



PANCAP

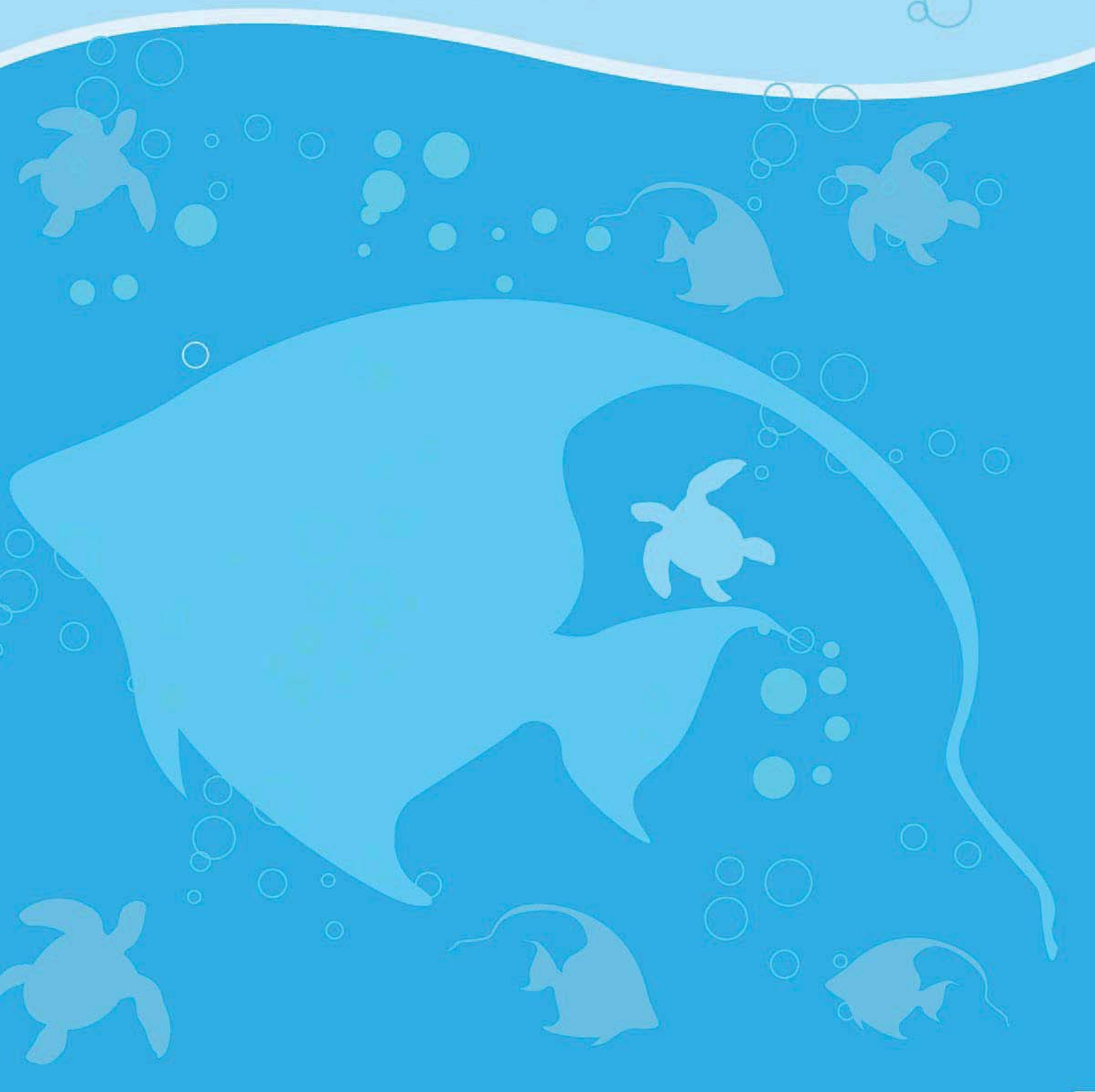
PAN CARIBBEAN PARTNERSHIP AGAINST HIV AND AIDS

SCALING UP THE CARIBBEAN'S RESPONSE TO HIV AND AIDS



THE WORLD BANK

HIV Anti-Stigma Toolkit for the **TOURISM SECTOR**



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Pan Caribbean Partnership Against HIV/AIDS
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This toolkit was developed for use by persons working in the Tourism industry and seeks to promote a better understanding of HIV related stigma and discrimination in this sector.

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May the fruits of your labour be reflected in the improved quality of life of all stigmatised and discriminated populations in the Caribbean.





Foreword

Stigma and discrimination are pervasive features of society. In the context of HIV and AIDS, stigma and the consequent discrimination remain major barriers for People Living with HIV and AIDS - including being able to access treatment and care. These remain impediments in the Caribbean's response to reverse the spread of the epidemic. PANCAP sought to address these impediments through the Champions for Change initiative.

Champions for Change was conceived as a "brand" or approach for promoting the reduction of stigma and discrimination and was intended to complement other approaches.

