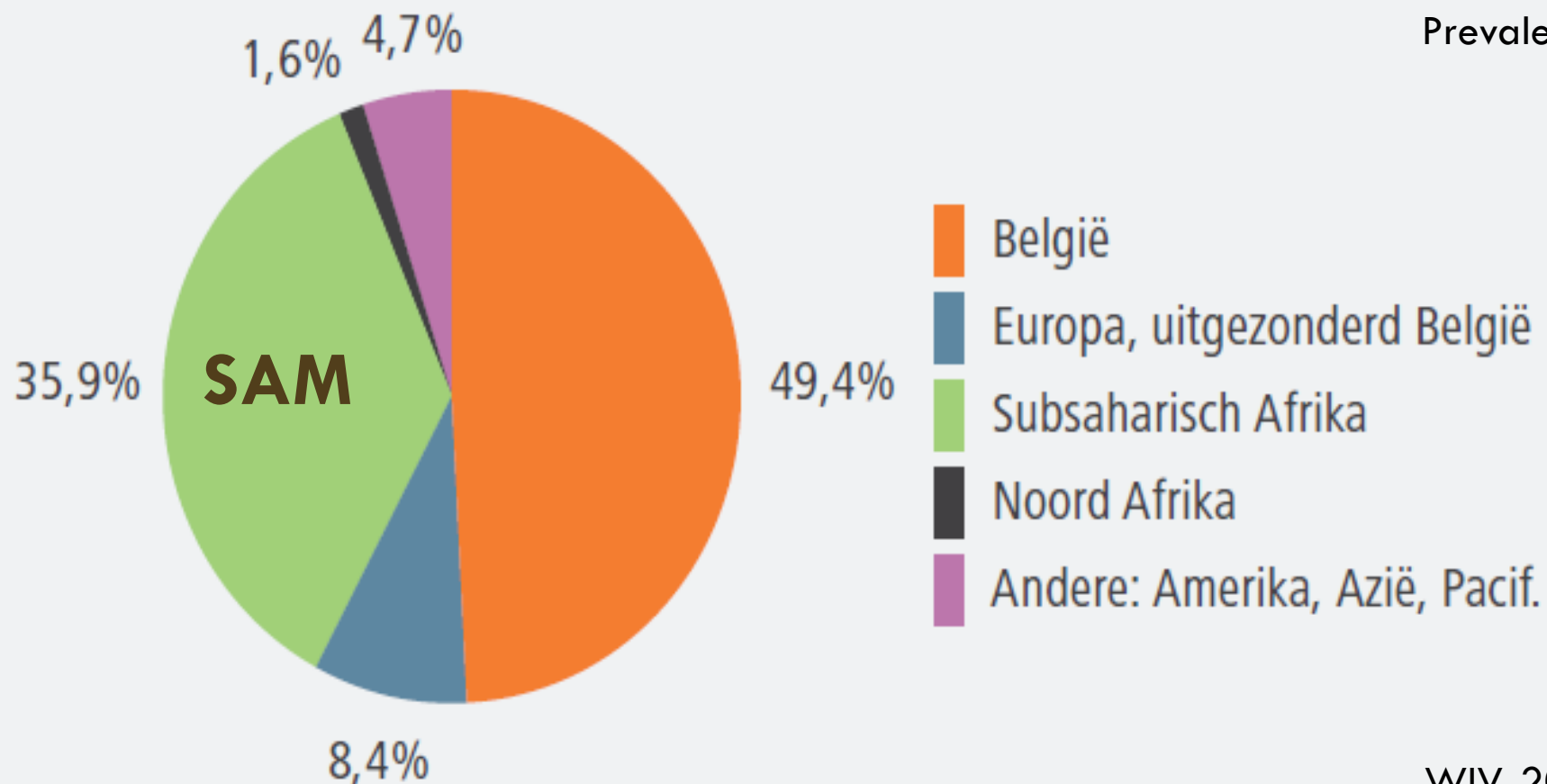
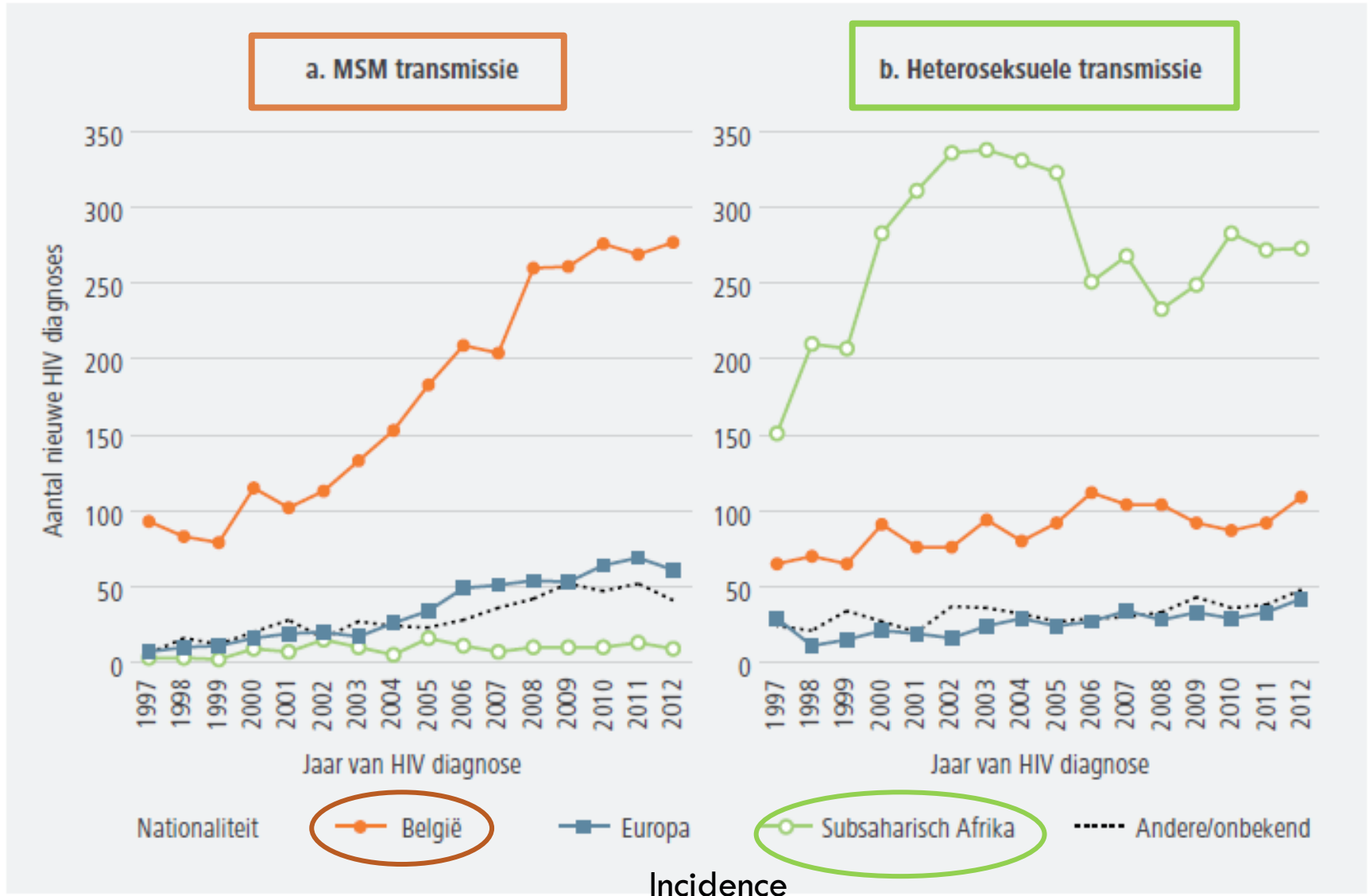


