Burnet Institute
Medical Research. Practical Action.

PACIFIC ISLANDS
HIV AND STI RESPONSE FUND
2009–2013

SPC
Secretariat
of the Pacific
Community

Process 5.
Community mapping and community drawings.

Resources for developing National Strategic Frameworks

Community mapping and community drawing

Guidelines, and examples of mapping from the Marshall Islands, 2011

And drawings from Cook Islands, 2012

Step 1: Community Mapping

1. Draw a map of the most important places in your community:
   - Where people work, live and play
   - Do different people use different places e.g. do women and men use different spaces? Young people? Others?

2. What is happening in our community in relation to HIV & STIs now?
   - Who is affected?
   - What services and program exist?
   - Who accesses the services and programs?

3. What did our community look like in 2006?
4. What would you want to see in 2016?

The photos here are all from the Marshall Islands. Some photos of the Cook Islands mapping in 2012 are included at the end.

MAJOR WORK.

1. Baseball fields: players, coach, fans
2. Basketball/volleyball courts: " , " , "
3. Bars/night clubs: customers, bands, owner,
4. Schools: students, teachers, principal, counselors
5. Churches: members, priest/minister, deacons
6. Docks/~~or~~ fishing spots (men): seafarers, sex workers
7. Coffee shops (men): owner, customers
8. Office: employees, boss, company
9. Bingo spots (women): players

~~Who is affected? Everyone~~
~~sports fields, players, coaches, & fans~~

Programs & Services

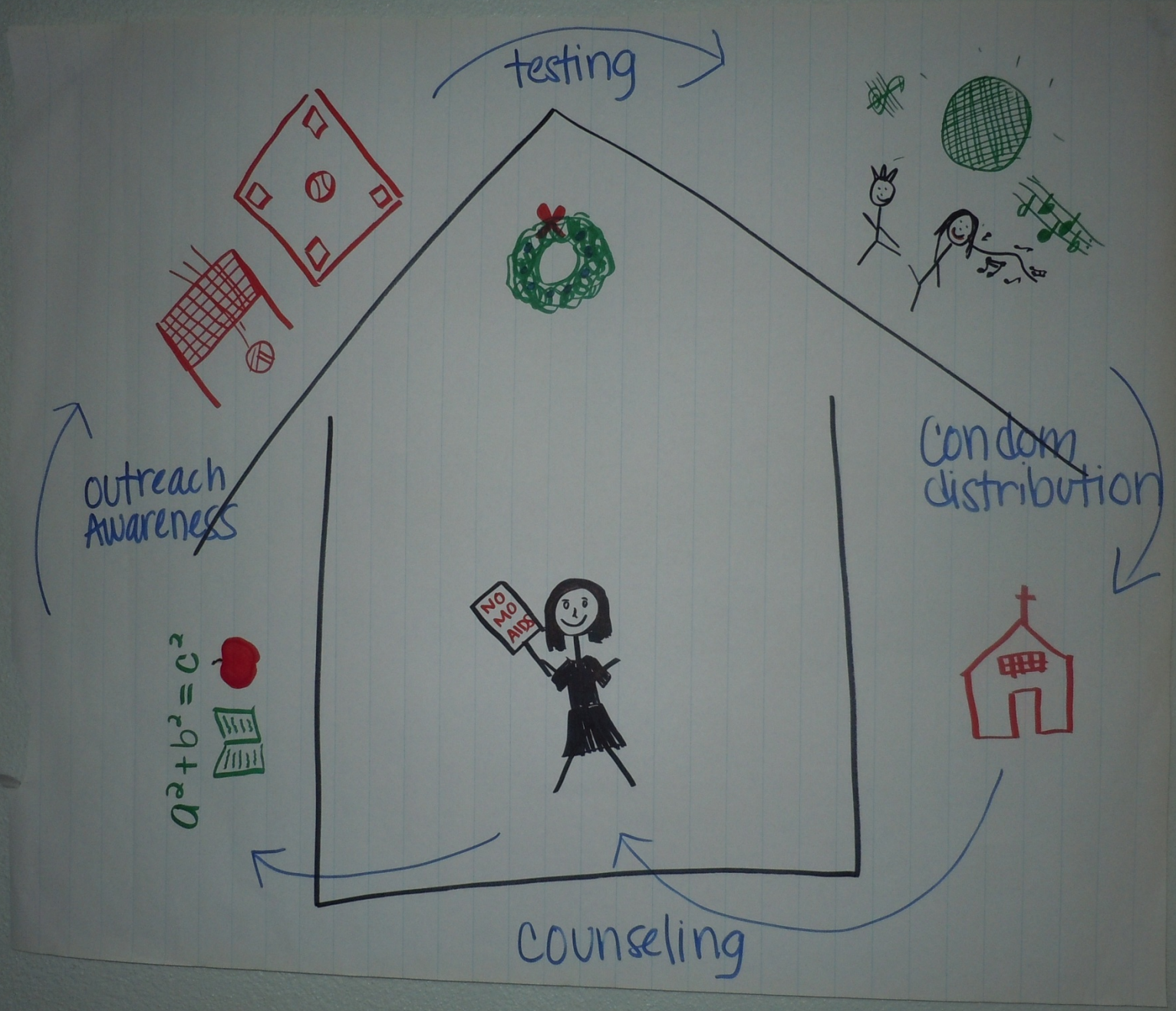
→ YTYH: condom distribution
counseling
awareness, skits, songs
clinical: testing, counseling
↳ After dark/hour program