The Champions for Change initiative, launched at the first conference in November 2004, in St. Kitts and Nevis, brought together a cross-section of stakeholders including parliamentarians, policy makers and practitioners in the fields of education and health, representatives of youth organisations, Faith-Based Organisations, the Private Sector and civil society, sport and cultural icons and People Living with HIV and AIDS (PLHIV) to address issues of stigma and discrimination. It is therefore appropriate that the first comprehensive set of HIV and AIDS anti-stigma and discrimination toolkits for the region has been developed specifically to assist these population groups to address stigma and discrimination in their respective spheres.

The toolkits in this series have been developed for Educators, Health Workers, PLHIV, Faith-Based Organisations, the Private Sector and the Tourism Sector: key population groups in critical sectors of the society influencing and impacting on development. These groups can, by their own attitudes, help to reduce AIDS-related stigma and discrimination as well as play a major role in advocating for the rights and entitlements of People Living with HIV and AIDS.

We trust that the spirit of hope, understanding, acceptance and expectation for a better world for people living with and affected by HIV and AIDS that permeated the workshops convened and other activities undertaken in the development of the toolkits, will live on and come alive each time the toolkits are used.



EDWARD GREENE
ASSISTANT SECRETARY GENERAL
CARICOM SECRETARIAT



The Pan Caribbean Partnership against HIV and AIDS (PANCAP)

PANCAP was created in 2001 with a specific mandate to co-ordinate the Caribbean's response to HIV and AIDS. This creation, which is multi-country and cross-sectoral, brings together a wide spectrum of partners each with its own mandate, institutional arrangements and organisational culture. These partners include: Caribbean States, UN/multilateral agencies, bilateral agencies, regional NGOs, academic organisations, regional Private Sector organisations, youth, Faith-Based Organisations, labour, and People Living with HIV.

PANCAP is guided by a Caribbean Regional Strategic Framework (CRSF) which is organised around six priority areas and defines the strategic objectives for the HIV response in the region, as well as the regional goods and services that will be available to support country programmes. These six priority areas are:

1. An enabling environment that fosters universal access to HIV prevention, treatment, care and support services
2. An expanded and co-ordinated multi-sectoral response to the HIV epidemic
3. Prevention of HIV transmission
4. Treatment, care and support
5. Capacity development for HIV and AIDS services
6. Monitoring, evaluation and research

An underlying principle of this framework is support for national HIV programmes through, inter alia, the provision of regional public goods and services that can be more cost-effectively provided from the regional rather than the national level. A novel initiative of PANCAP's efforts to reduce HIV and AIDS stigma and discrimination against People Living with HIV resulted in three conferences, in 2004, 2005 and 2006 and plans of action/work programmes.

In essence, the Champions for Change initiative seeks to address the issue of stigma and discrimination through key advocates who are leaders in their communities and willing to be forerunners of the effort to change attitudes. Champions for Change was conceived as a "brand" or approach for promoting the reduction of stigma and discrimination and was intended to complement other approaches. It was felt that given the sensitivities involved in stigma and discrimination, the use of "Champions" to advocate for a change in attitudes could have a positive impact. The first of three major interventions was made in 2004 when, venturing into uncharted waters, a conference - the first of its kind in the region - was





Activity 1.2: HIV 101 – Getting Down to Basics

Step 6: Emphasise that a person with HIV who looks and feels healthy can still spread the infection to others.

Important Information

The person may not even know he/she has the infection. There is no way to tell by looking at somebody if he/she has HIV or AIDS or not. The only way to tell if a person is HIV-positive is for the person to have a blood test.

Step 7: Explain to the participants what a negative and positive HIV result means.

Important Information

A negative result means that at this moment there are no HIV antibodies detected in the blood due to the following reasons.

1. The person has not been infected with the virus.
2. The person has come into contact with HIV but has not been infected. More contacts with the virus increase the possibility of infection.
3. The person is infected but antibodies have not developed as yet. Generally, antibodies will develop two to eight weeks after infection has occurred and sometimes up to six months. For other persons, many years can pass before any antibodies develop.

A positive result means that:

1. HIV is in the person's body and that they can infect others.
2. In all cases when the result is positive, a confirmatory test must be carried out. If the second test is positive as well, another test called "Western Blot" can be done to be totally sure of the result.
3. In the event that the first test is positive and the second test comes up negative, it could mean that the person has other antibodies but is not infected with HIV.

Step 8: Discuss the minor and major signs and symptoms of AIDS.

MINOR Signs of AIDS

- Persistent cough for more than one month not related to smoking or other causes
- Itchy skin rashes
- Cold sores all over the body
- Recurrent herpes zoster (shingles)
- Swollen lymph glands at two or more sites for more than three months

MAJOR Signs of AIDS

- Loss of greater than 10% of body weight
- Fever for more than one month
- Persistent, severe fatigue
- Severe night sweats
- Diarrhoea for longer than one month (on and off or all the time)



Activity 1.2: HIV 101 - Getting Down to Basics

Remember: These signs are common in many illnesses and cannot be used to diagnose AIDS. The only way to tell for sure if somebody is infected with HIV is through a blood test.

Step 9: Ask the participants to brainstorm on how people can protect themselves from HIV.