Fig: Evolution of HIV diagnoses in according to the mode of transmission and to their nationality (1997-2012)



Subsaharan Africa



Do we need *special* care for SAM?

Special versus common?

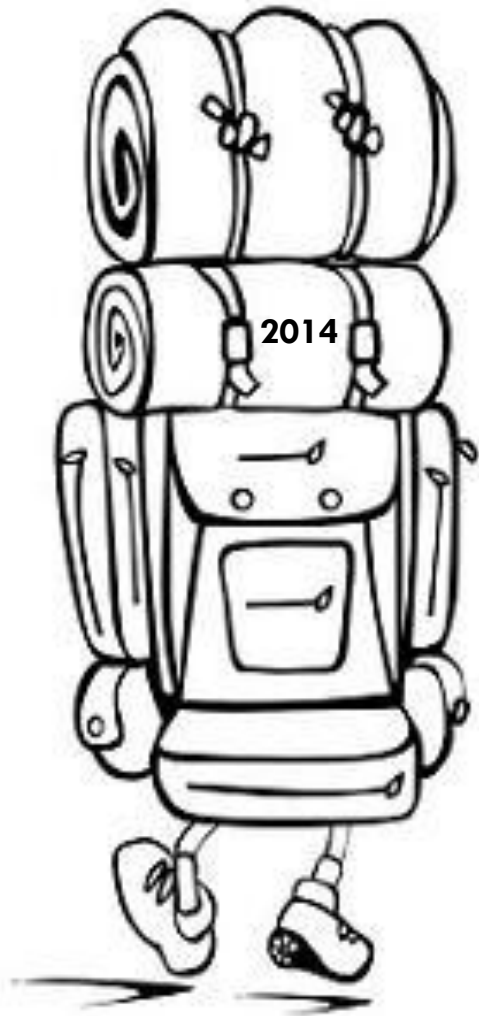
Common issues of PWLH in general

- Physical health, mental health conditions such as depression and anxiety, linked to hiv related stigma, may come up (simbayi et al.2007)

- Disclosure problems
- Self-esteem
- Shame
- Isolation



Do we need **special** care for SAM?



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1 Understanding HIV diagnosed SAM

- ❖ How do SAM experience **HIV**?
- ❖ Socio culturally determined factors
- ❖ Sexuality and sexual risk assessment
- ❖ Factors related to migration context
- ❖ Speaking the same language

How do SAM experience HIV?

- Fear of death & the consequences of being HIV pos
 - ▣ HIV is still a fatal disease (Manirankunda et al.2009)
 - ▣ initial feelings: shame, sense of hopelessness (Remien and Rabkin.2001)
 - ▣ stigma & prejudice among ethnic minority/migrant communities (Ioutfy et al.2012)
- Fear of having no kids (or HIV pos kids)
- Punishment of God/ test of God

Socioculturally determined factors

- Gender inequalities (f.i. son preference)
- Less access to education? (#urban and rural areas)
 - ▣ less knowledge about reproductive health/health system
- Less preventive behaviour? (high prevalence)
- Financial problems/poverty?
- Social cohesion, or the lack of social cohesion

Sexuality and sexual risk assessment

General

- Taboo and strong social control
- Social and family disapproval of their behavior versus our European tolerance

Men

- Sex between men:
 - ▣ much less acceptable (criminalisation)
 - ▣ consider or describe themselves not as homosexuals
 - ▣ difficult to identify risk behaviour

Women run higher risks to HIV infection

- Polygamy = high risk due to sexual behaviour of their male partner
- Male resistance to condom use is common
- Dry sex practices
- Vaginal douching with non antiseptic compounds
- Widow cleansing (brother in law, forcing her to have sex)
- Female Genital Mutilation
- Societal pressure to reproduce makes it difficult for women to practice protected sex