Youth 13-20s

*→ MOH:
condom distribution
counseling & testing
treatment & prevention care
outreach program

Youth & Adults & Outer-Is.

→ Church (Salvation Army): counseling


testing
outreach
Awareness
condom
distribution
NO MO AIDS
$a^2+b^2=c^2$
counseling

2016

Increase:
- Awareness
- Understanding
- Quality Treatment & Testing & CARE
- Condom use
- ~Abstinence (until marriage)
- Services
- Lab capacity
- Engagement of PLWHA

Establish:
- HIV Reporting Law
- New Public Health Lab
- Blood Bank

Decrease:
- Stigma & Discrimination (
- # of HIV & STIs
- # of Deaths related to AIDS = 0
- Culture taboo on speaking about HIV/AIDS & STIs

Community Mapping

Ebeye

- ~~Draw~~ Most important places in Ebeye Community:

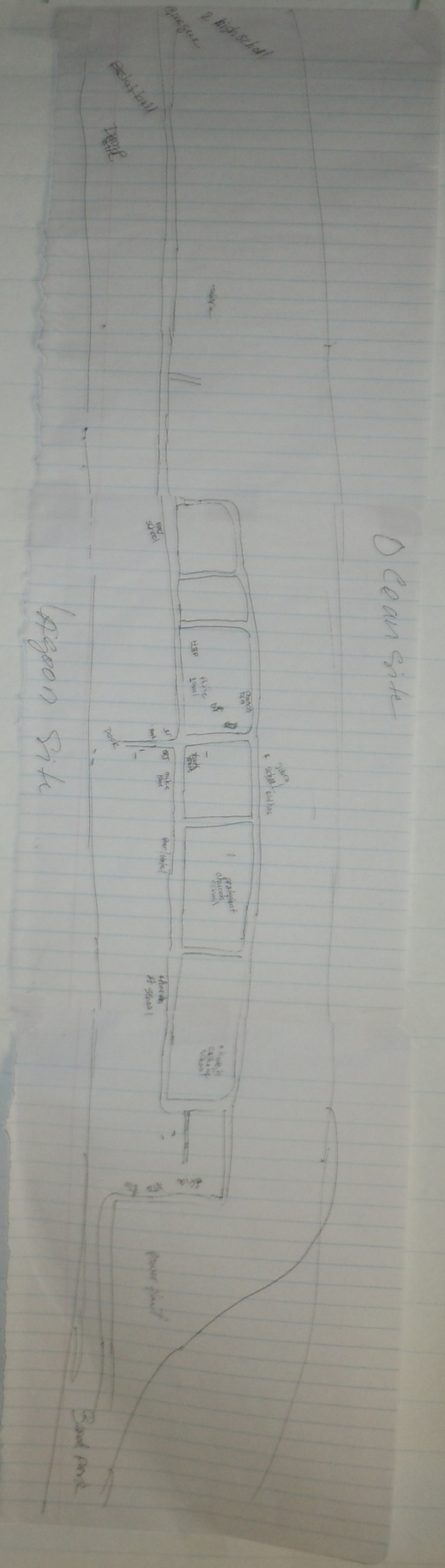
Men/women
Young – Work place ⇒ Most people worked on Kwajalein
⇒ Ebeye
All resident on Ebeye (live)
Young people – Basketball Court
Young people – Volly ball ⇒ its varnies (sites on Ebeye)
Men – Baseball ⇒ Landfilled @ dump site
Women – Bingo ⇒ GYM
– Home ⇒ Old ones
– School ⇒ Students / Teachers

- What is happening in our community in relation to HIV & STI now?

