UNAIDS – Joint United Nations Programme on HIV/AIDS

REPORT -
Orientation Sessions on UN Cares

September 22- 23, 2010
UN House #3A Chancery Lane
Port-of-Spain, Trinidad and Tobago
Report on Orientation Sessions on UN Cares
Port-of-Spain, Trinidad -September 22 to 23, 2010

Background

In pursuance of the UN’s learning strategy on HIV/AIDS adopted in April 2003 by the Committee of Co-sponsoring Organizations of the United Nations Programme on HIV/AIDS, to assist in building capacity and knowledge in the area of HIV/AIDS among UN staff, the Joint United Nations Programme on HIV/AIDS (UNAIDS) office located in Port-of-Spain, Trinidad and Tobago held a two-day workshop centred around the UN Cares initiative. In an effort to promote awareness and create an environment of mutual respect and non-discrimination, as well as recognizing its responsibility and not taking such issues for granted in the context of its work, the UNAIDS office held a two-day sensitization and interactive workshop for the benefit of local staff resident in Trinidad and Tobago, including UN volunteers and personnel of affiliate organizations. These sessions were facilitated by the Learning Strategy Team, comprising UN staff from interrelated agencies as well as advocates involved on the ground in prevention and educational initiatives.

Overall, the UN Learning strategy on HIV/AIDS aims to ensure that professionals within the UN system know how to mainstream HIV into programmes, that UN Theme Groups on HIV/AIDS function optimally at country level, and that professional staff members can work effectively with the widest range of partners.

The goals of this learning strategy are as follows:

- To develop the knowledge and competence of the UN and its staff so that they are able to best support national responses to HIV/AIDS; and
- To ensure that all UN staff members are able to make informed decisions to protect themselves from HIV and, if they are infected or affected by HIV, to ensure that staff members fully understand the UN’s HIV/AIDS workplace policies on eliminating stigma and discrimination against those infected and affected by HIV/AIDS.

In furtherance of the implementation of the Declaration of Commitment on HIV/AIDS adopted at the June 2001 United Nations General Assembly Special Session on HIV/AIDS, as well as the UN’s Millennium Development Goals on HIV/AIDS1. This is in direct alignment with its overall crucial role in response to HIV/AIDS globally, and seeks to harmonize its implementation strategy in empowering its staff to be first become aware of the basic facts about HIV/AIDS, about issues surrounding the epidemic and to provide this essential knowledge in order for staff members and their families to make informed decisions about their lives.

UN Cares, the UN workplace programme on HIV/AIDS complements the goals of the Learning Strategy on HIV/AIDS and in fact, is a critical component in the thrust to inform staff members about, and ensure protection and support for UN Staff affected by HIV/AIDS. UN Cares also equips staff who may be living with, or affected by HIV/AIDS with the knowledge of where they can get the best treatment and care.

Workshop Objectives

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1 UN Learning Strategy on HIV/AIDS, UNAIDS
To provide current and relevant information about HIV to UN staff members and by extension their families
To disseminate information about the UN Cares program.
To provide a forum for discussion of HIV as it relates to staff members and their families.

Target audience

The workshop will convene staff members from all UN agencies in Trinidad and Tobago irrespective of their contract type or duration. UN Volunteers and UN interns are also encouraged to participate. Consultants on Short-term or Special Services contracts are not permitted to participate.

Methodology

The workshop comprises several approaches of information delivery and understanding including:

- Participatory methods: Interactive Question and Answer activities
- Pre and Post general knowledge tests (written and discussed)
- Confidential survey on personal risk perception with anonymous data consolidated and used for discussion
- Didactic technical knowledge sharing on HIV facts, UN policies and condom presentations
- Personal testimonies from PLHIV

The facilitators utilized materials such as projected presentations, written surveys, and current HIV-related literature.

Participants engaged in and actively contributed to the discussions, while remaining respectful, and exercising non-judgemental and non-discriminatory communication.

Attendance:

There were 47 participants over the two-day period (22: Wednesday; 25: Thursday) from various organizations, departments and other partner institutions, all within the UN system in Trinidad and Tobago. In addition, members of the local Learning Strategy Team were present and made presentations; they were instrumentally involved in the planning and execution of the workshop.