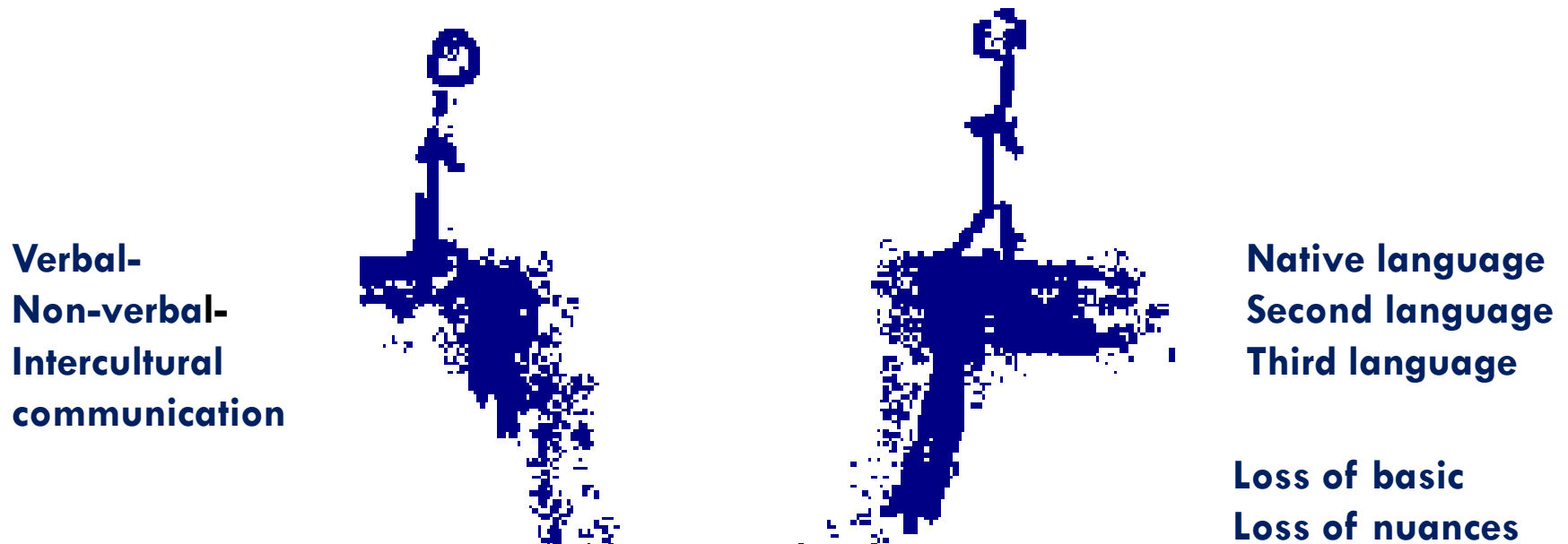
Factors related to migration context

- Testing for HIV is not a priority (if status unknown)
- Undocumented migrants have fear for forced repatriation
- Migration stress
 - ❖ pathway insecurity
 - ❖ uncertain status
 - ❖ absence loved ones
- Lack of income
- Forced into prostitution to survive

“You see someone who
ran away with his family
to live in freedom and at
the same time you see all
his hope, his life and
future taken away from him.”

Iranian refugee

Speaking the same language



Communication/influences

Language

Translators: professional & non professional

□ Interpreters

- on site
- by phone (BABEL)
- internet (cfr Skype)

□ Intercultural mediator

- education
- deontological code
- professional secrecy
- symbolic meaning
- others: adjusted food, prayer room

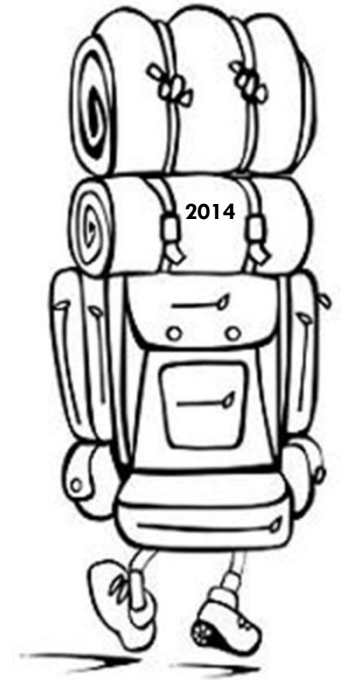
□ Family/Friend

□ Loved ones

- disclosure, taboo
- emotional involvement
- incorrect translation because of protection
- medical terminology

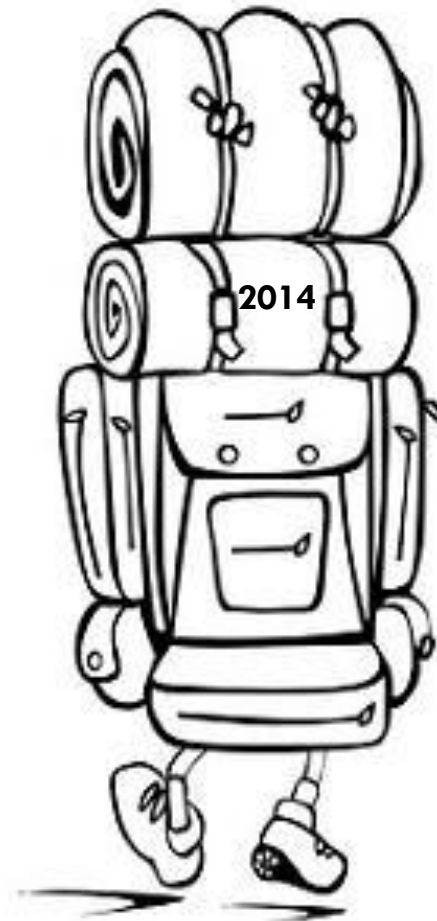
Need to be addressed for SAM:

- ❑ Specific migration trajectory
- ❑ 1st or 2nd generation of migration?
- ❑ Residency status and length of stay
- ❑ Language
- ❑ Sociocultural status
- ❑ Religion/Religious beliefs
- ❑ Education level/Health literacy
- ❑ Individual dealing with health, illness, sexuality and HIV



Do we need special care for SAM?