– Young generation
– Youth to Youth / MOH ⇐ churches, school ⇒ BARS / Hotel / Women club
– All residents of Ebeye
Age range ⇒ age group (target group)
– problems ⇒ ~~what~~ Youth / Family / Weak program

– Healthy community & people (RMI)
– Change

Ebeye Community



Step 2: Addressing the Drivers of HIV & STIs

- Risk and Vulnerability
- Stigma and Discrimination
- Gender

Addressing the Drivers of HIV & STIs

- **For a strategy to be truly strategic and likely to make a real impact, it is essential to select a small number of high priority results to aim to achieve.**
- **It is especially important to identify**
  - **the population groups where most new infections are occurring, and**
  - **the behaviors or situations that appear to be driving the epidemic**

- **In prevention, the most important basis for deciding on the priority results is the analysis of the epidemic, in particular, the groups and behaviors and situations that "drive" the epidemic, that is, that are responsible for most new infections**

- **In treatment and care, the most important priority is to get everyone who needs anti-retroviral treatment into the treatment program.**

Addressing the Drivers of HIV & STIs

- **Risk is the probability that a person may acquire HIV infection. Individual choices about behaviors that can create, increase or perpetuate risk.**

  For example: unprotected sex, multiple & concurrent partners, injecting with contaminated needles.

- **Vulnerability results from the combination of social and structural or environmental factors that reduce the ability of individuals and communities to avoid HIV infection.**

  For example: a young girl may not have the skills or confidence to negotiate safer sexual practices because she is expected to agree with her male partner; a young man may feel angry because there is no work available , so he has no income to support his family, and so he starts drinking in the bars to avoid going home and….

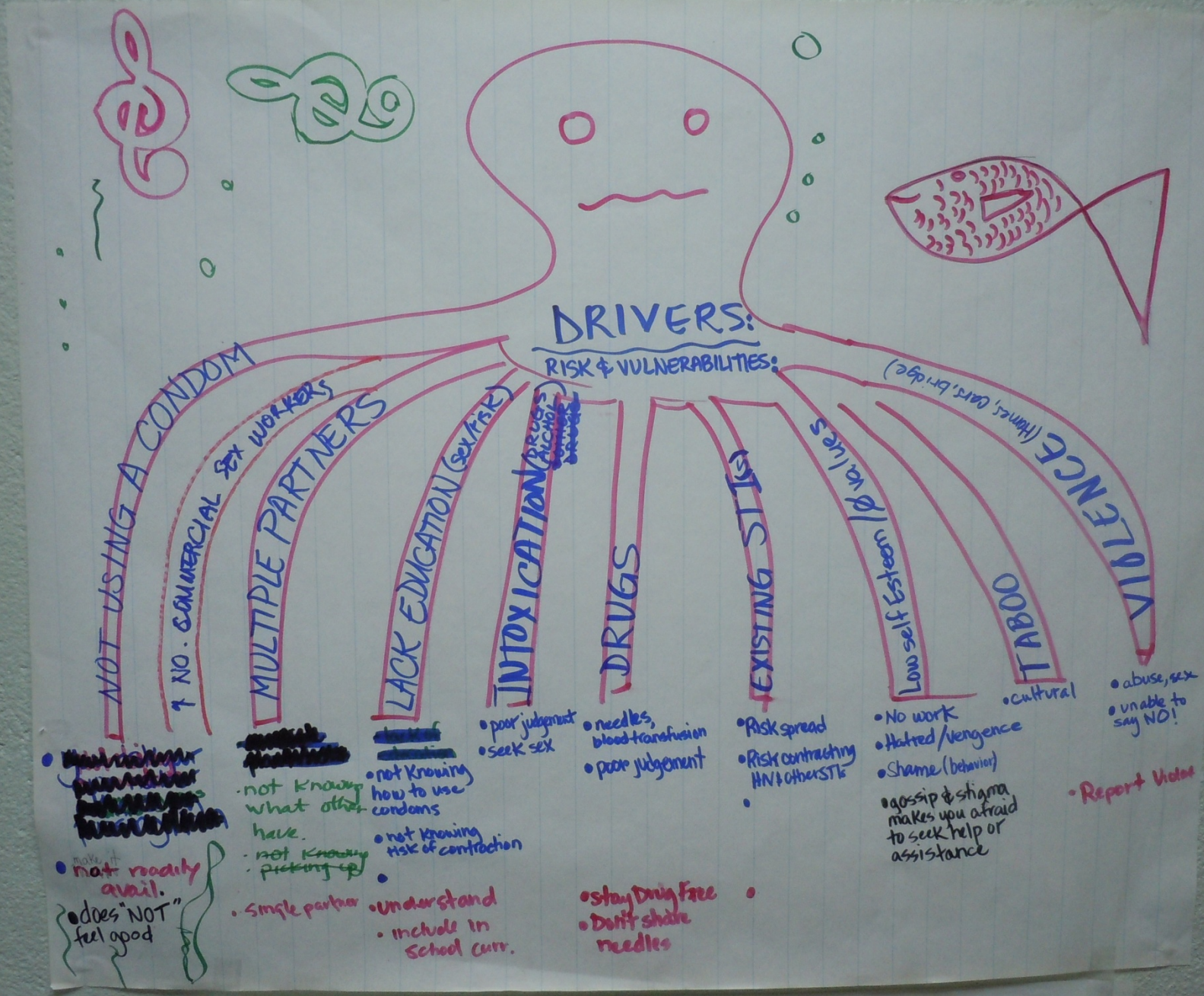
- **Drivers refer to the structural and social factors, such as poverty, gender and human rights** that are not easily measured that increase people's vulnerability to HIV infection.