AGENDA
<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30</td>
<td>- Welcome address</td>
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<tr>
<td></td>
<td>- Introduction of participants and HIV Learning Team</td>
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<td>- Ground rules</td>
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<td>- HIV 101: Basic facts and discussing HIV in the Family</td>
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<td>Issues of disclosure and discussion.</td>
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<td>9:45</td>
<td>- Risk Perception Quiz</td>
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<td>10:00</td>
<td>- Coffee break</td>
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<tr>
<td>10:15</td>
<td>- Addressing HIV-related stigma and discrimination- - Panel discussion-</td>
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<tr>
<td>10:45</td>
<td>- HIV prevention: condom demonstrations</td>
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<td>11:05</td>
<td>- Results of Risk Perception Quiz</td>
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<td>11:25</td>
<td>- Introduction to Living in a World with HIV</td>
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<td>11:40</td>
<td>- HIV questionnaire</td>
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<tr>
<td>12:00</td>
<td>- Closing remarks</td>
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HIV 101: Basic facts and discussing HIV in the Family - Issues of disclosure and discussion -
Chairperson – Natasha Maillard

Discussion leaders: Marlon Thompson, UNICEF and Ashily Dior, UNAIDS

Discussion:

- Condom use – Ancil Henry, one of the advocates and panel presenters raised the issue regarding men’s apprehension in using condoms.

- Vulnerability – Marlon Thompson, of UNICEF and outgoing Chair of Learning Strategy Team, noted that women and children when it comes to HIV infection and having to grapple with other circumstances surrounding the virus, tended to be more vulnerable.

- HFLE – it was noted with respect to the teaching and implementation of a curricular module in schools, the Health and Family Life Education programme, encompassing crucial components on sex and sexuality, was not fully implemented in schools and this may prevent access to information by young people, as well as prove useful to their development. However Marlon stated that efforts are underway to ensure its successful roll out in the schools throughout Trinidad and Tobago. The present course of action is that UNAIDS and other partners are engaging government, in particular the Ministry of Education to ensure that HFLE is fully implemented. In this regard, it was also observed that some teachers may be uncomfortable in delivering the HFLE curriculum. Another route is through engagement with NGOs which are on the ground to ensure effective delivery of information on sex and sexuality, and provision of HIV-related services.

- Access to condoms and SRH services - in respect of VCT testing for young persons, this requires parental consent. However a certified medical practitioner could decide to administer testing to the young person. In cases like these, where the young person has to approach the medical doctor, it is a sign that the child may be unwilling to communicate with parents on the issue of sex and sexuality.

- Current issues – it was pointed out that an ongoing issue relates to a trend pointing to the increase in transactional sex which may fuel the spread of HIV infection. In addition, the financial crisis may also be imputed for this spread, especially as a consequence its impact on young people, as persons resort to engaging in sexuality activity and risky sexual conduct to garner financial and other resources and to satisfy their material needs. Moreover, the present legal system acts as an obstacle to young people accessing certain sexual and reproductive services, in which sociological factors play a role. The young/older dynamic which exists as a power play, i.e. inter-generational
relationships/ sexual experiences, irrespective of sexual orientation also creates precarious circumstances for young persons. A point was made by Ashily that this does not account for sexual orientation as persons may not self-identify as “gay” but may engage in MSM activity.

- Approaches to HIV prevention – in this regard the formulation of the National Strategic Plan is crucial and its programmes should target young people and the different demographic groups, especially vulnerable populations in Trinidad and Tobago. It was pointed out that UNAIDS and other agencies present are assisting in the drafting of this plan. In addition, creative approaches should be sought in such prevention programmes and strategies. Ashily pointed out that it is necessary to employ different strategies in reaching young people as opposed to other groups. Factors such as economics and incomes, as well as geography are very important in formulating and devising effective strategies, and these variables need to be considered.

- Lack of information – it was noted that in Tobago among different demographic groups and regardless of the socioeconomic stratum that a person occupies, there is widespread ignorance about HIV. As empirical evidence, Marlon recounted a study that was done in a rural area in Tobago where it was found that access to condoms and information was minimal and this indeed affected the spread of the virus and could further exacerbate the situation. However, he stated, that as a result of this research, programmes have been implemented, in particular the distribution or placement of condoms in community spaces, as well as literature in the form of booklets.

- UNAIDS’ role – the question was asked by a participant what is UNAIDS doing in these respects to address the HIV infection rate as well as educational programmes? In fact, Ancil rephrased the question for the benefit of all participants, asking what, as parents, are participants doing in caring for their children and very importantly in educating them. It therefore followed that the rationale for sex education is justified and that parents themselves must take an active role in educating themselves and their children.

- HIV detection – A real concern with respect to knowledge of another person’s status was raised, first regarding actually being able to visibly discern someone’s status from looking at them (impossible due to evolution of virus since its inception) and whether if it is possible at all to tell whether someone is HIV positive. Therefore, a cautionary piece of advice was given that all must protect themselves and execute personal actions to ensure that they are protected.