We need to deal with
a lot more than only HIV



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Medical aspects to consider in counseling:

- ❖ Differences in ethnicity, race and gender
- ❖ Reproductive health outcomes by race & ethnicity ♀
- ❖ Female genital mutilation & longterm effects ♀
- ❖ Need of Sexual Reproductive Health assessment ♀
- ❖ Factors influencing non adherence
- ❖ ADE's
- ❖ Vit. D Deficiency

Differences in Ethnicity, Race and Gender

- Black People: ↑ risk for cardiovascular and renal events



↑ metabolic clearance of Efavirenz and increased central nervous system effects

↑ HIV associated Nephropathy

- Black ♂ : more psychiatric events

- Black ♀ : higher risk for anemia

results of CPCRA 058 (first study)



CONSIDER UNDERLYING COMORBID DISEASES AND RISKS FOR CARDIOVASCULAR, RENAL AND PSYCHIATRIC COMPLICATIONS WHEN SELECTING ART

Reproductive health outcomes by race & ethnicity



- Earlier puberty (Samantha F. Butts et al; 2010)
- Earlier menarche/fertility (early menarche -> ↑ risk for breast cancer)
- Lower life birth rates after ART
- Differences in perimenopausal symptomatology: ↑
- Earlier onset of menopause (because of HIV & race): ↑
 - ▣ cave cardiovascular diseases, hypertension, diabetes, reduced bone mineral density (Kentaro Imai, Madeline Y. Sutton Rennatus mdodo; 2013)



Consider SEXUAL AND REPRODUCTIVE HEALTH-ASSESSMENT & LIFESTYLE COUNSELING

Female Genital Mutilation

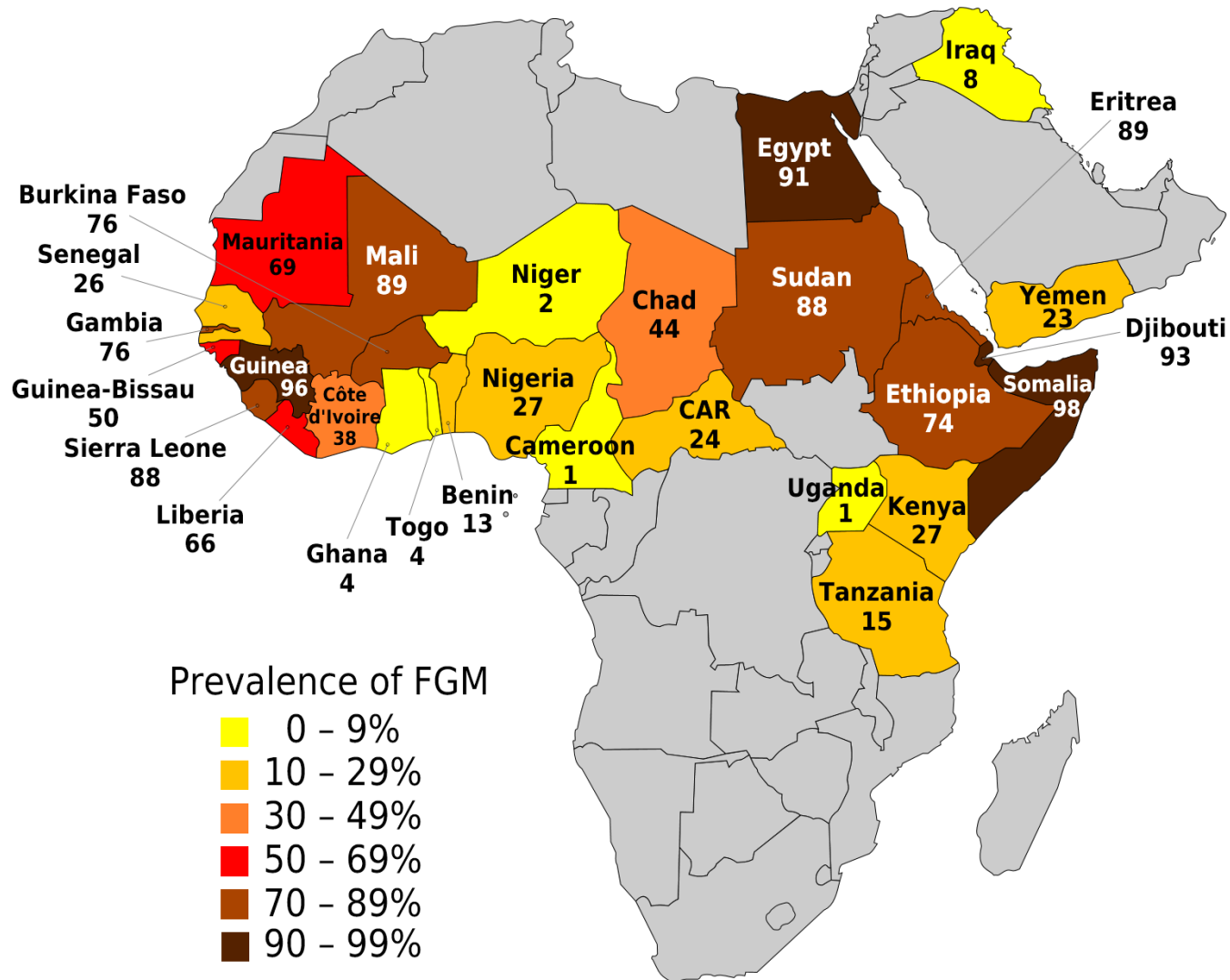
A woman wearing a light-colored headscarf is shown in profile, looking upwards and to the right. Her hand is raised to her chin in a contemplative or distressed pose. The background is dark and out of focus.

- Between **100 and 140 million girls and women worldwide** have experienced FGM (Female Genital Mutilation)

&

- around **3 million girls** undergo some form of the procedure each year in **Africa** alone. (WHO)

Prevalence of FGM in Africa 2013



FGM in Africa



- **Female infibulation** involves removal of the **clitoris**, along with **part** or **all of the labia minora**, followed by stitching or **narrowing the vaginal opening**, leaving a small opening large enough to allow the flow of urine and menstruation (4 stadia- WHO)
- The main reason for circumcision is to ensure virginity before marriage, and the custom is so engrained in society that uncircumcised girls are unmarriageable.

