

MIND YUH BUSINESS



2022 TOOLKIT

HIV Care, Prevention, and
Mental Health for the
LGBTQI+ Community



Wholeness
&
justice



Mind Yuh Business:
*HIV Care, Prevention, and
Mental Health for the
LGBTQI+ Community*

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Mind Yuh Business: HIV Care, Prevention, and Mental Health for the LGBTQI+ Community

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This booklet is intended as a guide and should not be used as a substitution for professional or clinical guidance. This booklet is intended to provide resources and information about the psychosocial aspect of HIV care, treatment, and prevention with a focus on LGBTQI+ people. The author and publisher, at the time of publication, has made the effort to ensure up-to-date, credible information; however, the author and publisher do not disclaim any liability to any party to any loss, damage or disruption caused by errors or omissions due to negligence, accident or any other unprecedented cause.

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CAISO: Sex and Gender Justice

For more information, contact **CAISO: Sex and Gender Justice** at info@caisott.org or visit <https://caisott.org/>.

ABOUT CAISO: SEX AND GENDER JUSTICE

CAISO is a feminist civil society organisation committed to ensuring wholeness, justice and inclusion for Trinidad and Tobago's LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex) communities, by developing analysis, alliances and advocacy.

Founded in June 2009 as Coalition Advocating for the Inclusion of Sexual Orientation, CAISO changed its name in 2016 to CAISO: Sex and Gender Justice, to align closer with the growth in our areas of focus, namely wholeness, justice, and inclusion. For over a decade, CAISO has offered the public a consistent voice and face for LGBTQI+ issues and human rights, shifting the needle measurably on how the nation imagines, understands, and talks about sex and gender diversity and sexual justice.

Since 2011, CAISO has focused attention on the Equal Opportunity Act and campaigned for legislative amendments and challenged the exclusion of sexual orientation from the act. This flagship campaign – “Add All Three - Amend the EOA” – advocates for the addition of health conditions (inclusive of HIV), age, and LGBTI status to be added to the list of protected statuses in the EOA. CAISO's work on the campaign included recruiting champions, particularly those involved in public health and HIV advocacy, namely Patient Advocate Mission (PAM), Family Planning Association of T&T, and Friends for Life.

Supporting this work, we developed a shared LGBTI Policy Agenda in 2020 collaboratively with the social justice coalition Alliance for Justice and Diversity. The Policy Agenda includes 13 Action Points - directed at government ministries and policy makers in order to create meaningful changes in the lives of LGBTQI+ people living in Trinidad and Tobago.

Action Point No. 9 calls on the state to stop withholding critical medication for the prevention of HIV (PreP).

Due to the lack of protections afforded to LGBTQI+ people, and few avenues for accessible and meaningful redress, CAISO responds to violations experienced by LGBTQI+ people (on the basis of their sexual orientation and gender identity) through its Wholeness and Justice Programme (which began in 2020). The programme provides legal and psycho-social support services, which are free to clients and offer clinically competent, trauma-informed interventions that enable healing and resilience.

CAISO defines violations as breaches of human rights, infringements on safety, and impeded access to public services. We have a number of clients who are living with HIV, some of whom are trans, and others who engage in sex work. We see daily the experiences of stigma and discrimination and how these affect their ability to take care of themselves, earn a living, and navigate basic social services. In our wholeness development work, we offer assistance to clients and community members on a number of health issues, including support for HIV prevention and treatment.

CAISO's growth since 2020 reflects a dedicated board of directors, consultants, staff, and volunteers who are fierce and defiant in justice work and activism. Notable and recent activities and projects include: "BackChat - Celebrating LGBTQI Voices", "Black Feminist Transnational Mapping", "Finding an Equal Place at Work", "Mapping (In)Justice", and "Sign Together". The development of our 2022-2025 Strategic Plan builds upon legacies, yet also charts new ground for us to change and evolve. Our areas of work are designed and implemented to achieve our mission, reflect our vision and core values, and structured around three main thematic areas: wholeness, justice, and inclusion.

For **World AIDS Day 2022**, we developed this toolkit - "Mind Yuh Business" - to provide more information specific to the LGBTQI+ community, focusing on HIV awareness and mental health. We take a sex positive approach to these issues - and it is written with accessible language for LGBTQI+ community. This project has been spearheaded by **CAISO volunteer Dominique Absalom** and **Project & Community Outreach Associate Johannah-Rae Reyes**.