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**Addressing HIV-related stigma and discrimination - Panel discussion**

**Panelists:**
- Ancil Henry – Coordinator TTN+
- Lorna Hamilton Henry – Activist
- David Soomarie – Representative, Community Action Research
Summary: Each presenter gave their personal stories and used information from their advocacy work to give an account of the seriousness of stigma and discrimination and how it impacts sero-positive persons in terms of child upbringing, psychological problems as well as personal advancement and self-worth.

For his part, Ancil lamented from his own observation when he got involved in advocacy, there was a limited number of persons living with HIV who were actually involved in HIV prevention work and in the development of intervention for their own benefit, and whose voice in organizations was not present. In his view HIV positive persons need to speak for themselves, need to be heard and listened to, and in this is crucial in terms of legislative change. He further highlighted a number of challenges, such as getting the message out, behavior, prevention programmes, as well as attitude and behavior change.

David equally spoke of stigma and discrimination from his personal experienced and relayed a situation where disparaging comments were posted on the popular social networking site facebook. He pointed out from this communication that it is sad how people treat each other and this relates not only to HIV positive persons but equally based on differences in culture, race, sexual orientation, age and gender. He concluded that Trinidad and Tobago does not face up to the real problems grappling the nation as cultural prejudice and lack of equality are widespread.

Lorna also recounted her personal experiences in being discriminated against as a person living with HIV, but more particularly as a mother, her children are also discriminated against. This discrimination occurs in different settings such as her children’s schools, and is perpetrated by various people, such as doctors and medical professions. She indicated that often she and her children are viewed as a threat to these environments but nevertheless they try to live normal lives and she protects them from these harsh situations. She importantly pointed out to the participants that everyone is potentially exposed to HIV and should protect themselves and their loved ones.

Discussion:

- **Stigma and Discrimination and Legislation:** One of the presenters conveyed information about the real situation with respect to legislation, citing an occurrence in 2005/5 when a Member of Parliament in the Trinidad and Tobago parliament piloted a bill to criminalise HIV, that if persons knowingly have the virus and voluntarily spread it to other persons they would feel the full brunt. He felt that the fact that this motion failed was a success story. In 2008, the National Aids Coordinating Committee (NACC) held extensive consultations and there was advocacy in furtherance of legislative change. Natasha the Trinidad and Tobago Human Rights Advocate indication that there was a national draft policy with respect to HIV in the workplace but these policies seem to be sectoral but not all encompassing.
Disclosing one’s status: It was noted that there is a certain reluctance that could fuel the virus even further among groups of people that if they get tested and reveal their HIV status they would be discriminated against. In certain occupations such as the police and army given the entry criteria there are more stringent requirements with respect to HIV testing. One participant questioned whether this was necessary given that it does not affect one’s ability of competence and in the case of the private sector, one’s ability to perform should never be an issue. Another participant quoted the ILO’s policy in that such a policy is unheard of and no testing prior to becoming employed, and in this regard these organizations such as the army and police service would usually take care of their own irrespective of HIV status.

Sex between HIV infected and non-HIV positive persons: the question was asked what participants present are doing to educate themselves about their responsibility with respect to sexual behavior? This was raised in the context of the fact that it is still common that persons have such sexual contact. It was believed by one participant that the onus is on the infected person to reveal. There was some disagreement regarding this question: should an HIV-infected person reveal his/her status to any uninfected person prior to sex contact or is it the right of the HIV positive person not to disclose? Lorna believes that the opportunity should be given to the uninfected person to choose. Whereas Ashily believed that similarly HIV positive persons have a right not to disclose their status.

Behaviour change: Ancil firmly believe that behaviour change was necessary in the prevention efforts. In respect of present-day treatment for HIV persons which prolong their life compared to previous years. David believes that there is a need for positive enforcement and prevention techniques that take into account the next generation and their ways of life. This important catchment must be adequately addressed; many children are orphans as a result of HIV. These youth need to learn how to negotiate their living in sustainable ways. In addition, it was believed one’s sex life does not end as a result of HIV infection. In respect of treatment and society’s view of LGBT people, David believed that because of the non-acceptance of these people in Trinidad and Tobago, there is widespread judgment and obstacles mounted to prevent treatment and addressing the issues.

