

I AM ALIVE!

Protecting the sexual and
reproductive health and rights of
positive women in Jamaica



HIV in Jamaica

- ✚ HIV prevalence rate: 1.7%
- ✚ Estimated number of people living with HIV:
32,000
- ✚ Estimated no. unaware of status: 16,000
- ✚ No. of persons in need of ARV: 14,000
- ✚ No. of persons currently on ARV: 7,000



AIDS 2010
XVIII INTERNATIONAL AIDS CONFERENCE
JULY | 18-25 | 2010 | WIMBKA AUSTRALIA

Gender Dimensions

Reported HIV cases, 2008

 No. of males: 875

 No. of women: 993

Reported AIDS cases, 2008

 No. of males: 525



 No. of females: 400

Data: Annual Report 2008, National HIV/STI Programme



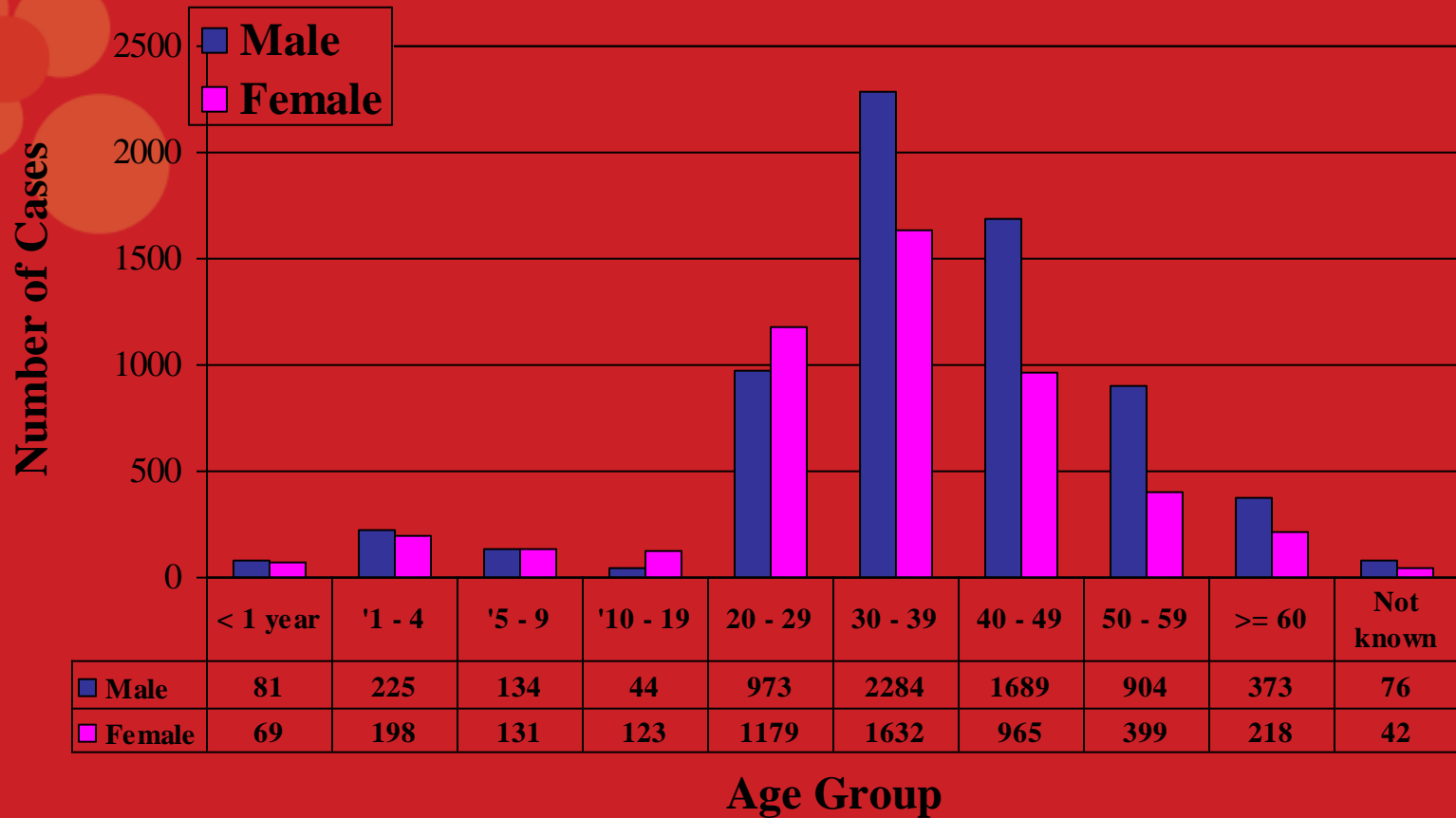
Gender Dimensions

Key Trend

-  Females aged 15 – 19 years old three times more likely to be infected than males the same age
-  Females aged 20 – 24 years old are two times more likely to be infected than males the same age



AIDS Cases by Age and Sex 1982 - 2006



Focus Groups

Baseline - 2009

- 30 HIV positive women interviewed
- Women diagnosed between 1 and 16 years
- Information gathered focused on:
 - - Clinic Experience
 - - Family Planning

HIV and AIDS treatment, care and support



Focus Groups(*Baseline cont'd*)

Key Findings

- 40% offered counselling on contraceptive choices to support voluntary, informed decision making
- 7% were provided counselling on HIV risk reduction
- 50% were referred to services for STI screening and management



Focus Groups(*Baseline cont'd*)

- 7% offered counselling on advantages and disadvantages of disclosing HIV status
- 80% given male condoms on first clinic visit
- 20% were told to do tubal ligation in order to continue accessing public sector services
- 75% were told not to have sex



I AM ALIVE! Programme

- ✦ Undergirding principle of programme is that HIV is an acquired infection and not who you are.
- ✦ Women are taught first to appreciate the fact that they are 'alive'.

