

Tujuane Tujiamini: Community perspectives of stigma and recommendations from people living with HIV in Obunga, Kenya

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TUJUANE TUJIAMINI

LET'S KNOW EACH OTHER
LET'S BELIEVE IN OURSELVES



Background

- The 2030 UNAIDS ending the AIDS epidemic is off track
- Where you reside and seek services for HIV matters, for both prevention and treatment
- Not only where, but what one's experience is in treatment settings matters (e.g., stigma)



Background

- Stigma has been highlighted as problematic in achieving equity in health and well-being
 - Research in Kenya has similarly highlighted the disruptive effects of stigma on progress towards Kenya's HIV strategy
- Stigma in its various forms contribute to poor mental health, avoidance of health care, and compromises self-care efforts:
 - Internalized stigma
 - Enacted stigma
 - Anticipated stigma

Background

- Intersectional stigma, the compounded impact of multiple stigmatized identities, has increased relevance in efforts to mitigate barriers to care in HIV
- Intersectional stigma was assessed in rural Kenya and Uganda to understand implications for care outcomes
 - Stigmas took the form of HIV, gender, poverty, and other marginalized identities
- Research has captured the impact of anti LGBTQ+ Kenyan legislation on health outcomes and public safety
 - Recent news...



Kenya's LGBTQ community wins bittersweet victory in battle for rights

Supreme court rules for freedom of association but landmark decision sparks backlash from government and churches



OPINION

Opinions

How an LGBTQ court ruling sent Kenya into a moral panic

The legal pushback against Kenya's anti-LGBTQ colonial-era laws has unleashed vicious homophobia in the public space.

AFRICA

Kenyan anti-homosexuality bill would expel LGBTQ refugees

Kakuma and Dadaab refugee camps are located in the country

Published 2 weeks ago on April 26, 2023

By Sam Kisika



Objective of current research:

Community-driven conceptualizations on how intersectional stigma is experienced by LGBTQ+ members who belong to other stigmatized communities

AND

how these compounded stigmas impact critical health outcomes...

Today's focus being on LGBTQ+ PLWHIV

Method

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- Community consultations with
 5 key population groups
 - Abstract focus is on PLWH group
- Facilitated by CBO staff using semi-structured guide
- Field notes included direct quotes recorded and thematically analyzed
- Adapted group concept mapping

Tugutuke Jamii Facilitated Community Consultations

Inclusion criteria:

- Age 18 or older
- Resident of Obunga, Kisumu, Kenya
- PLWH self report
- LGBTQ+ community member

Demographics:

- 13 participants
- Sex
 - 7 men (5 cisgender, 2 transgender)
 - 6 women (4 cisgender, 2 transgender)

GBMSM

GBMSM Sex Work

Lesbian

PLWH

Transgender

Community Map of Stigma Experienced by PLWH in Obunga, Kenya "I am stigmatized and discriminated by Misinformation 4 Recommendations people because they believe I acquired HIV due to multiple frequent sexual Exclusion 4 Expanded resources for PLWH activities." Self-awareness sessions IS EXPERIENCED AS Rejection 4 Guidance around practice of self-disclosure "I am stigmatized and discriminated because of my Abusive language 4 Sensitization and training offered to: HIV status; my peers say I should not waste my time Disenfranchisement having fun because I am almost heading to the Tracers grave just like our other friends we have buried." Chief Barazas Health care workers Lack of Information / Sensitization in Community Community members IS PROMOTED/ CAUSED Increased visibility of PLWH "Some people still believe BY **STIGMA** in myths about HIV and Put on educational skits/dramas AIDS. They don't believe Participation in community events that HIV exists and so. Prevalence of they see us as bewitched" HIV/AIDS Myths "Disclosure to friends who "Stigma promotes poor Health Care have not been sensitized Adherence issues < adherence of ARVs" Challenges about HIV go ahead to use my status against me when we have misunderstandings" Lost to follow-up Social Networks "Some decide to be lost to follow ups Use of nonconsensual HIV status disclosure as a because of the continuous stigma threat in relationships faced when they go for medication." RESULTS IN "I engage in sex work for a living and one time my work mate disclosed my Impact on clientele Loss of clientele Drug abuse / addiction status to one of my clients, this ended Privacy "It leads to drug Sex work up so bad because my client panicked Challenges Depression < Sensitization of clientele abuse and addiction and got stressed up a lot even though Mental Health in order to cope with Suicidal thoughts Challenges we used a condom." challenaes" Lack sense of freedom Chronic anxiety to be oneself around disclosure Cycle of vulnerability Residential Challenges "Stigma leads to one getting abused "I get stigmatized a lot where I stay because of my sexual identity and again Eviction threats and harassed because they are not in "It prevents us from being free at our because I am HIV positive... We share one washroom with all my neighbors so the right state of mind due to resident areas because our neighbors they don't always like sharing the washrooms because they believe I will transmit Relocation to escape depression" stigmatize us a lot especially when the virus to them and sometimes they end up telling the landlord to vacate me our HIV status is known" because I am a threat to them"