Support and Treatment (disclosure): Family support was essential for Lorna in sustaining her life. It was also pointed out that empathy is difficult, even for persons working in HIV-related fields and advocacy who are not HIV positive. Ancil relayed a story of an HIV 21 year-old adult lady presently at the Cyril Ross home who had a suitor interested in having sex, despite knowing about her status. He cited other common ailments which persons are not willing to have others know, far less for their HIV status. One must also consider it was pointed out, that not many people have reached a high level of comfort with their HIV positive status.
A question was raised regarding support services for family and relatives of an HIV positive person. Individual counseling through agencies which offer HIV testing is available. The Ministry of the People, and Social Develop through its social welfare division provides support and counseling services and persons could contact them to utilize these services. In addition, NGOs such as Community Action Resource is one such non-governmental agency which provides support.

Male and Female Condom Demonstration – Tammy Yates, UNFPA and Fabiola Chacon, PSI

Summary

According to Tammy, the UN system promotes the use of both female and the male condom; as a double-protection method, i.e. prevents transmission of HIV/STIs and unintended pregnancy. Condoms are the only safer sex method available, apart from abstinence. In order for condoms to be effective, they must be used correctly and consistently and this was the aim of this particular exercise.

It was noted that conversation, and general communication regarding sex and sexuality are seemingly problematic in a Caribbean context. Women, in particular, need to become more comfortable in order to begin conversation regarding sex and be able to negotiate condom use.

Socio-cultural factors remain an important hindrance to safe sex practices and behaviours. Gender stereotypes also feature among some of the obstacles to understanding and knowledge about sexuality and sexual expression.

Condom application

Important: For both male and female condoms check for the expiration date of the condom to ensure good for use, as well as for any breakage in package. (Advice: Do no rest in glove compartment of vehicles or in pockets for long periods)

- Use creative ways in negotiating condom use.

Discussion:

- What is the time span between a sexual encounter and showing up HIV positive?
The only way that someone can know that his/her HIV status is through blood testing. Knowing your status is important as one could be infected and totally unaware.

**Female Condom**

With respect to research surrounding female sexual behaviour, it has shown that young want to have what they need in order to have sex, especially in cases of transactional sex. In this instance, it was suggested that one’s negotiation tactics could be that “if I give you my whole body, you must use a condom”.

**Condom application**

Important: Do not remove inner ring, unless when having anal sex, and ensure that lubrication I swell distributed after removing package.

The FC2 female condom could be inserted 8 hours prior to any sexual activity. Will it get lost during sexual activity? No. The product is made to fit the female anatomy, in this case the cervix.

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**Results of Risk Perception test** – Lynsay Basanta, UNAIDS and Beverly Lugay, ECLAC

**Discussion:**

**First sexual encounter** - With respect to participants' first sexual encounter, it was noted that there was a changing pattern according to age. This could be attributed to persons’ interpretation of the terms “sexual encounter” to mean penetrative sex or any other sexual act.

The direction of HIV infection seems to be leading to the “feminization” of the virus as more women are showing up HIV positive, which could be attributed to a number of reasons, namely more women are getting tested etc.

It was pointed out that the statistics of sexual initiation among participants of 16 years among males and 21 years among females may no longer be applicable to present-day realities. Some believed that sexual abuse may be a small aspect of the 16 year-old variable in this case.

**Young people** - Much discussion centred around young people’s sexual behaviours. Peer pressure and poor parenting may also rank among the reasons for sexual initiation at a young age. There is a current perception, it was stated, that young people nowadays believe themselves to be invincible and at their age there is no likelihood of contracting the virus. Many youth are also endangered because of a lack of information. It was pointed out that in the present age young people have access to a lot more information that in previous times, but the question remains: are they engaging in safe sexual practices?

A number of socioeconomic factors may also play a role in youth negotiating their sexual lives. Marlon pointed out from information he has at his disposal that young people would like to make the choice but
they do not have access to the contraceptive devices. In Speyside in Tobago, it was revealed, there was at a time, no distribution outlets for condoms. Additionally, apart from the infrastructural obstacles, there are legal barriers for young people having access to condoms.

**Abstinence and parental role** – Marlon proposed that when preaching abstinence, that it must be done in an appropriate context for understanding by young people. As such, if placed in a situation the child/young person will have access to the proper knowledge and would feel empowered to make an informed decision. Parents should speak to their children at a very early age. When this happens, they grow up with the confidence of being able to approach their parents in any situation and they have that desire to communicate openly with their parents. This also requires that children are coached in their bodily function and parts and sexuality. This is also very vital in dismantling myths and stereotypes early on.

**Knowledge of another's HIV status** - How can one ever tell if someone has HIV, even if he/she claims to have done a test? One would never be able to confirm without a reasonable doubt that someone has or does not have the virus. Therefore it is ever more paramount and necessary to protect yourself at all times, reduce risk and act on your own accord and be personally responsible always. Also, get tested.