Important Information

Possible responses: Having only one sexual partner who is faithful to you, using condoms every time you have sex, avoiding injections from unskilled workers, being sure that instruments used to pierce the skin are sterilised between uses on other persons. It's as easy as ABC, Abstinence, Being faithful and using a Condom every time one engages in sexual relations. HIV cannot be transmitted through casual contact between client and employee. (Practise Universal Precautions see Appendix 7 to learn ways of avoiding accidental infection in the workplace).



Activity 1.3: Addressing Myths and Misconceptions

Objective:

By the end of the activity, participants will be able to:

- address common myths and misconceptions about HIV
- discuss how myths and misconceptions contribute to stigma and discrimination

Source: Peace Corps Life Skills Manual 2001

Materials

- Facilitator's Guide
- Bag or bowl with statements
- Coloured cards



Time

1½ hours

Facilitator's Instructions

- Prepare slips of paper with the true and false statements
- Fold these and place them in a bag or bowl
- Give each participant cards of two different colours, e.g. blue and red
- Explain that one card (blue) means TRUE and one card (red) means FALSE
- Have participants choose one slip of paper and read it out aloud to the group
- Ask to indicate if the statement is TRUE or FALSE by showing the card

True Statements

1. The Caribbean has the highest rate of infection in the world after Sub-Saharan Africa.
2. In the Caribbean, heterosexuals make up the majority of known HIV cases.
3. Although treatments to slow the progression of AIDS exist, there is still no cure for HIV.
4. Although HIV transmission is a risk for everyone, women and girls are more vulnerable to HIV infection.
5. There is an incubation period of three - six weeks before the HIV antibody shows in an HIV test.

False Statements

1. HIV is a disease that mostly affects foreigners and immigrants.
2. Since everyone dies of AIDS, it is better not to know if you have it.
3. You can be cured of HIV by having sex with a virgin.
4. People in the Caribbean have access to herbal medicines that can cure them of AIDS.
5. Mosquitoes can transmit HIV.
6. Persons with HIV can infect tourists through casual contact/interaction such as serving them food.
7. AIDS is a disease of immoral people such as 'prostitutes' and 'homosexuals'.
8. Anti-retroviral medications can cure HIV.





Activity 1.4: Psychosocial Impact of HIV

Objective:

By the end of the activity, participants will:

- have an opportunity to experience the emotions of someone receiving an HIV-positive diagnosis
- discuss the issues related to HIV risk-taking and infection at a personal level

Source: Africa Consultants International UNDP Facilitator's Manual

Materials

- Facilitator's Guide
- Jelly beans or beads for results



1½ hours

Activity 1.4.1: Wildfire Simulation Exercise

Source: Africa Consultants International UNDP Facilitator's Manual

Facilitator's Instructions

- Talk to the group about the game. Explain that this is a simulation designed to get them to feel what it might be like to discover you are HIV positive. Let them know that if they feel uncomfortable they don't have to participate but need to leave the room for a while as no observers are allowed
- Begin by reading out the following statement:

The wildfire exercise is designed to give you an opportunity to experience what it might feel like to discover that you have been exposed to the virus. This is a simulation for learning purposes only and in no way implies or suggests anything about peoples' real lives and HIV status.

1. Explain that one person in the room will get a handshake that is different from a normal handshake. When shaking hands with someone else they must use the index finger of their right hand to scratch the palm of the person they are introducing themselves to. Demonstrate with a volunteer and then get that person to practise with the person next to him/her.
2. Explain that the person who received the 'different' handshake should only scratch the palm of one other person in the room (or two people depending on the number of people in the group) and everyone else that he/she introduces himself/herself to gets a normal handshake.
3. Two rules: no one is to indicate he/she is passing on the 'different' handshake and no one is to indicate that he/she has received a 'different' handshake.



The Pan Caribbean Partnership against HIV and AIDS (PANCAP) (continued)

organised as a brainstorming, agenda-setting activity, bringing together a cross-section of stakeholders including parliamentarians, policy makers in the fields of education and health, representatives of youth organisations, Faith-Based Organisations, the Private Sector and civil society, sport and cultural icons and PLHIV. Its stated objectives were: to review the factors underlying stigma and discrimination associated with HIV and AIDS and their impact; identify best practices and models of stigma and discrimination reduction; recommend policy options and develop a framework for a plan of action by which regional leaders could advocate for stigma reduction as Champions for Change.

Declared an international best practice for its governance structure by the United Nations in 2004, the benefits of PANCAP to all partners are mainly due to its focus on the delivery of regional public goods such as building institutional and human resource capacity, research, training, advocacy, the provision of model legislation and increased access to treatment, care and support services for PLHIV.