Funding:

- ✦ Caribbean Treatment Action Group
- ✦ The United States Ambassador's Fund



International Treatment Preparedness Coalition
HIV Collaborative Fund



What

For work with adolescent and young mothers living with HIV

- ✿ 15 women currently in programme
- ✿ Diagnosed zero to three years
- ✿ Want a 'new start'
- ✿ Users of public health services
- ✿ Willing to commit to "I am alive programme"



Demographics

- ✿ 100 per cent school drop outs
- ✿ 47% are low literate
- ✿ 33% literate
- ✿ 20% functionally illiterate
- ✿ 67% exposed to secondary level education
- ✿ 33% exposed to primary level education





Participants
have quizzes
and
worksheets
read to them



EVE for Life



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Demographics

- ✿ Age range – 17 to 22 years
- ✿ 21 children collectively
- ✿ 47% - Inner – city
- ✿ 33% - Rural
- ✿ 20% - Urban (outside inner city)
- ✿ 87% unemployed
- ✿ 27% casual users of nicotine, marijuana or alcohol



Demographics

Partners

- ✦ Married (1); Single (13); Co-habiting (1)
- ✦ 87% in a visiting relationship
- ✦ 33% - disclosed HIV status to partner
- ✦ 27% - partner HIV positive
- ✦ 20% - partner HIV negative
- ✦ 63% - unaware of partners status



Demographics

Sexual Activity

- ✿ All sexually active (at least once monthly)

Contraceptive Use

- ✿ One currently on contraceptive (Tubal Ligation)
- ✿ 13% - defaulted Depo povera
- ✿ 80% - no contraceptive method
- ✿ 33% reports history of sexual abuse



Intervention

Four pronged programme:

- Workshops - parenting, positive prevention, SRH and rights and discovering self
- Monthly Sensitisation Sessions: Self esteem, women and AIDS, stress management, condom skills, HIV group education skills etc.



Intervention

- Monthly Support Group meetings
- One-on-one counselling with clinical psychologist



Core Strategies for Success

1. Carefully select and interview participants
 - Participants must commit for at least one year
 - Commit to organisational core principles (entry point to all thought is “good”)
2. Sensitise next of kin/key support relationship due to participant type – unemployed, adolescent, mothers



Programme

- Three day workshop – self discovery
- Three day workshop – positive proactive parenting
- Three day workshop – sexual reproductive health and rights
- Three day workshop – prevention for positives



Programme Monthly sensitisation

- ✓ Self Discovery
- ✓ Women & HIV
- ✓ Triggers and Barriers
- ✓ Nutrition and the me
- ✓ Review/family planning
- ✓ Communication & problem solving
- ✓ Safer sex & condom skills
- ✓ Adherence
- ✓ Review
- ✓ Disclosure to partners
- ✓ OB/GYN Issues
- ✓ Co infections
- ✓ Final review & forward planning



Nursery Corner



Father and babies @
parenting workshop

Monthly Support Group

- Led by a 'Life Coach'
- Life Coach – more empowered HIV positive woman
- Mentors three to four clients



Monthly One on One

- One hour session with a clinical psychologist
- Five clients each month
- Referral to other care services and specialist
- Client and family centred approach



Key Results

- Women are highly motivated
- Display initiative towards learning and support
- Peer relationship and leadership skills developed
- Increased self confidence: Women no longer cry about being teased because of their status



Key Results

- Improved relationship with family and community – women who taxis refused to transport are now being transported
- Improved reading skills: Work with Life coaches paying off
- Improved child care skills: 93% improvement in nutrition and physical care of children



Key Results

- Greater advocacy to improve treatment and care service: Not willing to accept mediocre treatment from health care providers. They ask questions that need to be asked
- Increased condom use and improved negotiation skills: No new pregnancies or STIs since start of programme
- Increased knowledge about STIs including HIV



Challenges

- Low reading comprehension skills presented some difficulties.
- Free or reasonable priced space for meetings
- Lack of funds to assist clients with domestic needs
- No funding support for babies
- The need to provide parallel training for interested spouses or other support



Lessons Learnt

- ❖ Have to design adolescent friendly programmes for adolescents – even those who are emancipated adults
- ❖ Making provisions for the young mothers to take their children/babies to the meetings and workshops gives them a chance to learn and not worry about the child's safety.
- ❖ Incest, rape and emotional abuse are common among teen mothers



Lessons Learnt

- ❖ Adolescent girls are contracting infection from older men
- ❖ Positive adolescent mothers lack accurate information to take care of their sexual and reproductive health
- ❖ Positive adolescent mothers lack knowledge on what their rights are in relation to sex, sterilisation and access to prevention and treatment information



Lessons Learnt

- ❖ If women are given the tools to protect themselves their risk taking behavior will be reduced
- ❖ Stigma and discrimination in the public health sector still high.



Recommendations

- ❖ Positive adolescent mothers are lost in the public health sector. Need for more targeted interventions
- ❖ Provide adolescent mothers with accurate information to take care of their sexual and reproductive health at the public health facilities
- ❖ Provide information on the rights positive women to procreation and prevention options



Next Step

- ❖ Advocacy campaign targeting workers in the public health sector



Special Reward

- Red Ribbon Series which includes an interactive column – Dear Eve
- HIV positive woman writing stories of other HIV positive women



Acknowledgements

- ☀ Young positive women for allowing us in their lives
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EVE for Life

Email: info@eveforlife.org
evejamaica@gmail.com

Phone: 1876-924-5717

www.eveforlife.org