**Behaviour change** – One participant question the process of behaviour change and how internalized it could be. Building up confidence in oneself through open communication is also essential. The representative from PSI urged participants, when talking with young persons that they should talk “with” them and not “at” them. Trust must be built with the young individual through open and free communication and advice given was that knowledge needs to be shared.

**Access to condoms** – non-traditional outlets, including pharmacies, need to be targeted for the sale and distribution of condoms to allow anyone at anytime to have access to protection. When dealing with young people in particular, sales persons should be discreet and be sure not to embarrass the young person.

‘**Wearing a Seatbelt**’ – the question in the risk perception survey regarding the use of a seatbelt was deliberately included to determine one’s affinity to risk behaviour and to gauge persons’ how safe and what risks individuals would take generally and with specific reference to sexual behaviour.

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**Living in a world with HIV -** Beverly Chase, UNDP

This segment was carried out by a UNAIDS staff member to inform and allow participants to engage with the information about the “Blue Book”. The main objective was to inform participants about the treatment and support made available within the UN System to staff and their families.

**Knowledge** – the importance of gaining and having the necessary knowledge was stressed. One cannot be oblivious and must take charge of one’s one life.

**Minimum standards** – the 10 minimum standards were recited as a means gaining understanding about the support provided by the UN.
PEP Kit p. 39 – immediate attention based on this system is available to UN Staff members who are exposed to possible HIV infection, except for casual sexual contact. The custodian of the PEP is located at PAHO’s offices. At the national level in Trinidad and Tobago, mechanisms are in place for PEP.

**Suggestion:** One participant, an international staff member, suggested that respect should reign among partners and within relationships, and that there should be smaller group sessions should be held within sub-agencies to lead this thrust to promote protection and information strategies. Persons should not take for granted that as UN staff, though this information, some may feel, is readily understood by UN staff, there needs to be broader based knowledge about HIV and protection/prevention strategies. In terms of strategies for young people, PSI as a crucial partner could be utilized to promote and gain further insight into such strategies and methods.
Natasha Maillard, Chair for the day’s proceedings, Human Rights Advocate, HIV/AIDS

Marlon Thompson welcomed participants to session as Chair of Learning Strategy team along with team members. Izola Garcia, Country Coordinator UNAIDS office Trinidad and Tobago brought brief greetings to the participants and wished a good session to the participants. Each person introduced one another and got briefly acquainted with each other.

The ground rules for the day’s session were set as follows:
Active Listening
Ask questions
Respect each other and each other’s questions
Have fun!
Confidentiality is a must
There are no such things as bad questions
Place cell phone on vibrate/silent

HIV 101 and issues of disclosure - Marlon Thompson, UNICEF and Ashily Dior - UNAIDS

Marlon outlined a Global overview of statistics and information related to HIV prevalence and infection. Positive changes are taking place and governments’ role is very important in bringing about such change. Marlon led the session in giving basic facts and relevant information about HIV.

Data: 1.5% prevalence rate in the Caribbean of persons living with HIV. Concerns regarding this trend are generalized and concentrated and therefore necessitates prevention activities for vulnerable groups such as MSMs, young people, and sex workers. In addition, for these interventions to be effective, changes in law and attitudes among people are required.

“HIV wears a female face” – Marlon sought to dispel this notion as there was some uncertainty regarding the validity of this statement, as data may be distorted and biased towards women due to reason such as greater numbers of women accessing testing, and this may be an issue of coverage and attitudes towards testing among women.

Transmission (leveling off among population groups) – based on current data all demographic groups are affected through multiple transmission modes. This illustrates the complexities of the virus and there is no simple ways of addressing it through identification of any particular group. In Jamaica, misperceptions were fuelled among parents through television programming shown after prime time.

Prevention strategies and socialization – the present dynamics involved with the virus requires targeted prevention strategies that take into account the particularities of each group. Issues regarding sexuality and
how males and females are socialized in understand this also featured prominently, as at schools the balance between male and female is tipped, and socialization occurs differently.

Audience’s understanding and knowledge with respect to HIV and AIDS were solicited as a means of engaging participants. In this case it was pointed out that HIV compromises the human immune system. Progression of the virus for an individual would cause an individual to get sick.

It was noted with respect to treatment, that a person could be administered PEP.

**Anti-retrovirals and PEP**– There was a concern raised regarding persons opting to take ARV drugs prior to having sex and subsequently as means of protection and to pre-empt any possible infection. This is not an effective means of preventing contraction, as with continual use, a person’s system could become adapted to the drugs and this could result in having little or no effect on the individual.