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Acronyms

ABC	Abstinence, Be faithful, Condomise
AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti-retrovirals
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control & Prevention
CHAA	Caribbean HIV&AIDS Alliance
CRN+	Caribbean Regional Network of People Living with HIV/AIDS
DFID	Department for International Development
DNA	Deoxyribonucleic Acid
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IHAA	International HIV/AIDS Alliance
JIS	Jamaica Information Service
MARPs	Most-At-Risk Populations
NAP	National AIDS Programme
NNRTI	Non-nucleoside Reverse Transcriptase Inhibitors
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
RNA	Ribonucleic Acid
S&D	Stigma and Discrimination





Activity 1.1:

Profile of HIV and AIDS in the Caribbean

History of HIV and AIDS

Early 1980s

New illness first identified in San Francisco as GRID (Gay-Related Immune Deficiency). No treatment available.

Mid 1980s

Name changed to Acquired Immune Deficiency Syndrome (AIDS) as populations other than gay men affected. Worldwide pandemic declared with particularly high numbers of infection in sub-Saharan Africa. UNAIDS founded to respond. As no effective treatment yet discovered, massive prevention efforts undertaken including screening blood supply for HIV (begins 1985 in Canada).

Late 1980s

Human Immuno deficiency Virus (HIV) identified by French and American scientists as virus that leads to AIDS. AZT and DDI identified as treatment options.

Early 1990s

Decrease of new HIV infections among gay men demonstrates effectiveness of gay community prevention efforts.

Mid to late 1990s

Significant increase in HIV incidence among injecting drug users, aboriginal populations, women, and street-involved youth.

HAART (Highly active anti-retroviral therapy) emerges and is touted as a precursor to a cure for AIDS.

No one is certain where HIV came from. HIV may have been around for years before it was discovered and, like many viruses, simply needed the right combination of factors to emerge as a global health threat.

UNAIDS AIDS Epidemic update 2009

People newly infected with HIV in 2008	Number of people living with HIV in 2008	AIDS deaths in 2008
Total 2.7 million [2.4–3.0 million] Adults 2.3 million [2.0–2.5 million] Children under 15 years 430,000 [240,000– 610,000]	Total 33.4 million [31.1–35.8 million] Adults 31.3 million [29.2–33.7 million] Women 15.7 million [14.2–17.2 million] Children under 15 years 2.1 million (1.2–2.9 million)	Total 2.0 million [1.7–2.4 million] Adults 1.7 million [1.4–2.1 million] Children under 15 years 280,000 [150,000–410,000]



Activity 1.1: Profile of HIV and AIDS in the Caribbean

The Caribbean Region

- The region has been more heavily affected by HIV than any region outside of Sub-Saharan Africa
- The Caribbean has the second highest level of adult HIV prevalence at 1.0% [0.9%–1.1%] in 2008 with a total of 240,000 [220,000 – 260,000] PLHIV
- An estimated 12,000 [9,300–14,000] people in the Caribbean died of AIDS in this year and AIDS remains one of the leading causes of death among persons aged 25 to 44 years.
- The primary mode of HIV transmission in this region is sexual intercourse
- Women account for approximately half of all infections in the Caribbean

Tips for the Facilitator

1. Remember to always answer questions as best as you can and when you do not have the answer, refer participants to where they can get this information, e.g. www.unaids.org or their Ministry of Health.
2. This information is for 2008 and should be updated on an annual basis.



Activity 1.2: HIV 101 – Getting Down to Basics

Objective:

By the end of the activity, participants will:

- understand the difference between HIV and AIDS
- identify modes of HIV transmission
- identify modes of prevention
- learn about HIV testing

Materials

- Facilitator's Guide
- Important Information



Time

1 hour

Facilitator's Instructions

- Prepare flip chart paper or slides with the Important Information
- Go over each of the steps and ask participants to provide answers
- After each question share the Important Information

Step 1: Ask participants to define HIV and AIDS and to list their responses on the flip chart paper.

Important Information

Acquired Immune Deficiency Syndrome or AIDS is caused by a tiny organism called a virus. This virus is called HIV, or Human Immunodeficiency Virus. HIV lives in the blood of an infected person. The virus affects the body's immune system so that the body cannot fight certain infections that it would normally be able to fight. When people become infected with HIV, they do not become sick with AIDS immediately.

A person may be infected for many years with HIV and look and feel completely healthy. During this time he/she can spread the virus to other people.

Step 2: Ask participants to brainstorm the ways that HIV can be passed from one person to another (modes of transmission). List responses on a flip chart; be sure that all of the following are included:

Important Information

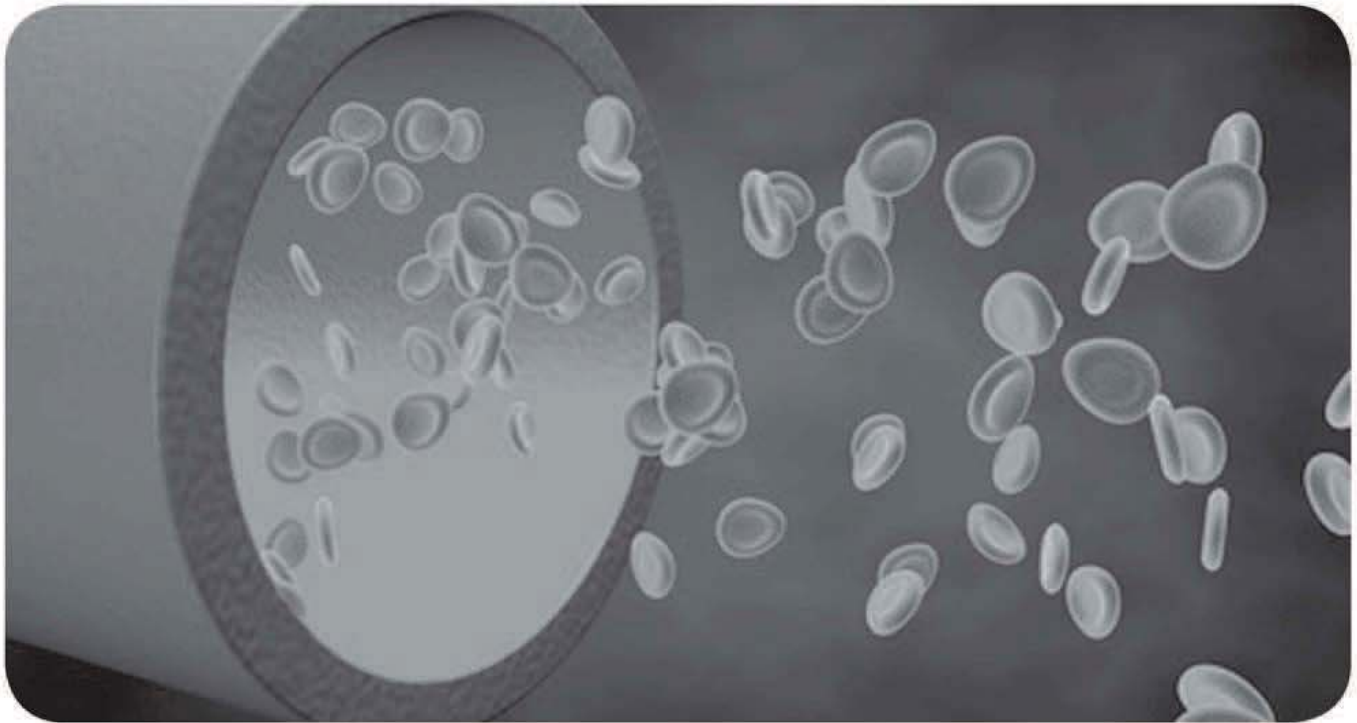
- Sexual intercourse (includes oral, anal or vaginal sex) with an infected person
- The use of needles, syringes, knives, and blades that have been used on an infected person and have not been properly cleaned, this includes instruments used for circumcision, tattooing, skin piercing, and traditional healing
- Transfusion of blood products from an infected donor
- From an infected mother to her unborn or newborn child if no anti-retroviral therapy (ART) is involved
- Emphasise that blood, semen, vaginal fluids and breast milk are the body fluids capable of transmitting the virus





Activity 1.2:

HIV 101 – Getting Down to Basics



Step 3: Tell the participants that HIV is transmitted more easily when genital ulcers and sores caused by some Sexually Transmitted Infections (STIs) are present.

Step 4: Ask the participants to discuss how HIV is not transmitted.

Important Information

Possible responses: mosquito bites, hugging, touching, sharing food, shaking hands with an infected person. Explain that kissing is generally safe unless it is very hard “french kissing” and draws blood, or either partner has open sores, wounds, or infections in or around the mouth.

Step 5: Ask a participant to explain the difference between HIV and AIDS.

Important Information

HIV is the virus that causes the disease AIDS. HIV slowly destroys a person’s immunity. A person infected with HIV is considered HIV-positive. This person may look and feel healthy for many years. Normally the body can fight diseases. HIV weakens the body’s ability to fight diseases. A person who is infected with HIV will eventually get sicker and sicker unless he/she receives treatment. When a person infected with HIV begins to get many sicknesses, we say that he/she has AIDS. Most people who are infected with HIV will eventually get AIDS.

Acronyms *(continued)*

STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization



About the Toolkit



HIV-related stigma and discrimination have been identified as major barriers to effectively responding to the situation of HIV and AIDS in the Caribbean. Best practice indicates that a multi-sectoral approach is essential to addressing this phenomenon in the region. The Tourism Sector can provide a unique and effective approach to this problem by combining workplace policies and mechanisms to confront and reduce discrimination within this sector. The aim of this toolkit is to enable employers and employees to be a part of a Tourism Sector that is prosperous, informed and protects the rights of all employees to equal opportunities. This can be achieved by understanding how stigma and discrimination pose obstacles to effective HIV programming and exploring strategies and practical actions to challenge and reduce stigma and discrimination in the workplace within the Tourism Sector.

About the Toolkit

Who is this toolkit for?

The audience for whom this toolkit is intended is two-fold. The first group includes managers and key decision-makers within the Tourism Sector. The second group comprises employees, workers' unions and administrative staff in hotels, restaurants and other businesses within the Tourism Industry.

How is it organised?

