Resilience, Self-Efficacy, and Peer Support: Canadian Webinar Series on Implementing the WHO Guideline on Sexual and Reproductive Health and Rights

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Participant Questions and Additional Presenter Answers

1. Are there any examples of peer support in lower and middle-income countries?

Answered by Shazia Islam, Alliance for South Asian AIDS Prevention
Nepal is one of the countries that has a strong history of peer organizing and support among the following communities of folks: people who use intravenous drugs, sex workers, trans folks, men who have sex with men, people living with HIV, and women. In India, there are also HIV/AIDS agencies that offer peer support: for instance, Saathi offers peer counselling and psychosocial support groups. I would say in general, lower and middle-income countries are far more ahead of western countries in terms of offering peer-based models due to a stronger sense of community/communalism.

2. Peer approaches have been known to benefit the peer guides themselves. Really great to see how it works in this context. Can you elaborate on this?

Answered by Shazia Islam, Alliance for South Asian AIDS Prevention
As a peer worker, I can deepen my understanding of the struggles of others living with HIV. We don't all have the same story, so in doing this work, I've learned about the diverse needs, challenges, and triumphs of the communities that I work with. This gives me a sense of fulfillment; of collective solidarity. This also validates my lived experience. By working to improve the quality of life for peers (and myself), our individual lived experiences can inform my work. I am constantly learning.

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This research was supported by the Social Sciences and Humanities Research Council of Canada.

3. What are some of the barriers to the meaningful involvement of women living with HIV in research programming?

Answered by Shazia Islam, Alliance for South Asian AIDS Prevention
Barriers can include caregiving and/or parenting roles; dealing with HIV stigma within ethno-cultural communities, which often includes fear of being seen or found out; lack of income security/underemployment which can make multiple jobs necessary; and limitations related to physical or mental health. Experiences of racism, transphobia, classism, ableism, ageism can also prevent specific communities of women from participating.

4: How can we use these approaches in adolescent sexual reproductive health or other contexts?

Answered by Shazia Islam, Alliance for South Asian AIDS Prevention
ASAAP's Heart to Heart project and resource is a good place to start! We worked with racialized youth to find out what their sexual health needs are. We also worked with parents of racialized youth to help them navigate discussions on sexual heath with their kids. There are also programs specifically for LGBTQ youth using arts-based methods, such as Photovoice and narrative writing. In addition, a community member recently did research on Muslim youth's sexual health needs.

Learn more about ASAAP's community development projects, visit: http://asaap.ca/programs-2/community-development/

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