

# FIGHTING HIV STIGMA AND DISCRIMINATION IN PERU

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# Characteristics of the HIV/AIDS epidemic in Peru

Peru is characterized by having a concentrated epidemic, with the following prevalences:

- 0.21% prevalence in pregnant women (DGE-MOH)
- 10.9% prevalence in MSM (Sentinel Surveillance 2011)
- 29% prevalence in transgender women (UPCH, 2010)

# HIV/AIDS Epidemic in Perú

## EVIDENCES HIV STATUS EPIDEMIC IN PERU



### Model of Transmission Concentrated Epidemic in MSM

#### Evidences in Vulnerable Population Groups

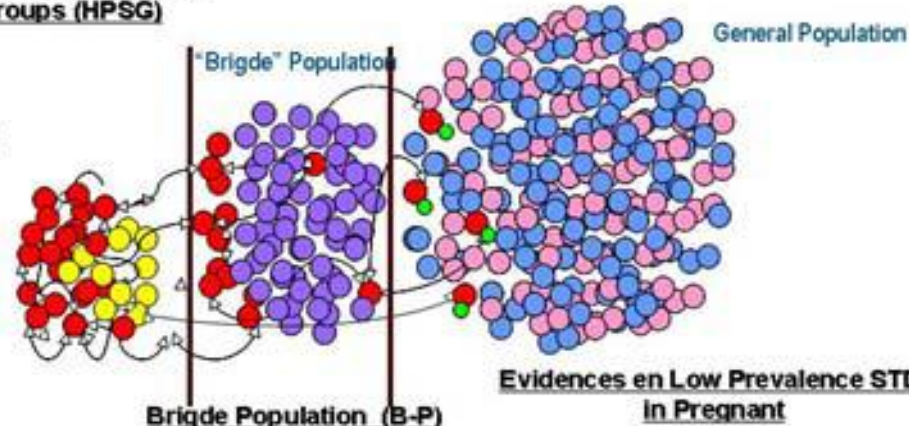
##### (High Prevalence STD Groups (HPSG))

Prevalence HSH 18% 1996  
 Prevalence HSH 16% 1998  
 Prevalence HSH 11% 2000  
 Prevalence HSH 14% 2002\*  
 Prevalence HSH 12% 2006\*

Fuente: BIPACTAMBENSADGE

##### HPSG (High Prevalence STD Groups)

- Infección HIV
- GEPETS
- "Brigde" Population
- Heterosexual women
- Heterosexual men
- Transmition Mother - Child



##### Brigde Population (B-P)

Couple of Pregnant: 0.6% 2004  
 Clients de Sexual Workers: 0.43% 2002  
 MSM B-P behavior: 11% 2004  
 MSM B-P behavior: 11% 1999  
 Prisoners : 1% 1999

Homosexual	Trasvesti			Bisexual
18%	33.3%	1996	1996	15.8%
18.1%	34.3%	1998	1998	10.5%
26%	44.8%	2000	2000	20.7%
26.2%	32.2%	2002	2002	13.3%

##### Evidences en Low Prevalence STD

##### In Pregnant

J. Alarcón 0.5% 1997  
 Prevalence Pregnant 0.3% 1996  
 Prevalence Pregnant 0.3% 1997  
 Prevalence Pregnant 0.2% 1998  
 Prevalence Pregnant 0.3% 1999  
 Prevalence Pregnant 0.26% 2000  
 Prevalence Pregnant 0.21% 2002  
 Prevalence Pregnant 0.23% 2006

Fuente: J. Suárez D., M. Pan Ch., R. Marique, Ch.  
 Unidad Técnica de ITS-VIH y SIDA, Vigilancia Centinela  
 Dirección General de Epidemiología- Ministerio de Salud del Perú

J Acquir Immune Defic Syndr Volume 44, Number 5, April 15, 2007

The HIV epidemic of Peru is a "concentrated" level because prevalence in pregnant women is 0.23% national rate, and population men sex men (MSM) is a 12% national estimate.

# Characteristics of stigma in Peru

**% of the general population in the intervention sites having an attitude of acceptance to PLWHA**

- 2006: only 50% had an attitude of acceptance to PLWHA.
- 2012: after the interventions this indicator increased to 76%.