Marshall Islands small group reports back, March 2012

Risk and vulnerability – why would someone be at risk or vulnerable to HIV & STIs in RMI?

Group Exercise: The Octopus

- *Draw an octopus*
- *Think about a personal risk behaviour for HIV or STIs e.g.*
  - *having an STI;*
  - *not using a condom;*
  - *sleeping with more than one partner at the same time.*
- *Identify one **risk behaviour** for every tentacle*
- *Then explore that risk behaviour:*
  - *What factors or issues might make youth, or men, or women, **vulnerable** to that **risk behaviour** – WHY?*
  - *Explore 'why' as much as you can and list these factors down the tentacle...*

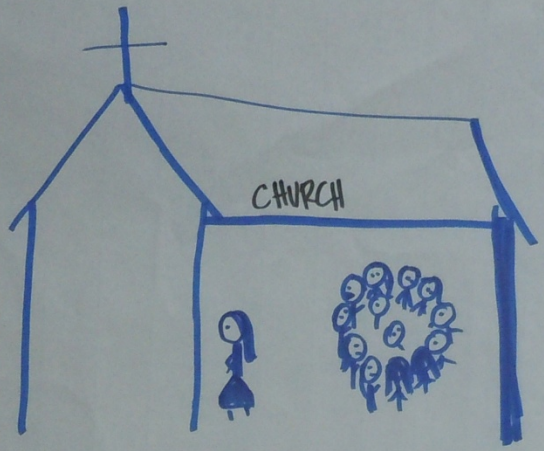

DRIVERS:
RISK & VULNERABILITIES:
NOT USING A CONDOM
↑ NO. COMMERCIAL SEX WORKERS
MULTIPLE PARTNERS
LACK EDUCATION (SEX/RISK)
INTOXICATION
DRUGS
EXISTING STIs
Low self Esteem / Values
TABOO
VIOLENCE (Humor, Dart, Use)
• poor judgement
• seek sex
• needles, blood-transfusion
• poor judgement
• Risk spread
• Risk contracting HIV & other STIs
• No work
• Hatred / Vengence
• Shame (behavior)
• gossip & stigma makes you afraid to seek help or assistance
• cultural
• abuse, sex
• unable to say NO!
• Report Violence
• not Knowing how to use condoms
• not knowing risk of contraction
• Understand
• include in school curr.
• single partner
• stay Drug Free
• Don't share needles

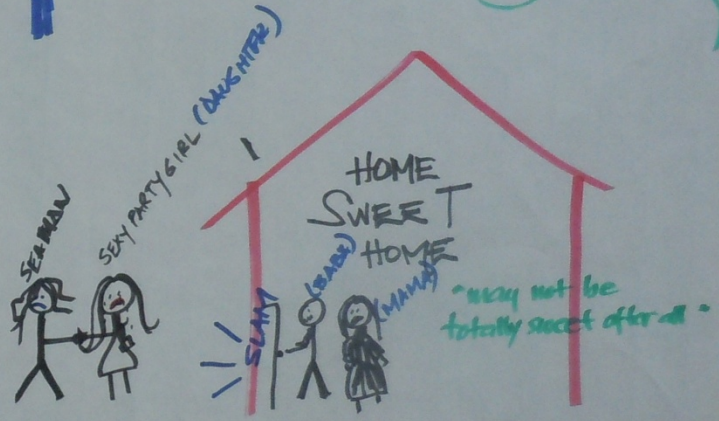
Addressing vulnerabilities: stigma and discrimination