Infibulation cause **long-term complications** of gynaecological, obstetrics and urinary tracts.



- Repeated urinary *infection*
- Formation of fistula
- Acute and chronic pelvic *infection* leading to infertility and/or tubal pregnancy
- Difficult child birth/ Perinatal mortality
- Painful menstruation / Painful sex contacts/ Hemorrhage
- Psychological damage
- Low libido

(Multi-Agency Practice Guidelines: Female Genital Mutilation; 2011)



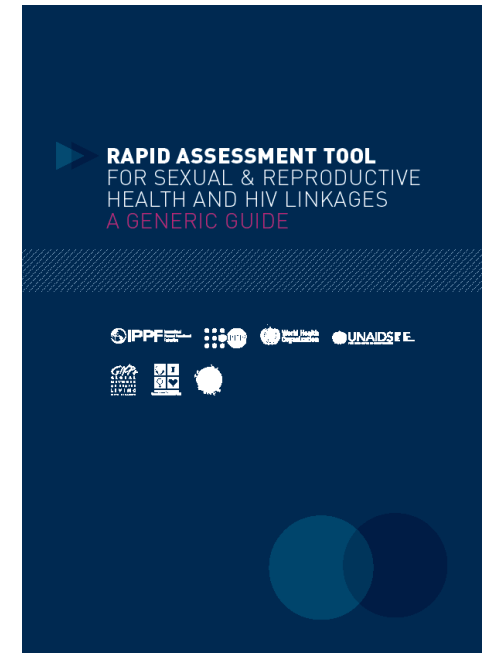
Importance of PREVENTION & TRANSMISSION RISKS

NEED OF PROFESSIONAL GUIDELINES ON FGM FOR HEALTH CARE PROVIDERS

Need of Sexual Reproductive Health assessment



- Rapid assessment tool for Sexual & reproductive Health and HIV linkages: a generic guide. (Prepared and published by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW (2009)):



- http://srhhivlinkages.org/wp-content/uploads/2013/04/rapidassessmenttoolsrhlinkages_2009_en.pdf

Uniform counseling tool, include core programmes (1):



□ Family planning (FP)

40% of all pregnancies worldwide are unplanned

- ▣ prevent unintended pregnancies
- ▣ contraception methods to discuss with gynaecologist

□ Maternal and newborn health (MNH)

- ▣ suboptimal preconceptual health (El joud et al,2002 Eniola et al,2002)
- ▣ reduce mother-to-child transmission of HIV through:
 - ❖ safer deliveries counseling
 - ❖ infant feeding counseling

Uniform counseling tool include core programmes (2):



- ❑ **STI's** - male and female condom provision
 - safe sex counseling (HIV prevention for the general population)
- ❑ Reproductive tract infections (RTI's)
- ❑ Promotion of sexual health
- ❑ Prevention and management of gender-based violence
- ❑ Prevention of unsafe abortion
- ❑ Management of post-abortion care

Factors associated with adherence to ART

□ Belief systems:

- ▣ cultural and belief systems, including spiritual or religious orientation, health goals, attitudes and self-efficacy may influence adherence
- ▣ providers should ask pts. how they feel about living with HIV & taking ART

Consider those who express **ambivalence** to be at risk for nonadherence

(Kagee;2011,Olokovich;2002,Kemppainen;2008,Malcolm;2003,Murphy;2002,Reynolds;2009)

□ Knowledge base:

- ▣ level of education is no reliable predictor of adherence
- ▣ language barriers, lower literacy and cognitive deficits may impede adherence (Kalichman1999;Simoini2008;Waite2008;Waldrop-Valverde2008;kagee2010)

➡ **Culturally sensitive care**

Factors influencing non adherence

- Strategies to reduce disparities in HIV treatment outcomes by race/ethnicity should address **racial/ethnic-specific barriers** including **depression** and **low income** to sustain virologic suppression. (McFall AM;2013)
- **Increased attention** must be given to factors **negatively influencing** adherence to cART in participants from SSA to guarantee equal longer-term results on cART. (Stachelin et al;swiss hiv cohort study;2012)