- This toolkit has seven sections: an Introduction; Basics of HIV and AIDS; Exploring Values and Attitudes; Gender and Sexuality; Human Rights; Advocacy and Care and Support
- This toolkit is accompanied by a Facilitator's Guide which provides helpful information for conducting the sessions. In addition to providing helpful techniques and ideas for the facilitator, the guide also provides information on how to conduct the evaluation
- Each section includes objectives, important information, activities, materials needed, suggested time-frame and facilitator's instructions
- This toolkit is designed to be a guide that can be adapted to the specific needs of different populations within different settings. Facilitators must keep in mind that the toolkit is only 50 percent of the facilitation – 25 percent is personal style while the other 25 percent is "playing it by ear" or making adjustments according to the group dynamics, mood and immediate needs

Why is this toolkit needed?

The tourism industry is a major source of employment and economic development for the Caribbean region. Most of the countries in this region depend on this important industry. The driving force behind the industry is its human capital. Therefore ensuring the sustainability of the industry is hinged upon improving the health and wellness of the work force. The socio-economic impact on the industry can be minimised if serious measures are taken to address the issue of HIV and AIDS. As the incidence of HIV continues to increase in the Caribbean, the second most affected region in the world, the future of the tourism industry is at risk. As a result of this, several initiatives are being undertaken to address the topic of HIV and all related issues within the Caribbean region. This toolkit is one such initiative.



Introduction

i. Clarifying the Concept of Stigma and Discrimination

Stigma is the setting apart of individuals or groups through the attachment of heightened negative perceptions and values. It is a process that occurs at the individual level which is influenced by social processes related to assumptions, stereotypes and labelling of people. Stigma involves the social expression of negative attitudes and beliefs. (Parker and Birdsall 2005) "When stigma is acted upon, the result is discrimination. Discrimination consists of actions or omissions that are derived from stigma and directed towards those individuals who are stigmatised. Discrimination refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group." (UNAIDS 2002). Thus, stigma is the attitude that leads to discriminatory behaviour.

ii. Historical Perspective of Stigma and Discrimination in the Caribbean

The PANCAP (2007) *Survey of HIV/AIDS Stigma and Discrimination in Six Caribbean Countries* found that stigma and discrimination are historically and inextricably part of the Caribbean culture. Historically, the plantation systems, indentured labour, waves of imported labourers and migrants were arranged according to a hierarchical structure that allowed order and exclusion. These factors were used to exclude some groups and order the colonies, therefore the roots of stigma and discrimination are deep within the Caribbean psyche. This issue is now related to other factors such as race, ethnicity, colour, economic status, politics and religion.

HIV-related stigma is based on "a particularly Caribbean cocktail of fear of contamination, homophobia, religious beliefs and ignorance." (Anderson M. et al. 2008) All over the world, and especially in Latin America and the Caribbean, it has systematically played to and reinforced existing prejudices and anxieties about homosexuality and bisexuality, about prostitution and Sex Work, and about injecting drug use. (Aggleton et al. 2003) A refusal to "take time to understand" was felt to be specifically a Caribbean phenomenon. (Anderson M. et al. 2008) Pervasive and virulent homophobia in some territories is a significant factor that influences HIV-related stigma and impedes access to HIV prevention information, condoms and healthcare in the Caribbean. Studies identify a number of factors that contribute to homophobia in the Caribbean, including laws that criminalise sex among men, religious beliefs and more recently the lyrics of dance hall and hip-hop music that reinforce hatred of gay men.

Introduction *(continued)*

iii. Causes and Effects of Stigma and Discrimination within the Tourism Sector

One of the major stigma and discrimination issues within the Tourism Sector is the mandatory testing of persons for the purpose of employment or dismissal. A lack of understanding that HIV is not transmitted through casual contact between client and employee, leads businesses to dismiss or refuse employment to persons who are HIV positive. This results in an alienation of People Living with HIV who feel threatened, judged, rejected and unwelcomed within the workplace. As a result, People Living with HIV are unable to sustain themselves due to the difficulty experienced in accessing employment.

iv. Challenges to Reducing Stigma and Discrimination within the Tourism Sector

Even though several measures focusing on HIV in the workplace have been undertaken in the region, the Caribbean tourism industry, hotels and other tourism establishments are recording very high turnovers of staff and contending with very low productivity of members of their staff who are living with HIV or AIDS. (ECOT, 2006) Formulating an effective response for the Tourism Sector presents a number of challenges because it calls for creativity, commitment and sincere acknowledgment that HIV is a threat to the tourism industry in the Caribbean.