**Breast-feeding** – since breast milk contain low quantities of HIV, a chance of 15-25% transmission probability, especially with low resistance from babies. Grey’s Anatomy, a television depicted this, and was co-produced in collaboration with UNICEF as an informational tool for the public. Using correct drugs drastically reduces the risk of mother-to-child transmission. A situation in Antigua illustrates ignorance among the Caribbean populace. Stigma and discrimination proved to be a problem, especially when a mother comes to a healthcare facility for medical attention and antenatal care. In this case, doctors did not want mothers to breastfeed even when the woman’s HIV status was unknown. Is it ok for a woman to breastfeed? Certain protocols are followed. Once both woman and baby are on medication and can remain negative.

**Response to HIV** – an effective response to the HIV epidemic should be viewed and integrated as a part of the overall health sector’s programmes.

**Lessons learned** – In Switzerland it was noted, laws and other enabling situations allow persons who are detectable to have sex with partners who are negative. Fear and discrimination prevent effective methods to be employed and implemented here at Trinidad and Tobago local health facilities.

**Cure for HIV/AIDS** – Do what is proposed by some “bush doctors” as a cure for HIV effective? Empirical data do not show such a reality. This notion hold no validity if conclusive tests by medical and trained personnel are not done. It was noted that all medication does not work the same for everyone. In the Caribbean, there is a norm that remedies can be concocted by anyone but Ancil suggests that all persons deal with trained health professionals when looking for proper knowledge and information. A question regarding treatment and how persons apparently have different cycles or levels of progression regarding the virus was raised because of the observation of a participant in respect of someone she had known “being good one day and then suddenly the person’s health disintegrated”. Ancil mentioned that there are slow and rapid progressors. In this regard the ‘virus affects each person different due to that person’s make-up and health.
Disclosure

At this juncture, Ashily sought to emphasize the need for parents to develop a trust and open relationship with their children, whereby children in the home feel comfortable to approach them to discuss myriad topics, especially sex and sexuality in this case. Demonstrating empathy is also very important; how would one want others to react to you? She pointed out that self-inflicted hurt is usually what occurs when someone does not receive adequate support from loved ones.

She further threw out the question to participants: what steps could be taken or methods used to help this situation and develop such a relationship with children? The following suggestions came back:

- Be open and always welcome dialogue;
- Introduce topics such as sex on a light note and in ways that children would understand;
- Always let them know that you are concerned and that you care.

Note: These foundations, as Ashily put it, are not only for kids but for partners and spouses as well.

Discussion:

Timing – One participant, a mother relayed her own story and the manner in which she approached her son to have conversations about sex, which eventually proved effective as her son now comes to her regularly to talk. She indicated that in this regard timing is key; there needs to be a relaxed environment and it must also be upon the initiation of the parent.

Active listening – significant others must exercise active listening, and right word choice and make them feel independent and responsible so that they take responsibility and understand the choices that they make have consequences. Making assumptions about children is not usually helpful, especially with respect to their level of knowledge, which nowadays is usually well advanced.

Outreach – organizations need to engage each other and authoritative sources in seeking our information and receive the necessary training for their staff and volunteers, such as in methods of communication. Could this be a thrust of UNAIDS?

Addressing HIV-related stigma and discrimination- -Panel discussion - Ancil Henry and Lorna Hamilton Henry

Ancil led participants in an exercise asking them to write down one thing each person would not like to lose if they found out they contracted HIV.

The following were the responses of the 23 persons present:

My wife – 1 person
Family – 6 persons
My children – 1 person
Marriage and children – 1 person
Loved ones – 1 person
Friendships – 2 persons
Respect – 2 persons
Dignity – 3 persons
My rights – 1 person
Independence – 1 person
Values and Honesty – 1 person
Money – 1 person

Discussion:

Health - Ashily introduced a salient point, in that no one indicated “health” as one of the most precious things that they would not want to lose, and further pointed out that many seem to take this important issue for granted.

Information and use of technology – there seems to be an increase in misinformation with respect to myths and other unreliable sources as people have access to more information and use technology more.

Support – Lorna in her presentation noted that the main reason that she is alive today is as a result that she has received from her husband after she became aware of her HIV status. Her husband has been unrelenting in his support and pointed out that is a major factor that should not be overlooked by persons, i.e. the support of loved ones.

Sex as taboo – Ancil noted the uneasiness in the room and the apparent discomfort among participants at times to talk about sex and encouraged them to get out of their comfort zones and deal with the real issues.

Choice and Stigma and Discrimination – this issue was raised when Lorna relayed her story about receiving discriminated. She pointed out that PLHIV are not given a choice because of how they are treated and being faced with stigma and discrimination in all aspects of their life. She laid out practical examples and real scenarios in which she has, and other receive discrimination through simple gestures of discrimination perpetrated against them, that sometimes many people take for granted but which have a lasting impact on the HIV positive person and can essentially determine the life span. Lorna noted that stress is a killer with respect to HIV and stated that under stress an HIV positive person could cease to live.