➡ **Culturally sensitive care**

Follow up of HAART needs a HEART for culture



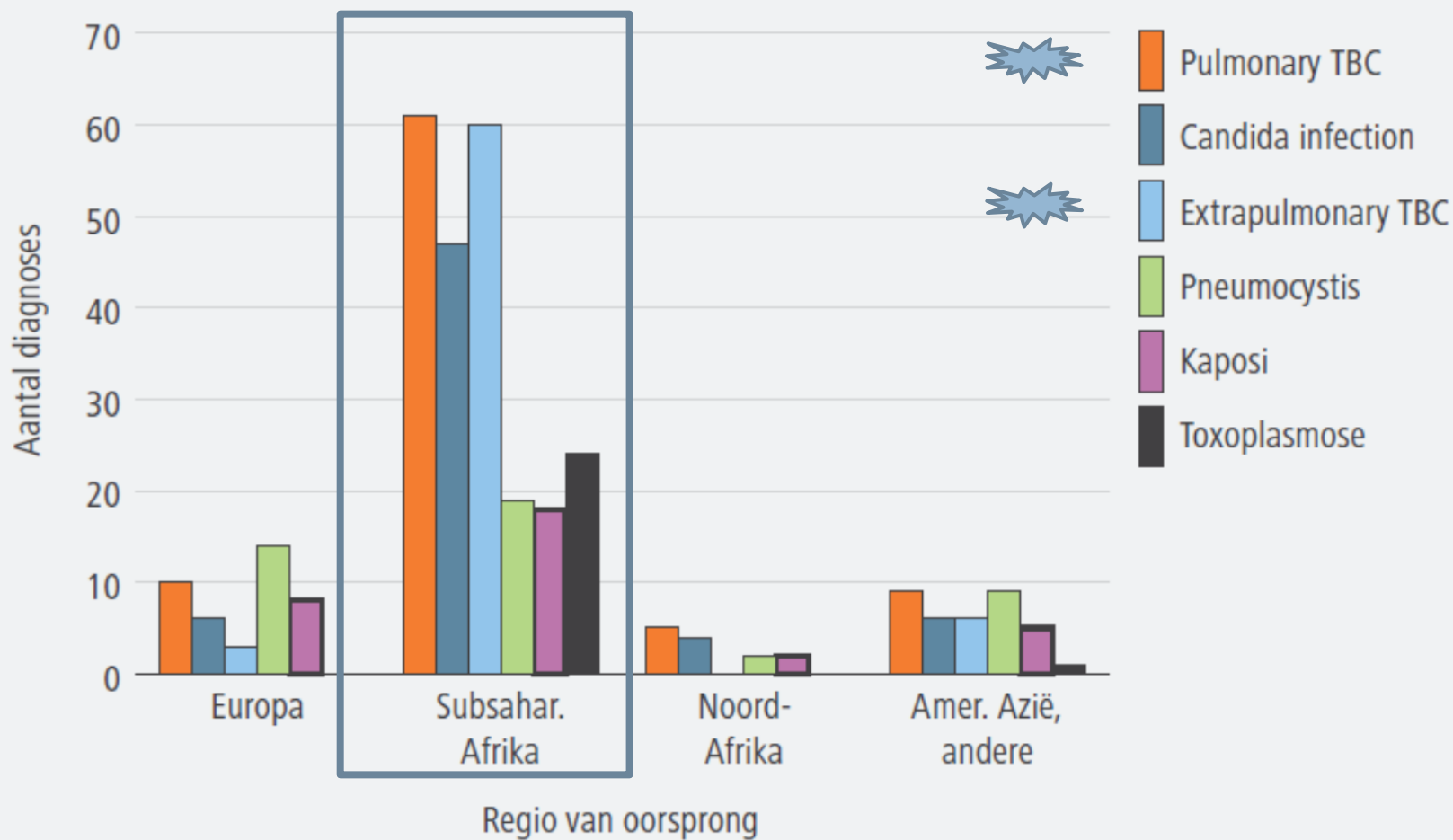
AIDS Defining Events (ADEs)

- During the first year of ART, hiv pos migrants had **higher rates of ADEs** than non migrants
- **Tuberculosis** is the most common ADE among migrants

AIDS2013, 27:1321-1329

➡ **IMPORTANCE OF SCREENING FOR TUBERCULOSIS
PRIOR TO ART INITIATION**

Figuur 25 | Regional prevalence of most ADE with non Belgians (2007-2012)



Medical aspects to consider:

- **Vit D Deficiency** was **highly prevalent** in black hiv-inf.persons
(Jeffrey E. et al 2012)
- Black ethnicity was **significantly associated** with **low bone mineral density (BMD)** (Jeffrey E. et al 2012)
- In non-Western immigrants **oral vitamin D supplementation** is more effective than exposure to the sun in relation to vitamin D status and PTH levels (Wicherts, Boeke, van der Meer, et.al.;2012)



IMPORTANCE OF SCREENING VIT D

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Culturally Sensitive Counseling