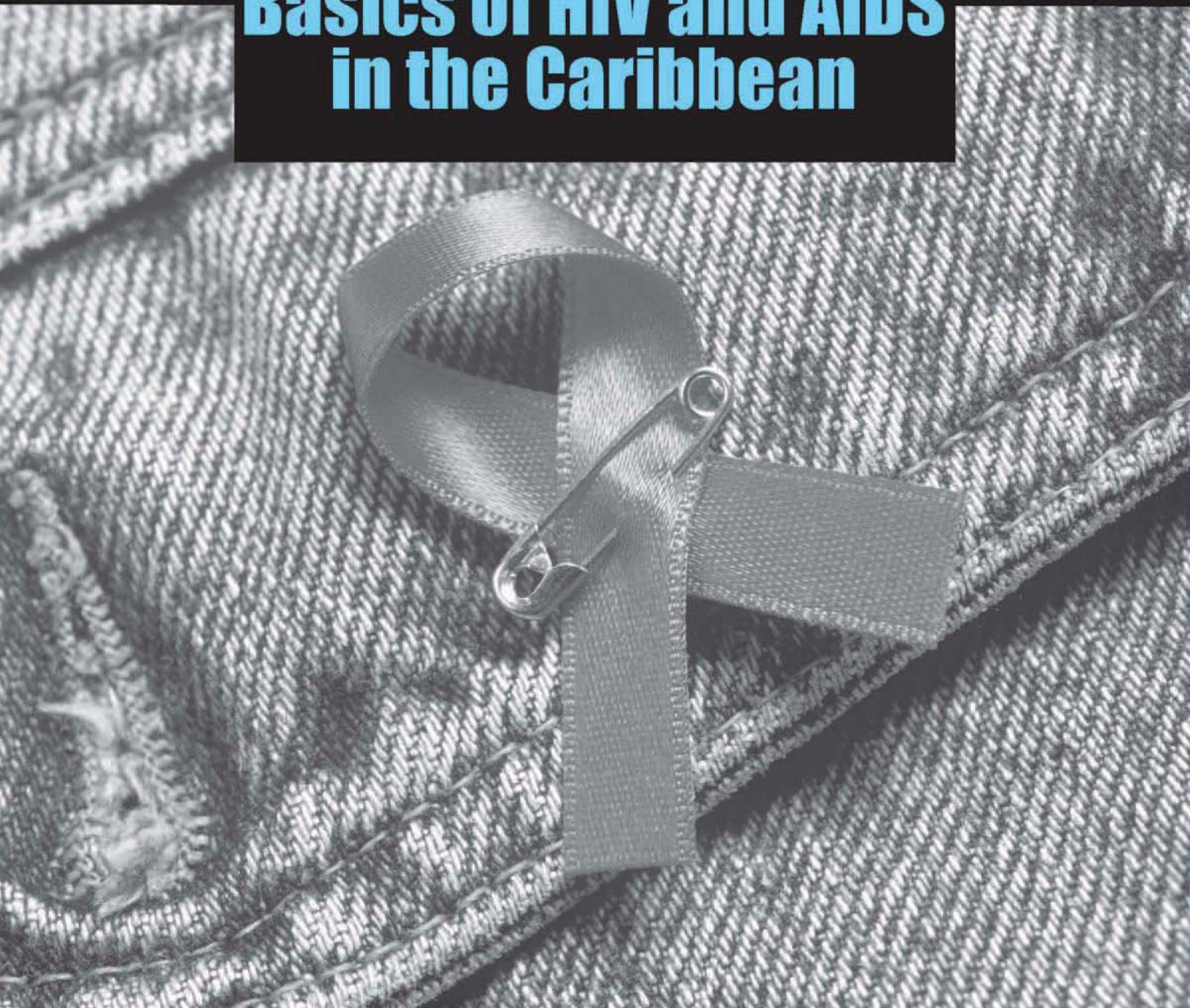
v. Stigma, Discrimination and Human Rights

Human rights are defined as those rights that belong to every individual. Human rights are not given or bestowed upon people by individual governments or societies, but are earned by virtue of being born 'human'. (WHO, 2002) These embody the basic standards without which people cannot realise their inherent human dignity as reflected in the Declaration of Human Rights (1948) and more recently, in the Vienna Declaration and Programme of Action of the World Conference on Human Rights 2003. International human rights instruments play an important role in respect to HIV and AIDS and human rights since their norms may guide the establishment of procedural, institutional and social mechanisms to counteract the HIV and AIDS epidemic (Theodore 2007).

In the vicious cycle of stigma, discrimination and the violation of rights, stigma causes discrimination that leads to violation of human rights which in turn legitimises stigma. (Parker and Aggleton 2003) Stigma leads to discrimination and other violations of human rights which affect the well-being of People Living with HIV and other marginalised groups in deep-seated ways. The UN Commission on Human Rights resolutions (1999/49 and 2001/51), state quite unequivocally that the term "or other status" in non-discrimination should be interpreted to cover health status, including HIV and AIDS. These resolutions have, moreover, confirmed that "discrimination on the basis of HIV status, actual or presumed, is prohibited by existing human rights standards." Discrimination against People Living with HIV, or those thought to be infected, is therefore a clear violation of their human rights.

Unit 1

Basics of HIV and AIDS in the Caribbean





Unit 1:

Basics of HIV and AIDS in the Caribbean

Materials:

- Facilitator's Guide
- Flip chart paper
- Markers
- Paper and pen for participants



Time

5 hours

Purpose

The purpose of this unit is to provide participants with an overview of the basics of HIV and AIDS within the Caribbean context. This will ensure that they have the knowledge of HIV necessary to engage in discussions on HIV and other related topics.