Conceiving while HIV positive – the question was posed to Lorna about her pregnancy and how she could conceive while pregnant. In response, she pointed out that even being HIV positive, one could still have unprotected sex with a partner and could conceive. She noted that her husband is HIV negative and the major factor preventing his infection is that he has a very rare blood type. In such discordant relationships (partners having polarized blood types) the blood type does not recognize the HIV strain.
Lorna additionally pointed out that support has in circumstances been denied to HIV positive mothers who had children and the latter’ status was unknown as a result of discrimination. Access to ARVs was denied in cases she is aware of.

Important questions were raised for consideration:

1. How does one ensure that people do not contract the virus and that the message goes around?
2. How do we talk about sex and repercussions of risky behavior with our children or other close to us when it is not discussed with our co-workers (themselves working in HIV)?
3. Are people really fighting for the rights of PLHIV?
4. What are you doing to protect yourself and your children from HIV?

Male and Female condom demonstration

One additional point that was raised with respect to condom use and take precautions: it must be noted that condoms should not be placed in the refrigerator as this would compromise its integrity.

Steps in using male condoms:

1. Check expiration date
2. Ensure that no air has escaped package and that package has not been compromised.
3. Push condom aside and tear package (do not bite or use another foreign object).
4. Squeeze tip of condom (reservoir) to ensure it is not burst and so that semen could be collected, then place on penis.

Note: the reason for ensuring that air has been released from the reservoir is because air does not enter penis, as this would cause the man to experience a very sharp pain. Nowadays, it is advised that men dispose of condoms themselves and they should probably wash it out as ladies have been known to conduct unseemly acts with a used condom.

An important condom negotiation technique that has been found to be useful and pleasurable in ensuring one’s sexual partner uses the condom is applying it by way of the mouth onto the penis. This was demonstrated to the participants.

Caution: it was cautioned that persons should not use oil-based lubricants with male latex condoms.

Female condom

An important piece of advice was relayed to participants where women should try applying the female condom at least three times on their own before use in sexual contact.
Tammy gave a brief history of the female condom. The FC was introduced to the market in the 1980s but only received FDA approval recently as a prevention method.

Both water and oil-based lubricants may be used with the female condom. It could be used as a sex toy to negotiate condom use. In addition, it was strongly advised that under no conditions that persons NOT use both male and female condoms be used simultaneously. It was also advised that the female condom NOT be reused according to the empirical evidence provided within the UN system.

**Introduction to Living in a World with HIV – “Blue Book”**

**Discussion:**

**Availability of condoms at CAREC:** A concern was raised regarding the availability of condoms at CAREC’s office in the context of UN Staff’s right to access these devices. A participant who works at CAREC indicated that previously there was a special programme on HIV and STIs, but since this programme has been discontinued there has been no availability of condoms. The presenter indicated that such a request should be made and condoms will be provided accordingly.

**Drug use:** One participant noted that much emphasis is placed on HIV transmission through sexual contact and little on drug use. Though this is the major means by which the virus is transmitted, it was noted that greater attention needs to be directed to intravenous drug use (p. 43) of the information guide.

**UN plus and other support systems:** Tammy brought to the attention of participants that there is a network of HIV positive persons within the UN system called HIV+ (plus). In addition, Marlon pointed out that there is a hotline that UN staff and their families can call and from his checks this is up and running.

**Results of Risk perception (Day 2)**

Questions and Discussion:

With respect to the question on first sexual encounter regarding the ages presented from the results, a discrepancy was recognized and this was attributed individual’s perception of “sex”, left practically up to each person’s interpretation as there are activities which are connotatively considered as sex.

**Sexual activity under the influence:** another matter of interpretation related to this question and is dependent upon people’s definition of “being under the influence”, ranging supposedly from stone drunkenness to mild drinking (related to volume of consumption). Culture may have also played a role as one participant indicated that as a French citizen, having alcohol (wine usually) is a regular and tradition at meal times. In addition, gender may also be a factor in terms of how persons believe alcohol consumption should vary according to which group one belongs to and whether it is acceptable or not to have sex in this state.
Communication: interestingly it was also noted from the results of the survey that females were more likely to and more often communicated about sexuality and sex, and engaged their partners around conversation regarding sex.

Knowledge and Practice: it was noticed that there was an apparent disconnect between people’s awareness level and what they do in actuality with respect to sexual conduct. There was a high level of awareness but in practice this was not seamlessly translated into behavior.