Group Exercise: Household Mapping

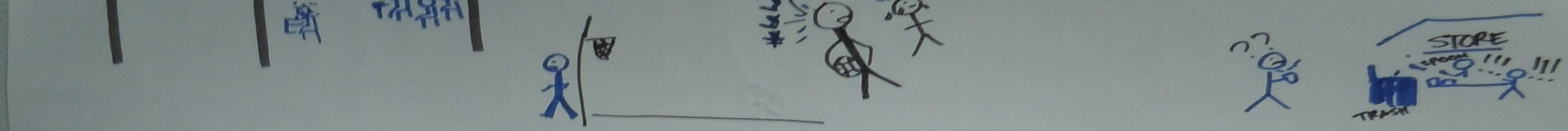
- *Map your home, street, the workplace or the village your family comes from*
- *Identify those places where people might be scared of non-sexual contact leading to HIV*
- *Explore:*
  - *What do these fears mean for the neighbour, colleague, carer, family?*
  - *What could these fears mean for a person with HIV?*
  - *What are the reasons for these fears?*
  - *What strategies could reduce these fears – for neighbours, work colleagues, for carers, for positive people?*

Rita Village





"IMPLICATIONS OF STIGMA/DISCRIMINATION:"



IMPLICATIONS OF STIGMA/DISCRIMINATION:

Individual - denial ; depression ; shame ; anger ;
Family - denial ; "turn person away" shame/fear ; "segregation" ; no meals together
Neighbor/friends - segregation due to fear ; harassment/rejection ; "GOSSIP"
Colleagues/Schoolmates - refusal to work (or sit beside) or be close ; "GOSSIP"
Overall (Community/National) - late entry to care ; low testing rates ; PS.
poor health outcomes ; ↑ spread/transmission ; ↓ communication to people perceived to be at-risk ; ↓ information (lack of accepting behavior)

REASONS FOR THE FEARS

- fear of contracting the disease → sickness → death
- fear of being discriminated as well / shame to the family
- culturally/sociologically labels individual as someone w/ poor behavior or moral standards (or even "un-spiritual")
  eg. "fooling around" ; "easy girl" ; promiscuous
- fear of being labeled as well as the person discriminated and be recipient of the same implications (eg. GOSSIP)

STRATEGIES TO REDUCE THE FEAR

- education/understanding at all levels (NAC.) "theme"
- LAWS to protect the rights of PLWHA and decrease discrimination/stigma against HIV/STD
- CONFIDENTIALITY
- Support Services (family/individual/pastoral/community - Ryan White) - Partnerships
- Emphasize the culture of strong family ties and community support → love, care, comfort

Stigma and Discrimination Recommended Strategies

- COUNSELLING – including positive people as counsellors; for families as well
- COMMUNITY AWARENESS – should focus on stigma and discrimination as well as transmission and prevention
- CHURCH - needs to adhere to Nadi Declaration & build ethics and pastoral care
- HEALTH WORKERS – need to assure and ensure confidentiality – training and supervision
- LEGISLATION and POLICY – implemented & monitored.