**Basic counseling with a touch of
culturally sensitivity**

Culturally sensitive/**general** counseling

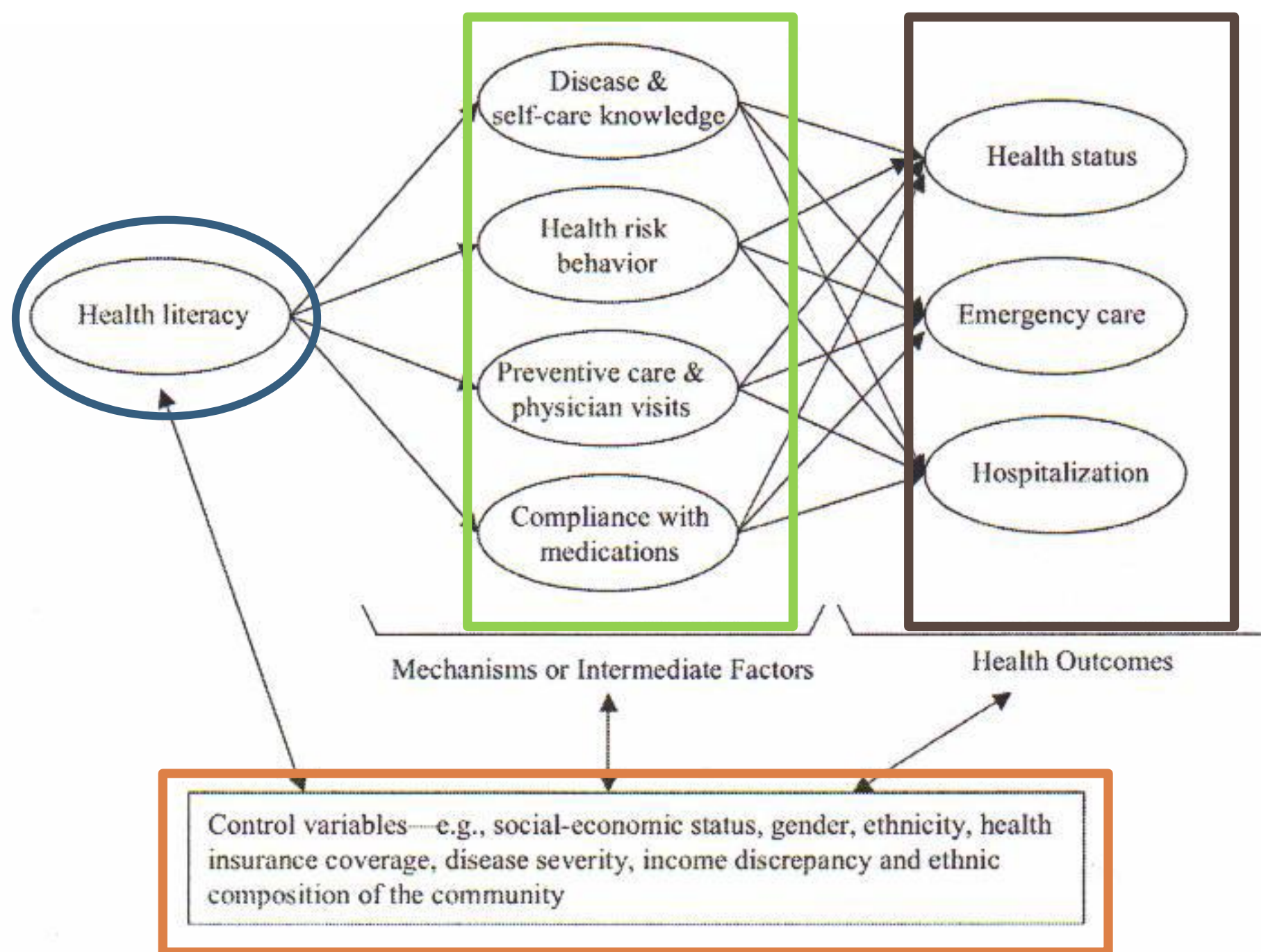
Explain

- Life expectancy on effective treatment can be as long as that of their uninfected counterparts (van sieghem et al.2010)
- Information of HIV as chron disease
- Health literacy

We need uniform education tools and assessment strategies to improve learning



A simplified model of mechanisms linking health literacy to health outcomes



Culturally sensitive/**general** counseling

Listen

Ask

Attitude

- ☐ Listen to the story of the pt
- ☐ Ask (Open questions)
- ☐ Ask permission to ask personal questions of sexuality
- ☐ Explain medical relevance behind questions
- ☐ Build on trust
- ☐ Be open minded
- ☐ Humor
- ☐ Professional secrecy

Culturally sensitive/**general** counseling

Support

- Quality of life
- **Empowerment** as reinforcing process
- Strengthening **resilience**
- Taking informed decisions about HIV disclosure
- Prevention

Definition of EMPOWERMENT

Empowerment is a process of reinforcement where individuals, organizations and communities get a **grip on their own situation and their environment**, and this **through the acquisition of control, the sharpening of critical awareness and stimulating participation**. K.Driessens,T. Regenmortel;2006

Tool to empower: **MI** =Motivational Interview?? (Rollnick)