Carnival society: how do these questions, issues and attendant results apply to our local carnival society and cultural context?
(In)Fidelity: deduced from women’s responses, there is a widely held perception that their spouses/partners are faithful and the likelihood of being cheated on was low, and the apparent link between this variable and possibility of contracting the virus or simply using a condom. It was cautioned that no one was take this for granted and protection is absolutely necessary. Fabiola vehemently pointed out that such assumptions are incorrect in reality.

Knowledge of one’s status: in this regard there was a likely discrepancy because a majority indicated that they were aware that they are not HIV positive but a smaller number of persons indicated that they have actually been tested.

Future discussions and the Way Forward

Marlon indicated that this activity was a tip of the iceberg and just signaled the beginning of a series of necessary conversations, for UN staff about HIV and its prevention, and this should particularly take place in the context of the social aspects of the disease. He encouraged participants to get involved in the activities of the Learning Strategy Team so that everyone provides support for each other. He emphasized that the support systems in the UN system exist and persons should make optimal use of them.

The session was closed by comments from Mr. Augustine Agu, Head of Country Office, UNICEF, who that the sharing and learning, he was certain was very beneficial and congratulated persons on their full participation. He left a message with everyone indicating that “we must not discriminate!”

Workshop Evaluation - Day 1
Total: 21 participants (submitted)

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<td>47.6%</td>
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Addressing HIV-related stigma and discrimination – Panel Discussion 28.5% 9.5% 62%
HIV Prevention: condom demonstrations 14.3% 85.7%
Introduction to Living in a World with HIV 9.5% 29.6% 38.1% 23.8%

Qualitative feedback (comments):

- I appreciated the sharing by the panelists. Very effective in bringing out the issues.
- Generally this was a great session. I resisted coming at first but I am really glad that I did. The session was not only informative but interesting and gave me more information to work with than I had before.
- Continue to great work.
- Need more time – felt it was a bit rushed near end. Feel we all could have benefited from an extra 1- 1 ½ hours. Needed to explore ‘risk perception’ more and “living in a world with HIV”.
- Need a bit more time. Do similar sessions for spouses.
- More sessions on educating our society on HIV stigma in Trinidad and Tobago. Half day is too short to capture all the topics.
- These sessions should be longer, probably 1 day session. I found it to be very informative and interested most of the activity were rushed because of time. Keep up the good work anyway.
- I truly admire the facilitators, who were very knowledgeable and interactive. I feel proud they are part of the UN system, doing an excellent job informing other colleagues. Great work!!
- More time needed as last presentation was rushed.
- More time, but very informative.

Day 2
Rating – Total: 20 participants submitted

* Legend: 1 = poor; 2 = fair; 3 = good; 4= very good; 5 = excellent

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<td>HIV Prevention: condom demonstrations</td>
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Qualitative feedback (comments):

- The time crunch worked against us.
- Very interactive, interesting and informative sessions. Recommend future sessions for organization.
- Thank you for the stimulating session. I wish the schools could be targeted.
- Great speakers.
- Good session. I would like to commend the team. Recommendations: more participation from the audience by use of games/group activities; extend the time allotted by 1 – 2 hours e.g. 8:30 am to 1 pm, so that you allow for more discussion.
- Very good!
- This session was interesting, fun and knowledgeable and the information that I gain here shall be useful in my life.
- Focus more on drug transmission. Thank a lot, it was very interesting.
- I need to do more talking with my family and living by example.
- Really good workshop/orientation. I think it should be introduced to the people in rural or “grassroots communities who may not have access to this information elsewhere. Also, introduce into the secondary school curriculum/classes.
- Managing time of sessions more effectively. Sessions were interesting and informative. Facilitators were great.

RECOMMENDATIONS

Based on the feedback of the participants in these sessions, the following recommendations for future sessions have been identified:

1. Extend each session to a day-long period to allow for adequate coverage of the issues and the interactions and information-sharing thereto;

2. Engage in outreach with other stakeholders and the national community, via schools and community centres to sensitize and further inform them of HIV-related issues;

3. Include family members such as spouses or partners, as well as children, with appropriate adaptation of material content so as to ensure that knowledge is passed on within families, and that system support is bolstered;
4. Involve persons and perspectives of a diverse nature, from NGOs and other sectors who could bring different knowledges to bear upon these sessions and to allow for information harmonization and cross-fertilization;

5. Maintain relationships with PLHIV, NGOs and other sectors, but also include real life scenarios and possibly simulations so to allow a more in-depth appreciation of the issues, and to bring greater diversity into the content.

END OF REPORT