Dominique's motivation for doing this work was inspired by a project she completed that focused on the accessibility of HIV and STI information. She recognised gaps in services specifically accommodating the LGBTQI+ community. Dominique began working with CAISO in June 2022 doing research and designing the toolkit. This work also reflects our direct engagement with community members and service provision through our Wholeness and Justice Programme.

For more information about CAISO's work and team, please visit our website at <https://caisott.org/> and follow us across social media. And contact us via email at info@caisott.org or outreach@caisott.org.

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INTRODU

"We cannot effectively fight for a better, more equitable world without affording ourselves kindness."

Lorenzo Lewis

OVERVIEW

Health is more than the care of your biological needs. It is a holistic journey of care for all facets of the person. Often, taking care of one's mental health can be daunting. "What am I feeling?" "Who do I speak to?" "How do I say what I need to say?" "Where can I get help?"

Mental health and wellbeing are vital for people living with HIV because these are essential for and directly connected to HIV care and treatment. The challenges of taking care of one's mental health and wellbeing as a person living with HIV can be even more difficult if one is part of a vulnerable or marginalised community.

This toolkit offers LGBTQI+ community members information about HIV prevention and care, particularly for those living with HIV. This toolkit also offers safer sex practices and practical strategies for those living with HIV in the LGBTQI+ community. Overall, this toolkit aims to help everyday persons and those working with LGBTQI+ individuals on the path to combat misconceptions and find resources on psychosocial HIV care.

CTION

People living with HIV may experience challenges with mental health because of the impacts of stigma and discrimination. Mental health conditions or compromised mental wellbeing for people living with HIV can lead to lower adherence to HIV treatment, increased risk behaviour, and lowered engagement with HIV prevention.

This toolkit highlights the psychosocial basis for HIV care, integrating HIV protection, testing, treatment, and care for the LGBTQI+ community. There are many questions to be asked and answered, with much information to take in, so we hope to make it accessible and easy for you to start and continue this journey that's for you and about you.

TOOLKIT OBJECTIVES

Learn about practical strategies to support mental health care and wellbeing.

Understand HIV care and treatment that is mindful of your body and mind.

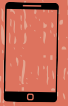
Identify pathways to treatment and care for people living with HIV.

Support and improve safer sex practices and sexual health.

SYMBOLS



Online Resources



Phone Resources



Quiz



Helpful information and tips

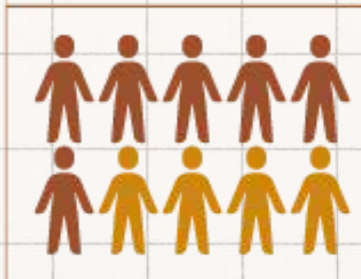


Physical Resources

BY THE NUMBERS



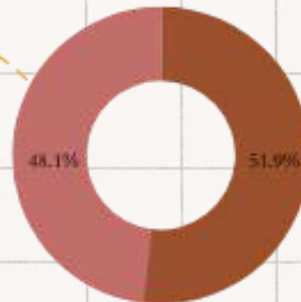
THERE ARE:
0.7%
INDIVIDUALS IN
THE POPULATION
LIVING WITH HIV



Ratio of the amount of persons on ART (2019)

Percentage of men and women living with HIV (2020)

Men



Women

Out of 11 000 HIV positive persons, 7200 are on ART in Trinidad and Tobago.

What these numbers mean:

- 11000 (10 000 - 12000) individuals over the age of 15 have been diagnosed with HIV
- 5600 of those are women
- 5200 of those are men.

Don't let this number diminish its presence;

MIND YOUR BODY



TECHNICAL INFORMATION

WHAT IS HIV

HIV (human immunodeficiency virus) is a virus that attacks the cells that help the body fight infections and diseases. Acquiring the virus makes one more likely to develop other infections and diseases. According to current research, key populations are known to be:

GAY AND BISEXUAL MEN (MSM)

