



Dilemmas of African, Caribbean and Black HIV-positive women service providers in their efforts to provide culturally appropriate services

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BACKGROUND:

GIPA principles facilitated the employment of African, Caribbean and Black (ACB) HIV-positive women in peer support services in the HIV/AIDS sector in Canada. However, immigrant ACB women often experience differences in organizational cultures, community values, dominant societal norms and social and legal liabilities in Canada. These issues create tension, contradictions, and conflicts in providing culturally appropriate peer support services for ACB women. To resolve the conflicts, we propose creating Afrocentric models of service provision, taking into consideration best practices from the South, and merging them with the best practices from the North.

Issues in implementing GIPA

Many women living with HIV from ACB communities have been employed mostly based on:

- 1) Experiences living with HIV
- 2) Roles as service providers “back home”
- 3) Being activist “back home” or in Canada
- 4) Formal Canadian training in social work or public health

Although ACB HIV-positive service providers have made significant and valuable contributions in providing culturally appropriate (peer) support services, the following have caused conflict:

- 1) Individual values
- 2) Community values
- 3) Organizational/institutional western concepts of social-legal liabilities
- 4) Professional ethic/values

Considerations:

Based on experiential and observational knowledge, we are exploring:

- 1) ways in which individual and community value systems and worldviews shape peer relationships within a Western context,
- 2) western conceptualization of service provision and ways in which it impacts effective delivery of culturally appropriate services
- 3) ways in which the worldviews from the North and South can be hybridized
- 4) support systems to optimize ACB women's contribution to delivery of culturally appropriate services

RESULTS:

We use a social ecological model to organize and conceptualize the experience of ACB HIV-positive peer service providers.



HIV-peer service providers are affected at multiple levels...

Individual level: The ways in which peer service providers, deliver support is determined by: a) Lived experience as a PHA (the client's story becomes the story of the peer, and triggers feelings about their own diagnosis which impacts the way they provide support); b) Culture, religion, worldview and family/community values; c) Relationships with family, friends, and their social support networks.

Interpersonal level: ACB clients may expect a peer service provider to offer support and services in unconventional ways including: a) Delivering services that accommodate their everyday lives and fits within their schedules; b) Flexibility in booking appointments, making referrals, and provision of other support services; c) Extending support to non-clients (i.e. Friends, relatives, spouses, other extended family members); and d) forging personal relationships that lack boundaries that separate personal from professional.

Organizational level: As peer service providers within organizations: a) stipulated roles and responsibilities may not reflect client's expectations; b) Efforts to meet client's expectations might create tension by forcing other service providers to work outside their scope of practice and or-

ganizational protocols; c) peer service providers are bound by organizational mandates, professional code of conduct, and social and legal liabilities limiting how they engage with clients;

Community level: Providing effective case management involves partnering with other community organizations to support ACB HIV-positive women, however, this may present interrelated challenges for organizations caused by: a) Incompatible organizational mandates, values, protocols and priorities; b) tensions that arise from competition for resources and funders' demands that organizations collaborate; and c) stigma limits ACB community support for people living with HIV, leaving clients to rely heavily on peer service providers “you know where I am coming from” is a statement repeated over and over by clients to peer service providers

Public Policy level: As peer service providers obtain accreditation from professional bodies, they must abide by: a) organizational protocols as well as professional code of ethics; b) organizations are also bound by local and national state regulatory laws, policies and procedures and expect their staff to adhere to these policies to avoid penalties or prosecution.

RECOMMENDATIONS:

- 1) Identifying pathways and best practices in both contexts (North and South);
- 2) Identifying value systems that shape peer-community relationships and redefining peer, service provider boundaries;
- 3) Providing counseling and mental health services for peer service providers;
- 4) Providing a clear definition of peer roles within organizational and professional boundaries;

CONCLUSION:

Our analysis suggests mechanisms that can be implemented to support ACB women living with HIV as they deliver culturally appropriate services. Further research with immigrant ACB women who provide and use HIV services is also necessary.