

# MODULE 2

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## Hearts and minds: quality services for key populations

*Name of presenter*

*Date*

*Country*



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Across the Continuum of HIV  
Services for Key Populations

# Module 2: Learning objectives

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*After completing this module, participants will be able to:*

- Articulate how their own values, attitudes, and behaviors may be expressed as stigma, and also how stigma may affect access to, and uptake of, health care services by key populations
- Demonstrate increased empathy for the experiences of key populations
- Identify experiences of stigma, including where and how they occur

## Module 2: Learning objectives (cont.)

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- Explain the difference between stigma and discrimination and how to appropriately tailor responses to mitigate the impact of both
- Understand the potentially compounded stigma that may be experienced in a health care setting by, for example, a person living with HIV who is a sex worker; or a man who has sex with men and who also injects drugs; or a transgender person who is a sex worker



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“Be the change you want to see in the world.”

—Mahatma Gandhi



# Session 2.1

## Beliefs about key populations



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# Session 2.1: Learning objectives

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*After completing this session, participants will be able to:*

- Explain their attitudes and values about key populations
- Describe stigma (and how it differs from discrimination)
- Identify areas within health care facilities where stigma may be generated and experienced

# Session 2.1: Introduction

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- This session includes a values clarification exercise.
- Participants will review a number of statements about key populations and decide if they agree or disagree.

# Session 2.2

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Our own values, judgments, and opportunities  
to challenge stigma



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# Session 2.2: Learning objectives

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*After completing this session, participants will be able to:*

- Describe some of their personal experiences related to stigma
- Identify some of the feelings involved in experiencing stigma or stigmatizing others

# Session 2.2: Introduction

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- Ground rules and trust among the group are especially important for the next activity.
- The discussion will involve looking at personal experiences of stigma and stigma generally, not necessarily stigma toward key populations.

# Session 2.3

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Forms, causes, layers, and effects of stigma



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# Session 2.3: Learning objectives

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*After completing this session, participants will be able to:*

- Analyze forms of stigma, its causes and effects in relation to key populations
- Explain solutions and interventions to reduce stigma and/or mitigate its impact
- Identify practical steps that they can take to stop or reduce stigma in the health care setting
- Strengthen their commitment to providing stigma-free services

# Session 2.3: Introduction

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- Stigma is complex and experienced in different ways.
- Stigma can be attached to one or more aspects of a person's identity.
  - Examples: HIV status, gender, sexual orientation, and/or association with key populations
- Stigma manifests in different ways.
  - Examples: Social oppression or marginalization, criminalization, and barriers to health care services

# Session 2.3: Introduction (cont.)

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- It is important to recognize where stigma occurs most often or most acutely for key populations, and that it may vary depending on age, gender, and HIV status.
- Key population individuals may experience multiple layers of stigma—internally and externally.
  - Example: Young people—especially those under the age of 18 or the legal age of consent—may face additional barriers in accessing services.

# Session 2.3: Forms, causes, layers, and effects of stigma

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## Forms of stigma

- Real, perceived, anticipated, enacted, and by association

## Layers of stigma

- Different aspects of a person's identity that stigma could be attached to, for example, HIV status, gender, sexual behavior, migration status, drug use

## Causes of stigma

- Social or personal (internalized or externalized)

## Effects of stigma

- Example: impacts seeking health services, such as reluctance to test, prevention of full disclosure of risk factors in consultation, and inadequate services

# Session 2.3: Activity to identify solutions to address stigma

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## Potential solutions

- Educate service providers on specific health concerns for different key populations.
- Promote self-reflection and open-minded change among service providers to provide stigma-free quality services for all and to respond to the specific needs of key populations.
- Re-establish a code of practice that emphasizes treating all clients equally.

# Session 2.3: Activity to identify solutions to address stigma

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## Potential solutions (cont.)

- Train all staff on basic skills in the management of sexual and reproductive health (including STIs and HIV) for different key populations.
- Train all staff, medical and nonmedical, on how to withhold judgment, to adopt neutral and supportive language, and to use appropriate body language when interacting with all clients.

# Session 2.3: Key messages

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- It is important to distinguish between internal and external stigma and think about and address the forms, causes, layers, and effects of both.
- Stigma is common and has multiple impacts.
- Key population individuals who are living with HIV may experience the burden of multiple and compounded stigma.
- Appropriate support and counseling can minimize the effects of stigma and help clients access and adhere to HIV services.

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Concluding remarks



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# Take home messages

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- Stigma continues to be a barrier toward the provision of quality and comprehensive services and an obstacle for people who wish to access the full range of health and HIV services they need.
- Stigma and discrimination are different.
  - Stigma is a process of devaluation, a mark of disgrace that can be associated with a particular behavior, context, and/or identity.
  - Discrimination is an action (that can often result from stigma).

# Take home messages (cont.)

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- Addressing stigma starts with each one of us. Being aware of our own values and attitudes is the first step toward overcoming stigma.
- Stigma can be attached to one or more layers of someone's identity, take different forms, and have various—often negative—effects for key population individuals.
- We must understand stigma (and how it differs from discrimination) and be able to explain why addressing stigma is imperative for an effective response to HIV in different contexts.

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