22X MORE LIKELY



TRANSGENDER PERSONS

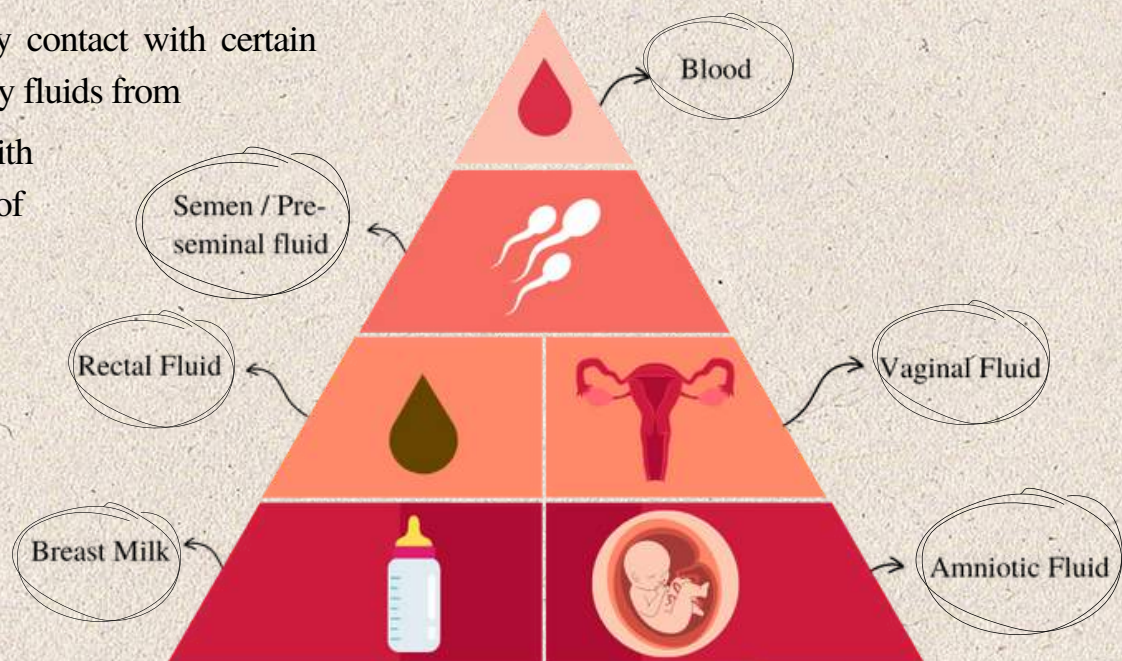
12X MORE LIKELY



Gay and bisexual men are twenty-two times more likely to acquire HIV, while transgender persons are twelve times more likely. High prevalence in these populations results from specific vulnerabilities, lack of access to HIV prevention medication, stigma and discrimination (see Barriers to Care).

TRANSMISSION OF HIV

HIV is spread by contact with certain (but not all) bodily fluids from a person living with detectable levels of HIV (see U=U). These types of bodily fluids include:

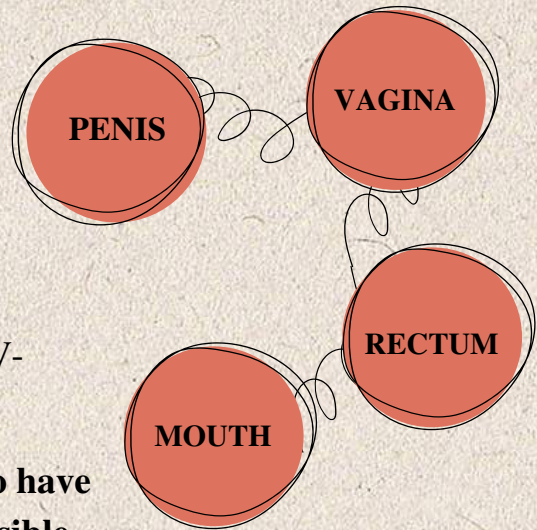


Any one of these fluids must encounter a mucous membrane or damaged tissue or be injected into the body through a needle or syringe for the transmission of HIV to occur.

Mucous membranes can be found in the:

It is spread mainly during unprotected sex (sex without a barrier of protection or without HIV medication to prevent or treat HIV) and through sharing syringes or needles with those who are HIV-negative and people living with HIV.

The transmission of HIV between women who have sex with women (WSW) is rare but not impossible.



As mentioned previously, HIV can spread through different types of interactions that allow for the introduction of HIV+ blood into the bloodstream. Due to how HIV is transmitted and societal perceptions, lesbian and bisexual women are perceived as having lower risks of HIV transmission. This narrative is detrimental to screening and testing practices amongst this population.