Empowerment

Tool to empower: **MI**

Critical questioning to LET solve social problems

Using the potential inside

Participation

Receiving positive reinforcement

Trying new behavior

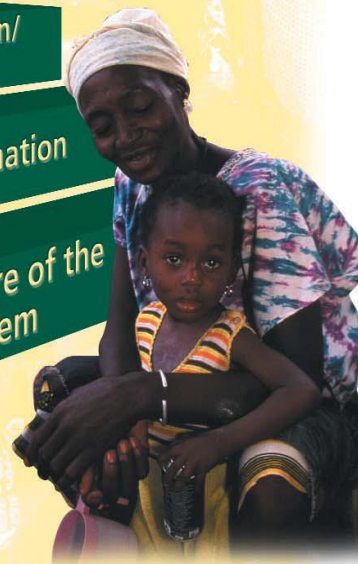
Reaching a decision

Examining options

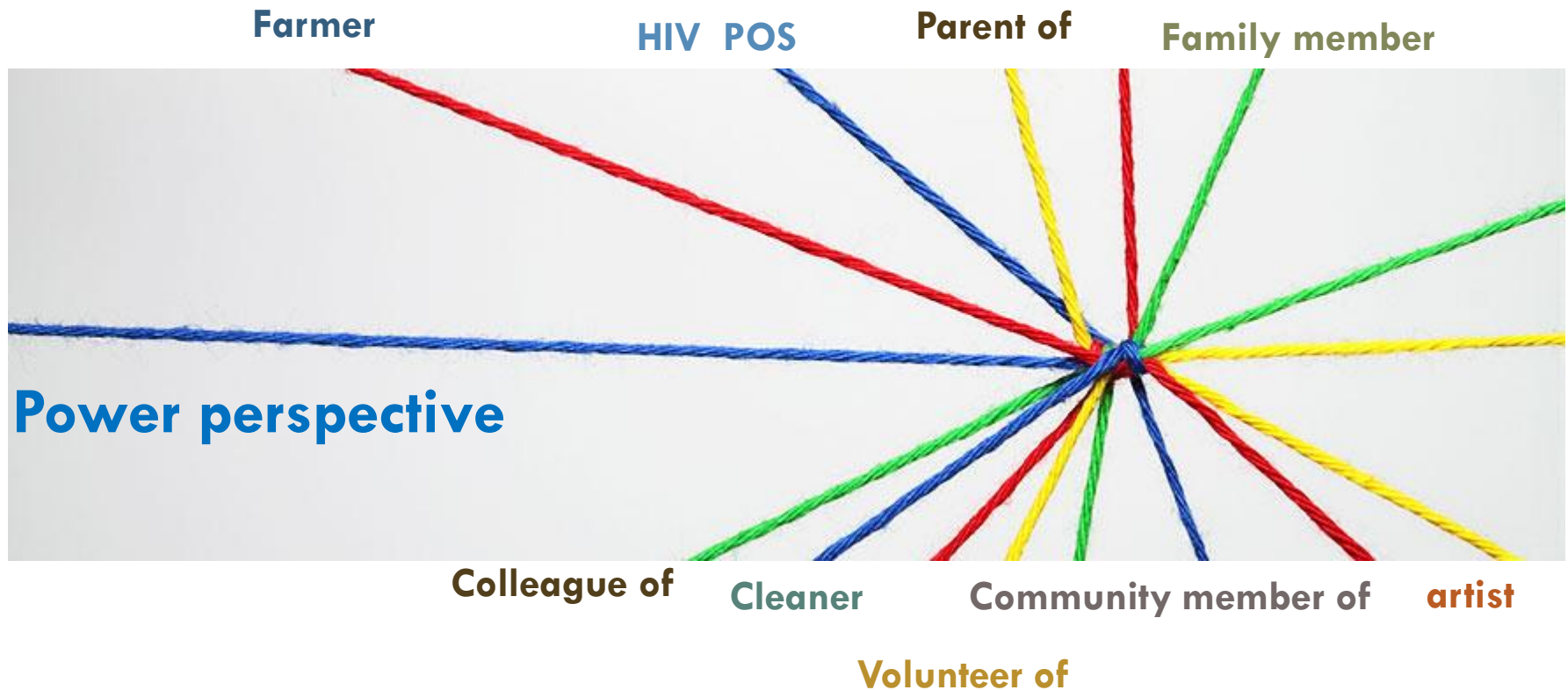
Processing information/
personalizing

Seeking information

Being aware of the
problem



Empowerment as reinforcing process





RESILIENCE

RESILIENCE

VEERKRACHT

эластичность

RESILIENCE

resiliência

Elastizität

elasticità

ανθεκτικότητα

resiliens

The power or ability to return to the original form, position, etc., after being compressed, or stretched; elasticity. (Dictionary)

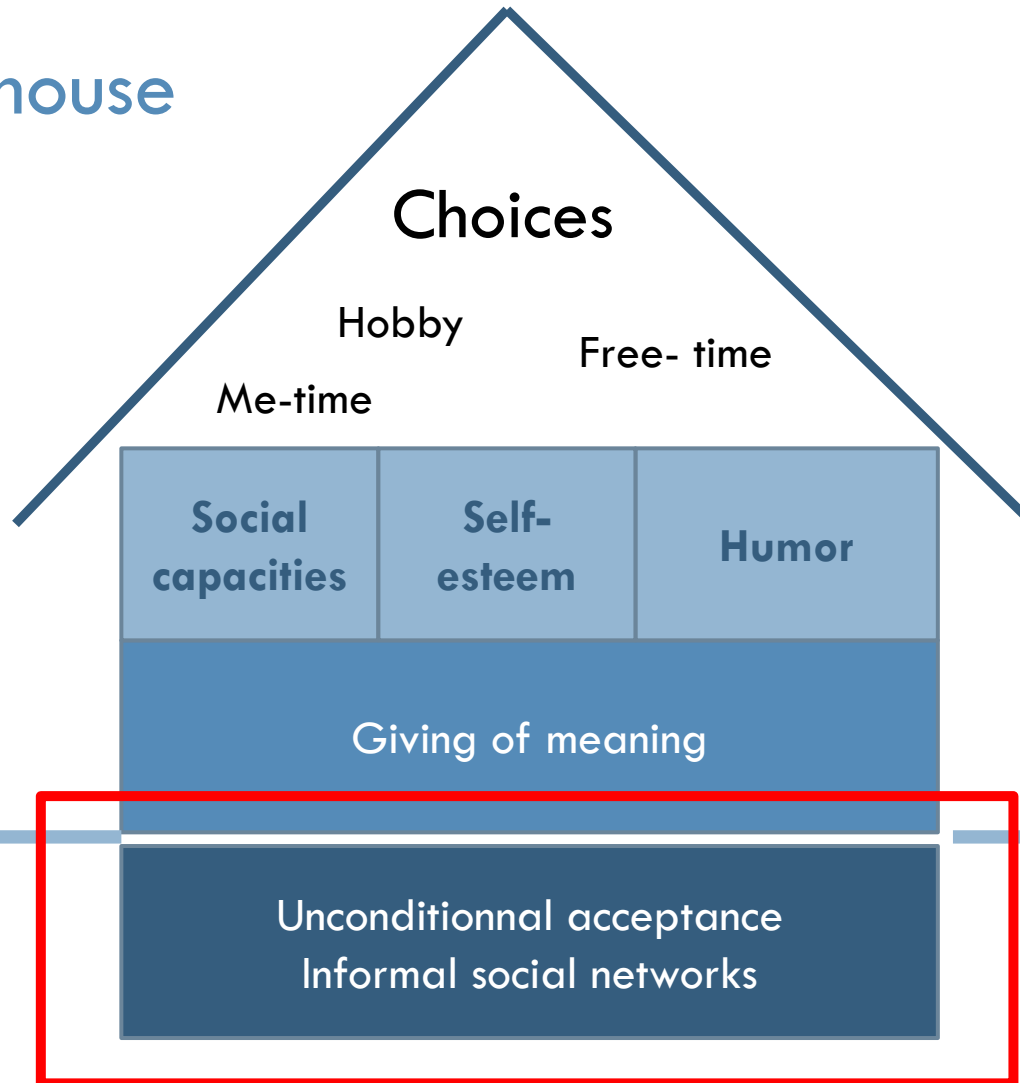
Definition of RESILIENCE

“The ability of groups or communities to cope with external stresses and disturbances as a result of social, political and environmental change”
(Adger;2000).



Strengthening resilience in the face of HIV

Resilience house



Forwards to more social model of HIV-care

- Individual patient contacts (Dr. L. Manirankunda)
- Patients Associations
 - ▣ HIV-SAM project
 - Muungano; Muungano bis (French)
 - Munno Mukabi (English)
 - ▣ VHIVA
 - ▣ **SHE & ME Leuven, 2014**
- Sensoa; website for vulnerable migrants
-

Diversity management

- Individual level
 - Interpersonal level
 - Organization Level
-
- Policy and service planning could take into consideration the following approaches to enhance prevention, treatment, care, and support efforts:

Providing migrant-sensitive health programs and services

- Participatory research
- Community involvement in design
- Building the capacity of
 - service providers
 - community members to ensure culturally sensitive service
- Developing integrated service delivery models
- Using positive health promotion messages
- Implementing policies that improve access to treatment and care for undocumented migrants

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IF YOU WANT TO GO FAST,
GO ALONE.

IF YOU WANT
TO GO FAR,

go
TOGETHER.

- african proverb