# Characteristics of stigma in Peru

- In 2006, according to the qualitative study:
  - General population was misinformed about HIV transmission
  - Serious problems of stigma towards MSM, sex workers and transgender women compared with women and children living with HIV
- Changes in 2012:
  - Greater acceptance in the general population towards PLWHA in Lima, but less in other regions and
  - Increased awareness and information on HIV transmission

# Characteristics of stigma in Peru

**% of school teachers having an attitude of acceptance towards children living with HIV**

- 2006: 64% of school teachers had an accepting attitude towards children living with HIV
- 2011: After the interventions this indicator increased to 85%

# Characteristics of stigma in Peru

- In 2006, according to the qualitative study we found:
  - An attitude from school teachers and parents against the possibility of having children living with HIV in their schools.
- Changes in 2012:
  - Schools are working stigma reduction
  - Meetings on stigma and discrimination for teachers and parents
  - Teachers facing parents who express stigma towards children living with HIV
  - Mainstreaming human rights in schools

# Characteristics of stigma in Peru

**% of health care providers having a positive attitude towards PLWHA and vulnerable populations (gay and transgender women)**

- 2006: 81% of health care providers had an accepting attitude to PLWHA
- 2012: After the interventions this indicator increased to 91%



# Characteristics of stigma in Peru

- In 2006, according to the qualitative study:
  - Health care providers working in HIV clinics have a position of defending PLWA rights
  - Although they treat differently mothers and infants than gay and bisexual men and transgender women
  - Health care providers working in other programs stigmatize PLWHA, do not respect confidentiality and take inadequate attitudes towards them
- Changes in 2012:
  - The situation has changed gradually
  - In some health facilities, health care providers still have attitudes of stigma and discrimination
  - There are still many prejudices and stigma towards gay men and transgender women living with HIV

# Conceptual Framework of HIV Stigma

- HIV / AIDS has been associated in Peru with non-normative sexuality.
- The stigmatizing action has two components:
  - Stigma linked to the disease
  - Stigma associated to the preexisting stigma from sexual behavior (layered stigma)
- The concept of stigma applies when five elements converge: labeling, stereotyping, separation, status loss, and discrimination.

# Conceptual Framework of HIV Stigma

- While none of other social aspects is as powerful as sex, this symbolic charge is due to the association between HIV and sexual behavior, resulting in a “spoiled identity”
- Deviation from ‘normal and acceptable’ social attributes
- Personal factors such as: prejudices, values, and beliefs, contribute to the sub-standard care of PLHVA members of vulnerable populations

# Conceptual Framework of HIV Stigma

- Stigma has a negative impact on social interaction, employment opportunities, emotional wellbeing, and self-perception
- HIV stigma is not an static concept, but a process associated with other stigmas, such as stigmas surrounding non-heterosexual orientation or being a sex worker

# Interventions against Stigma and Discrimination

- Interventions have to be designed according to the needs of local and national contexts
- Interventions combine biomedical, behavioral, and structural elements to reduce immediate risks and vulnerabilities
- Involving affected communities, promoting human rights, and gender equality and work synergistically at different levels (individual, family, and society).

# **Structural Interventions Against Stigma and Discrimination**

- Specifically structural interventions seek to change social, political and environmental factors: social exclusion restricts access to appropriate services, and increases vulnerability
- Structural interventions include also access to health services and prevention without stigma and discrimination, raising awareness among justice and police operators, improvement of legislation, education systems, and media sensitization

# **Structural Interventions against Stigma and Discrimination**

- Have a multisectoral approach depending on political decisions, and seek to change the conditions surrounding individuals that affect their decisions
- These interventions allow enabling environments to reduce stigma and discrimination

# Some examples



- **“Vivo con VIH” (“I Live with HIV”): “Experience”**  
Art against Stigma and Discrimination in Health Services
  - Health care providers in hospitals must wear a T-shirt printed with the word "HIV" as if they were wearing the stigma and care for their patients. This symbol ‘VIH’ (the Spanish acronym for HIV) is transformed by artists to ‘VIDA’ (life). Stigma is then transformed into hope.







# **Human Rights, Sex Work and HIV/ AIDS in Peru:**

This project promotes capacity building of sex workers (women and transgender women), participation in the design, implementation and project decision-making. The project operates at multiple levels: structural, community and individual level, with constant advocacy for sex workers, and human rights efforts at national, regional and local level.





# **LGBT Communities, human rights and HIV / AIDS**

This project seeks to highlight the respect for human rights in order to reduce vulnerabilities generated by stigma and discrimination against LGBT communities, including people living with HIV / AIDS in three cities of the Peruvian coast (Lima, Callao, and Ica).

# Conclusions and Lessons Learned

- Stigma is rooted in the lives of those who stigmatize and who are stigmatized
- When someone is stigmatized and discriminated he/she will experience many restrictions in his/her social life
- The stigmatized person internalizes and accepts this rejection
- With respect to health services, stigma constitutes a major obstacle to the quality of care and support that people living with HIV require.

# Conclusions and Lessons Learned

- Sexual Orientation, gender identity, and HIV/AIDS-related stigma leads to discrimination which is crystallized in abuse, neglect and even violence
- Interventions such as the ones we have presented are needed, as well as biomedical and behavioral interventions, and those efforts should be coordinated, extended, and evaluated.



**THANK YOU!**