Community Map Breakdown



HIV stigma is experienced as...

"I cannot share utensils with my family members because they believe I will transmit the virus to them."

"I am stigmatized and discriminated by people because they believe I acquired HIV due to multiple frequent sexual activities."

Exclusion

Misinformation

Rejection

Abusive language

Disenfranchisement

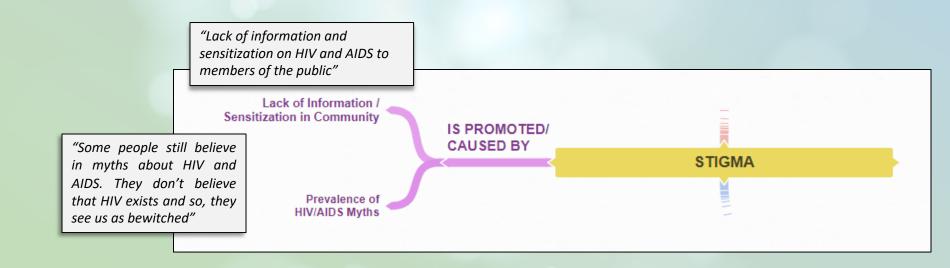
"I am stigmatized and discriminated because of my HIV status; my peers say I should not waste my time having fun because I am almost heading to the grave just like our other friends we have buried." IS EXPERIENCED AS

STIGMA

Community Map Breakdown

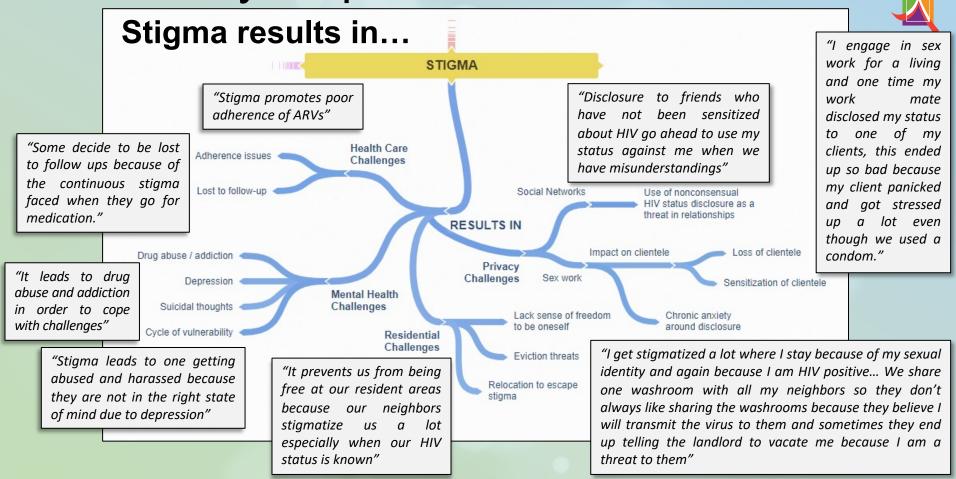


HIV stigma is promoted and caused by...



Community Map Breakdown





Recommendations



- Expanded resources for PLWH
 - Self-awareness sessions
 - Guidance around practice of self-disclosure
- Sensitization and training offered to:
 - Tracers
 - Chief Barazas
 - Health care workers
 - Community members
- Increased visibility of PLWH
 - Put on educational skits/dramas
 - Participation in community events



Next Steps

- Creation of self-empowerment tools for those entering health care settings
- Group therapies
- Integrate findings internally peer educators
- Target sources of stigma (e.g., sensitization of religious leaders, surveying Boda Boda drivers)



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Gratitude







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Questions?

