

Fast-Track Cities Initiative – Tackling HIV Stigma: Empowerment Programme

Community of Practice and Framework



The Community of Practice



Facilitated by:



Community Advisory Group – key insights

What is internalised/self-stigma and what caused it?

- Expectations from others on 'what I should be'
- Sex is dirty
- Negative interactions
- Expectations associated with faith-based communities
- Guilt and shame
- Sense of identity
- Toxic masculinity and misogyny
- Being marginalised or not feeling welcome
- The feeling of being 'othered'
- The power of language
- Misinformation

Key insights cont...

What helped?

- Meeting people with shared experiences – feeling not alone
- Knowledge of HIV
- Confidence to stand up for myself
- Changing attitudes, values and beliefs – to change behaviours
- Being open to learning more
- Positive interactions
- Being seen, heard and accepted
- Being listened to
- Spirituality
- Visibility- sharing stories/ champions in other settings
- Having a safe space or platform to speak

Definition: Internalised/self-stigma

Internalised/self-stigma refers to absorbed negative beliefs and feelings about oneself, in this case it relates to an individual's feelings of devaluation due to an HIV-diagnosis.

What this may mean for people with an HIV status

These can manifest in a person feeling shame, guilt, low self-esteem or unlovable and may be linked to a negative perception of themselves, or feeling like an outsider and likely to experience stigma or rejection.

A person may have pre-existing or additional identities or characteristics that they may believe make them less valuable within their communities, such as gender identity, faith-based identity, sexuality, ethnicity, immigration status, drug use or sex work. These intersecting stigmas can compound and increase the sense of being an outsider and can result in individuals not seeking care or treatment, or withdrawing from society and life opportunities.

What makes a good empowerment programme?



What outcomes do we want?

People are able to reflect and challenge their thinking pattern around self stigma

Normalise HIV at all levels to reduce self and received stigma

Confidence around messages such as U=U

ability to talk to others about HIV.

People feel more confident and assertive

People are supported to realise their self worth and self agency

ability to feel comfortable with own HIV status.

More connected HIV sector, community specificity (i.e. something malleable enough), new insight for programme design and delivery

Knowledge, power, and connections to influence all decisions that affect us. People with HIV are visible and heard.

People to educate the wider community

A pooling of expertise, programmes that work, programmes that don't work. A kick-ass set of possibilities (tools, approaches, exercises) to enhance self-love

People are sign posted

Help people to see that personal growth in relation to self worth is possible

recognition that we are more than a diagnosis and that it need not limit us

Feeling a sense of ownership and having the sustainable resources to maintain community and safe spaces

People realise they have power and resourceful

knowledge. people proud of their HIV status

A Measurable improvement in how they feel about themselves and how they feel empowered to live their best lives

That people feel confident, having agency and believe in themselves. People feel able to challenge social stigma because they are standing strong in their own self-worth

People feel more in control of their lives

People are resourced and supported to manage stressful and thoughts

Marked changes in attitudes towards self stigma. Ability to change the way people think about HIV in a positive way. Ability to challenge stigma when directed at individual. Public attitude changes and impact

public speaking skills for ambassadors

People have the necessary networks to thrive.

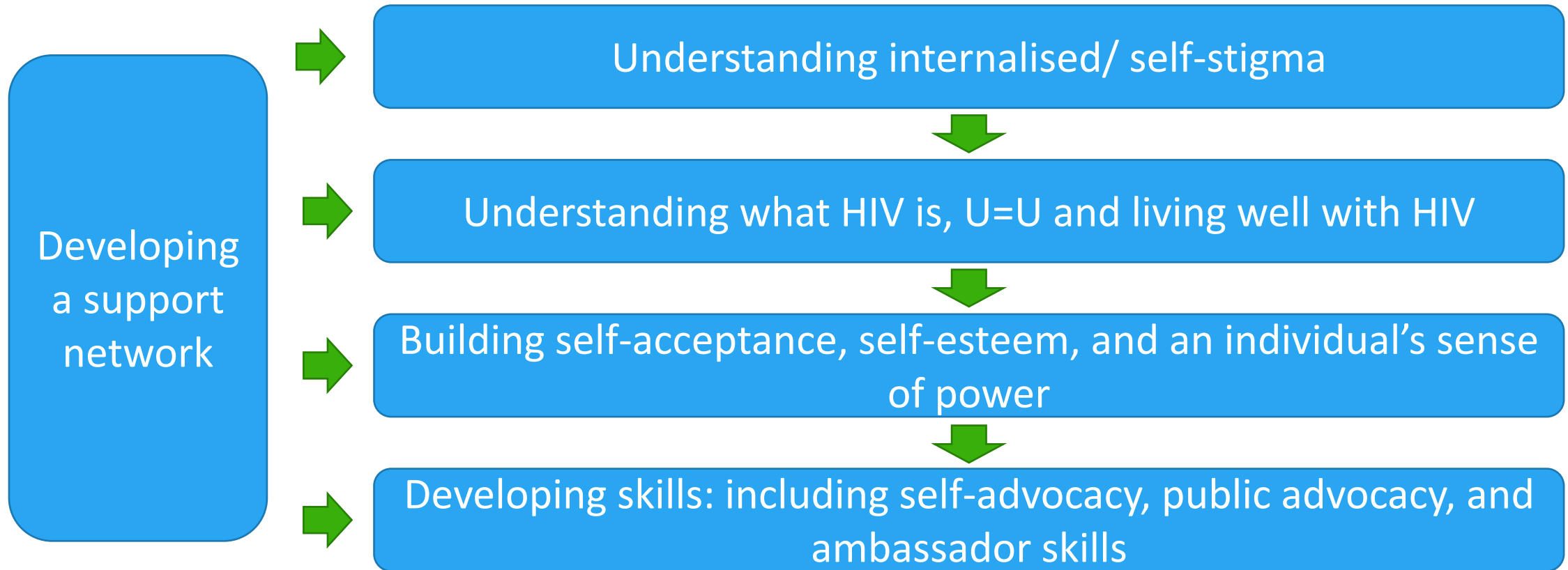
Enough time for people to connect and trust each other so that they can work on these issues in a safe space over time

Evidence-base – What works

Study	Findings
Pantelic et al (2019), also summarised by FrontlineAIDS	<p>Social empowerment programmes that include one or more of the following:</p> <ul style="list-style-type: none"> - health and/or stigma education - ART support/ counselling - Economic strengthening - schemes for savings, housing and nutrition support, as well as income-generating activities. - Skills-building and opportunities to mobilise, assert their rights, and develop and implement their own anti-stigma interventions. <p>Interventions aiming to buffer against structural stressors. Cognitive Behavioural Therapy</p>
Dunbar et al (2020)	<p>Intrapersonal strategies (reflective thinking)</p> <ul style="list-style-type: none"> - Online strategies to reduce shame - Education and space to talk about sexuality - Motivational interviewing <p>Socialization, knowledge sharing, and social empowerment strategies</p> <ul style="list-style-type: none"> - Peer support
France et al (2019)	Inquiry based stress reduction to overcome negative thoughts and beliefs
Tshabalala et al (2011)	Cognitive Behavioural Therapy to address: feelings of powerlessness; anger and guilt; destructive behaviour; experience of stigma; and uncertainty about the future

The empowerment programme framework

Delivered by a peer supporter



Peer supporter competencies



Evaluation

- Empowerment Programme Evaluation Questionnaire * **
- Case study template for programme facilitators
- Self-reflection template for programme facilitators

** Rosenberg self-esteem scale*

***The Warwick-Edinburgh Mental Wellbeing Scale*