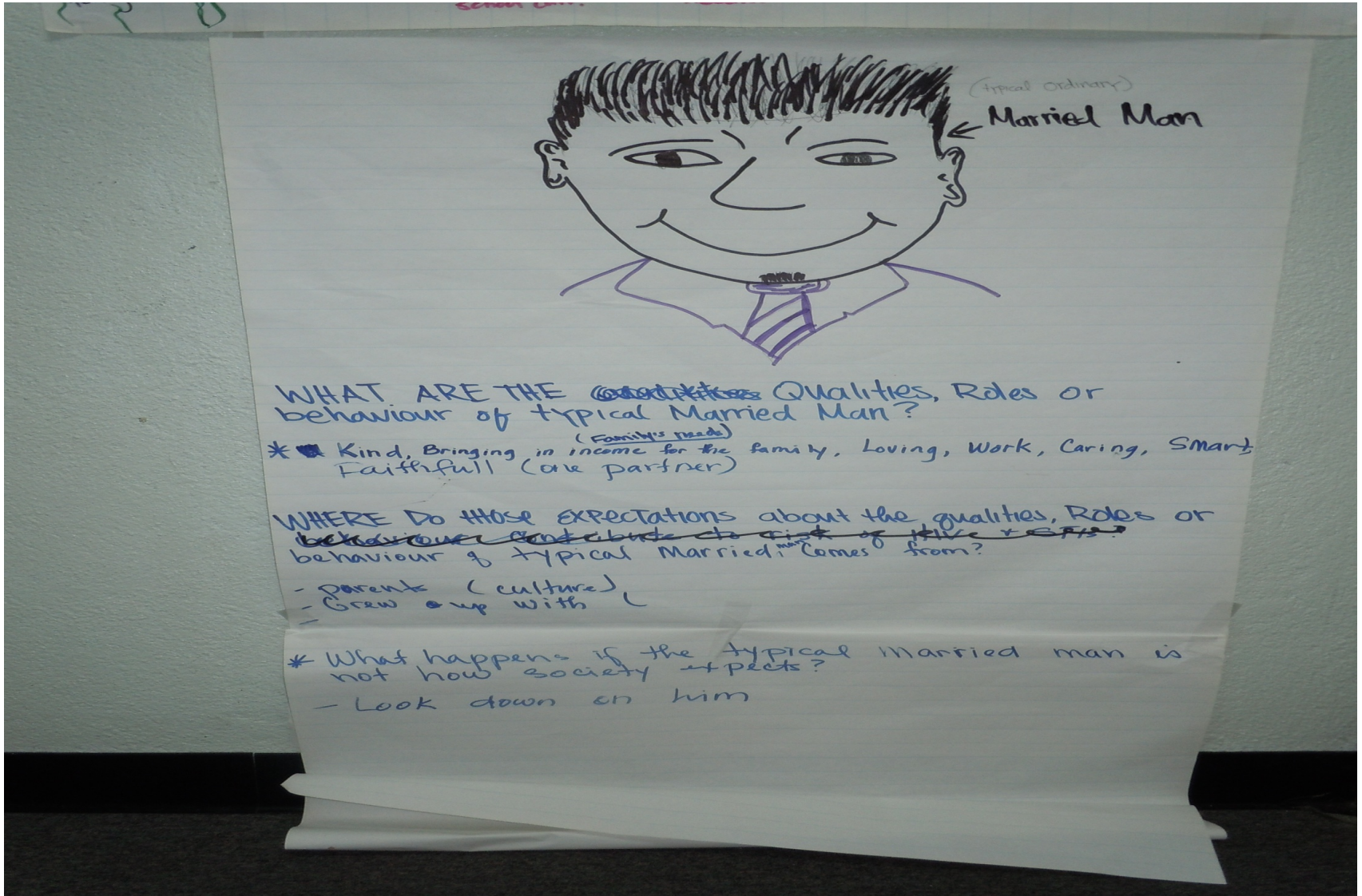
PIAF 2009 report

Addressing vulnerabilities: gender inequality

Group Exercise: Gender Boxes:

- *In a square, draw a typical or 'ordinary' man or woman:*
  - *A young woman*
  - *A married woman*
  - *A young man*
  - *A married man*
- *What are the qualities, roles or behaviours of the ordinary man or woman?*
- *Where do those expectations about the qualities, roles or behaviours of the ordinary man or woman come from?*
- *How might these qualities, roles or behaviours contribute to the risk of HIV & STIs?*
- *What happens if the 'typical' man or woman is not how society expects?*