Activities

The activities within this unit will familiarise persons working within the tourism sector with the profile of HIV and AIDS in the Caribbean by understanding the situation within their national context. By learning the epidemiological profile of HIV in their countries they will have an appreciation of the severity of the situation and the urgency to be a part of the national response in a manner that is effective. The HIV 101 activity presents basic information on HIV and AIDS such as the difference between the virus and the disease. It includes discussions on the three main modes of transmission and the ways in which transmission cannot occur, as well as discussions on the modes of prevention which are: abstinence, being faithful and condom use. It includes information on signs and symptoms of HIV and AIDS, as well as diagnosis.

It provides information on what a negative or positive test result means and emphasises the importance of getting tested early. An important activity focuses particularly on addressing myths and misconceptions. This section addresses common myths and misconceptions about HIV such as modes of transmission and prevention. It especially highlights the fact that myths and misconceptions contribute to stigma and discrimination and place persons at more risk and increases HIV infection. The unit concludes with a Wildfire Simulation Exercise. This activity provides participants with an opportunity to appreciate the psychosocial experience of HIV. This activity seeks to sensitise participants in preparation for the other units in the toolkit.

Duration: Total of 5 Hours





Activity 1.1:

Profile of HIV and AIDS in the Caribbean

Objective:

By the end of the activity participants will:

- understand the history of HIV and AIDS
- be familiar with the global HIV situation
- be knowledgeable about HIV in the Caribbean

Materials

- Facilitator's Guide
- Important Information
- Flip chart paper
- Markers



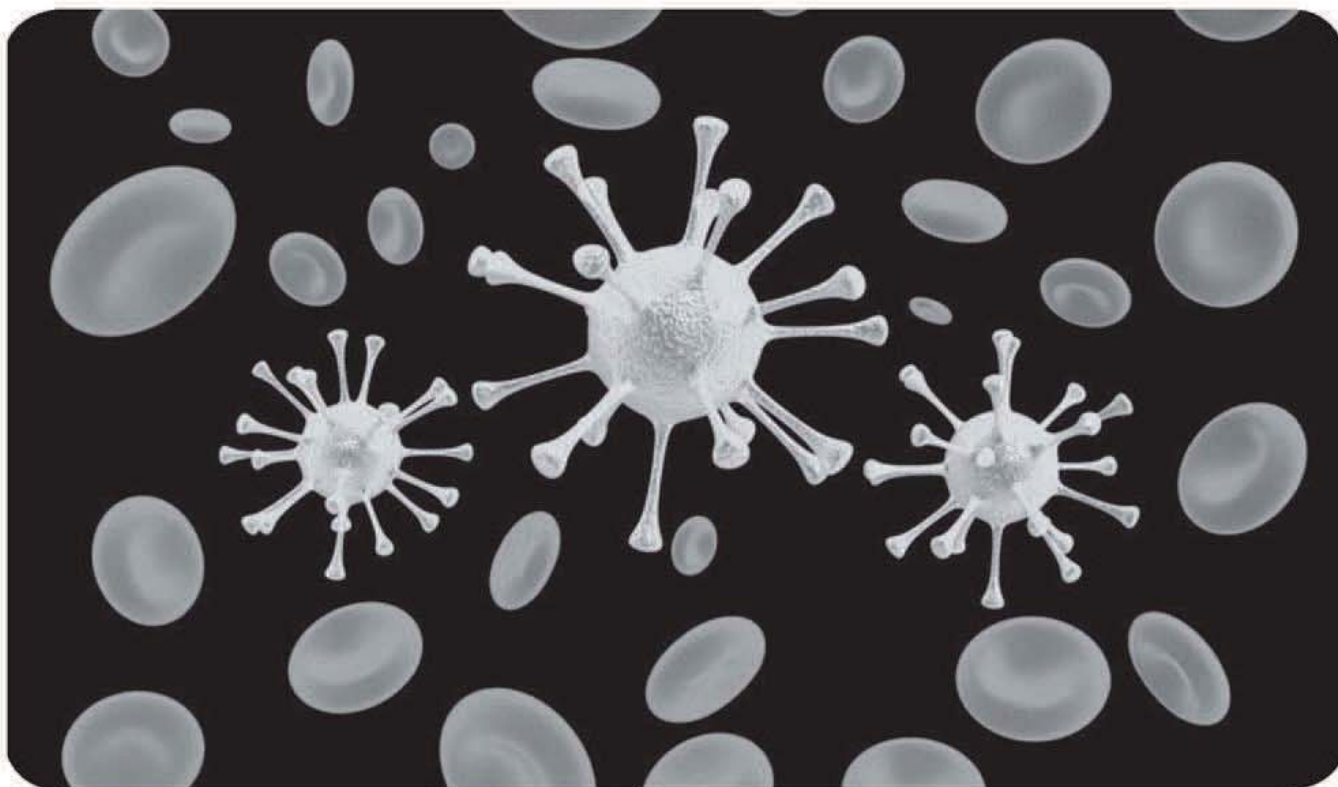
1½ hours

Source: UNAIDS Epi_Briefs 2008

Facilitator's Instructions

1. Prepare flip chart paper or slides with the following information beforehand
2. Present the following important information to the participants
3. Allow time for questions and discussions

Important Information



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