The ‘typical’ married man

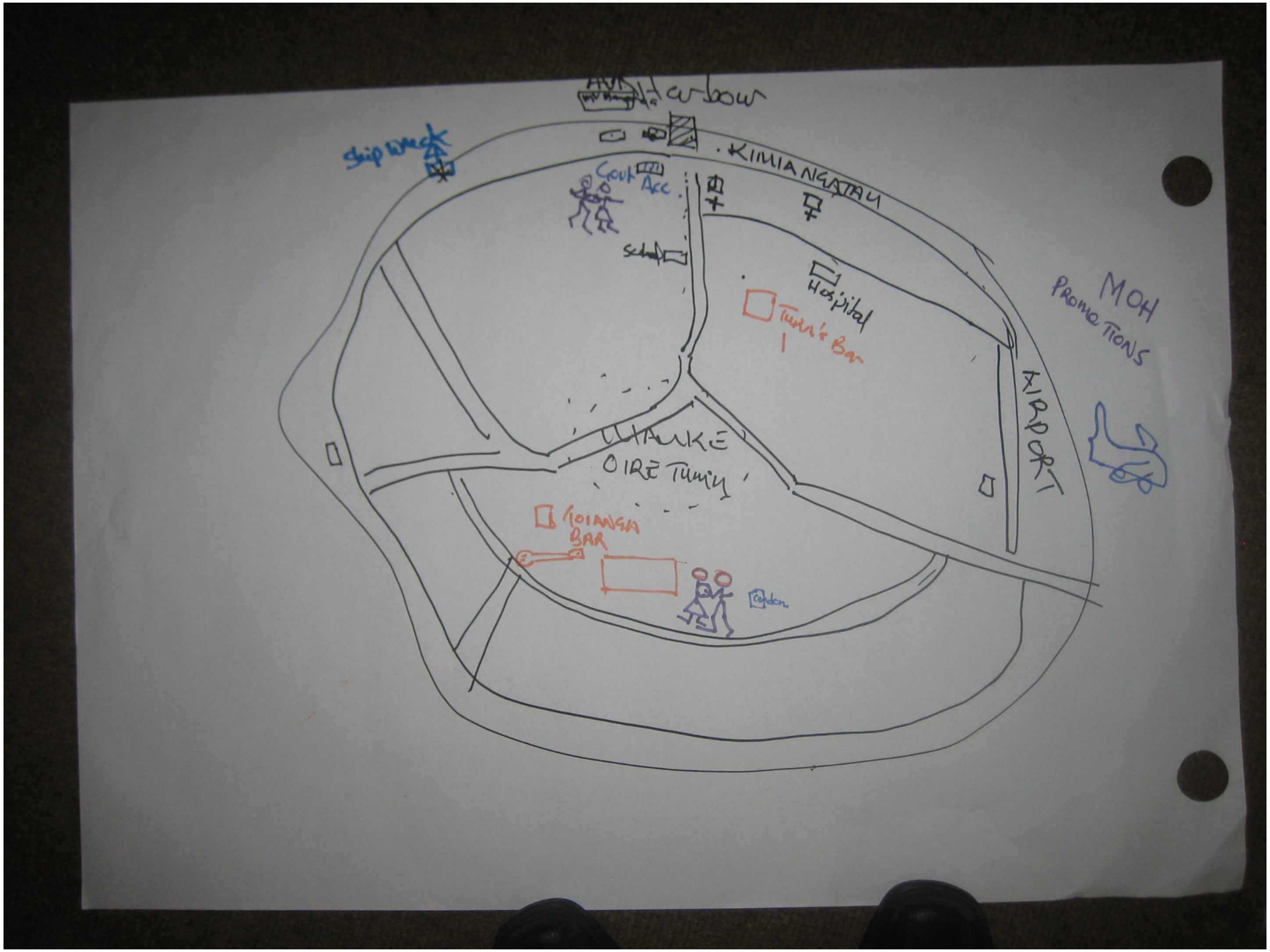


At home, the typical ‘ideal man’ has family, social networks, church, his friends, to keep him strong in his culture: this photo shows some drama methods used in the workshop in 2011..

When the ideal man goes beyond the reef.... Who is there to support him & keep him strong in his culture?

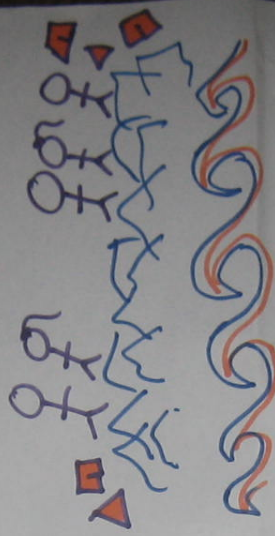
And now some more examples, from Cook Islands 2012

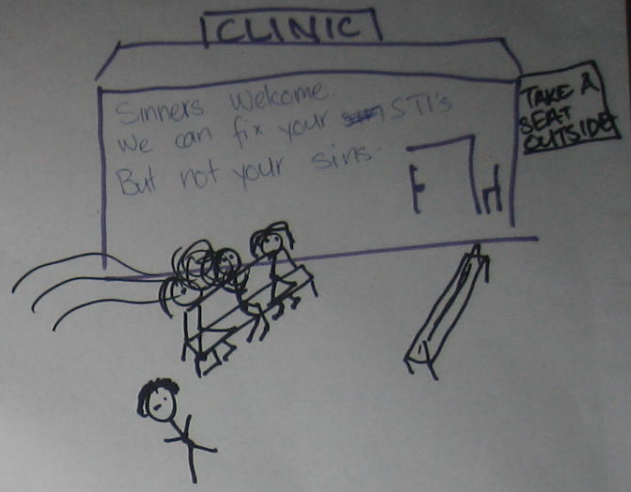
1. Draw a place where everything is going wrong
2. Draw a place where everything is working well



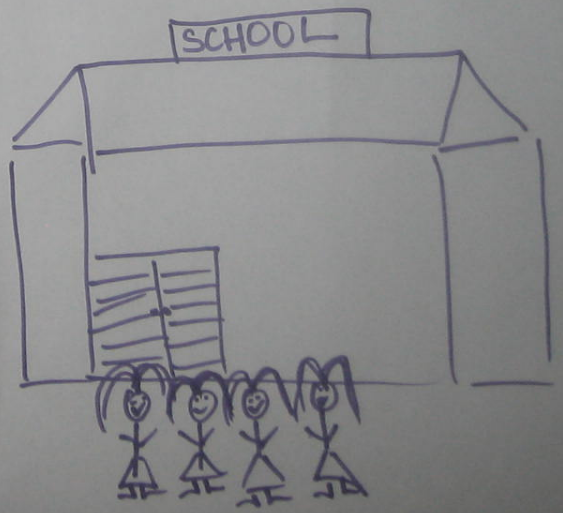
Ship wreck
KIMIANGATAU
Govt
Acc
Hospital
MOH
PROMOTIONS
AIRPORT
WAIAKE
OIRE TUMU
BAR
condom

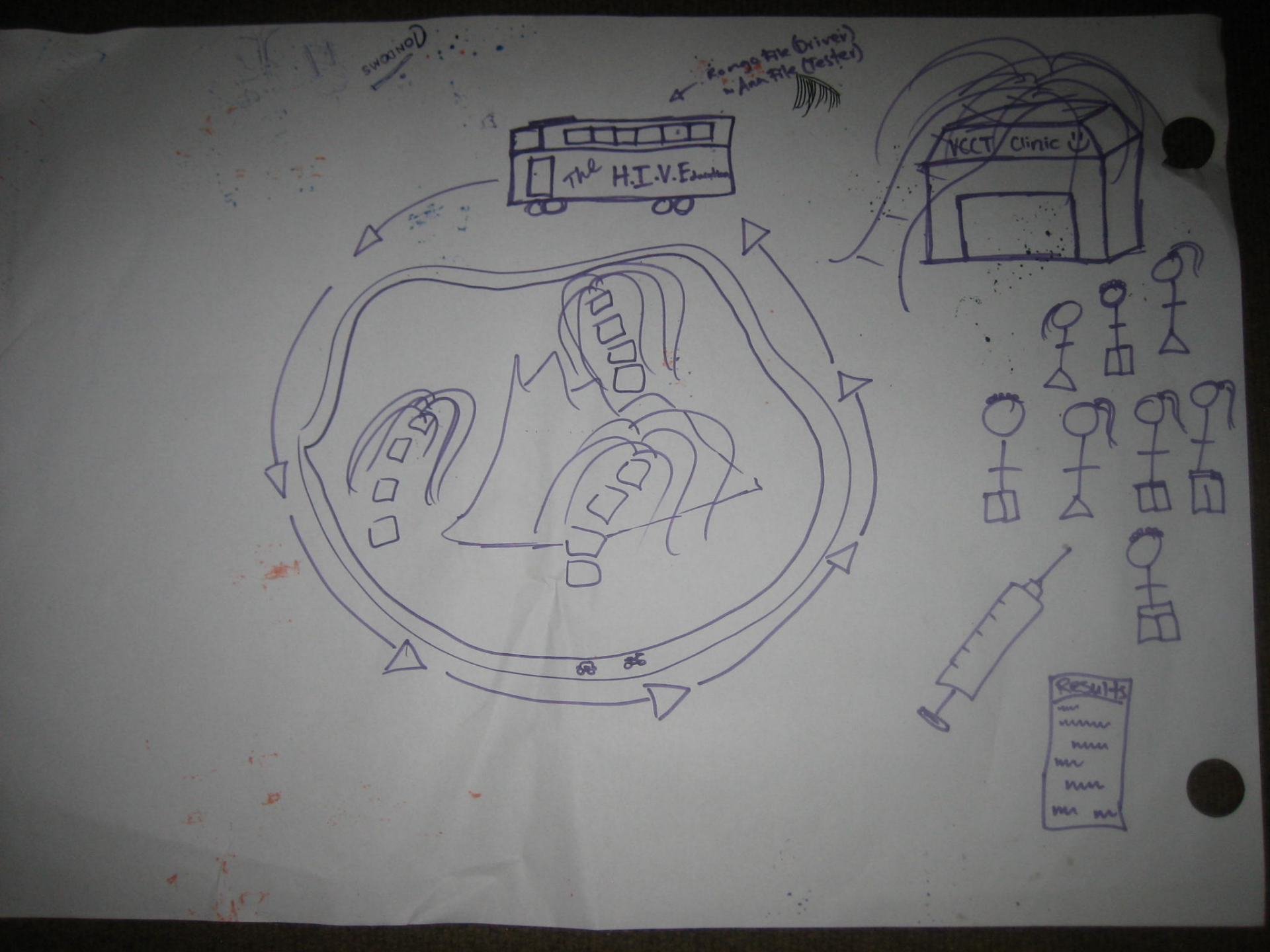

REHAB




CLINIC
Sinners Welcome.
We can fix your ~~sins~~ STI's
But not your sins.
TAKE A SEAT OUTSIDE


Adult chairs
Youth chair


SCHOOL


SWAZINOD
Ronga file (Driver)
Ama file (Tester)
The H.I.V. Express
NCCT Clinic
Results