The acquisition of HIV is not based on identity but on behavioural patterns, as sexual orientation does not correlate to sexual behaviour. Your risk of communicable diseases is based on the following:

The number of sexual partners you have (no shame in that!)

Adherence to safe sex practices.

Bodily fluids such as vaginal and seminal fluids and menstrual blood can also transmit HIV through the mucosal membranes and can be exposed by sharing sex toys. This information should not scare you, but encourage you to practice sex safely.

Mindful Intimacies

Safer Sex Practices

Sex should be enjoyable, consensual, and accessible, and you should practise sex safely. It is a great calorie burner (3.6 calories per minute) and a great source of stress relief, whether it's insertive or just above the clothes.

Sex is great for all those who want to participate, and it's also important to think about how you go about it. Yes, it is sexy when the temperature rises and the clothes are coming off. Still, it's even sexier when you do it in a way that makes it as safe as possible for everyone involved.

How Safe is Your Sex?

Anal Sex

- The insertive partner (top) is less likely to be exposed than the receptive partner (bottom) due to the thin lining of the rectum.
- This does not mean the insertive partner is not at risk. HIV can be transmitted through cuts or sores on the penis or the urethra (penis tip)

Vaginal Sex

- Both partners are equally at risk for transmission.
- HIV can be transmitted through the tissue of the vagina and cervix due to their thin lining.
- Blood or vaginal fluid can carry HIV cells transmitted through cuts or sores in the penis and/or vagina.

Sex with Toys

- Fluids on toys can carry HIV cells and be transmitted through mucosal membranes

Oral Sex

- HIV can be transmitted through fluids in the mouth if there are open wounds or ulcers.



PLAYING IT SAFE

Barrier Protections

Answer these questions to see if your barrier game is up to par.

1. One of the first steps before insertive sex (which means inserting any body part into any part of the body) is?

- A. Turning off the bedroom lights to set the mood.
- B. Making sure I have enough lube.
- C. Locking the bedroom door. I don't want anyone to get flashed.

2. You only have a latex barrier! What type of lube should you use? Are there different types?

- A. Silicone, of course.
- B. Oil-based. All natural, baby.
- C. It doesn't matter!

3. Is the expiration date on a condom important?

- A. No! It's just a fake date to get you to buy more! Fake news!
- B. Yes, it's crucial.
- C. Maybe? Depending on the type.

4. Any condom size works!

- A. Yes, if it works.
- B. No!
- C. Still trying to figure it out.

5. For extra protection, I should double up on condoms!

- A. Definitely! The more, the merrier.
- B. No, that doesn't make sense.
- C. Still trying to figure it out.

6. Oh crap! There's a tear in the barrier! I should:

- A. Continue using it. It'll be fine.
- B. Throw it away! I don't need any scares.
- C. Maybe I can use it once?

7. The condom is backward. There's no difference. Right?

- A. None!
- B. Yes, there is a difference!
- C. I am still trying to figure it out.

8. I'm just using my fingers! I don't need any protection!

- A. Totally, my hands are so clean!
- B. I should wrap up one finger, at least.
- C. I'm still deciding.

9. Ok, but my mouth is totally clean. I don't need any prep for going downtown!

- A. No! I should be safe rather than sorry. Where's the condom/dental dams?!
- B. I don't need it; it's just my mouth.
- C. I'm still deciding.

10. Sharing sex toys with your partner requires no prep work?

- A. I totally agree!
- B. No, I need to grab some barrier protection.
- C. I am still trying to figure it out.

Playing it Safe Answers

1. **B.** Yes, ensuring you and your partner are comfortable is essential; however, always **remember your lube!** Lube **prevents tears and friction** during insertion, diminishing the chances of STIs, HIV and pregnancy.
2. **B.** There are many lubes available, silicone, water, and oil, and each have its pros and cons. It's best to know which lube suits which protective barriers so you can have fun while preventing any wear and tears in your protection barriers (see Condom Care)
3. **B.** Yes, **it's essential.** The longer a condom has passed its expiration date, the less effective it prevents STDs and pregnancy.
4. **B.** Condom size is essential for its effectiveness. It's like buying an umbrella too small to protect you from the rain. Condoms that are **too small may break**, and condoms that are **too big can slip off.** Plus, ill-fitting condoms feel uncomfortable. Choose comfort; check the sizing.

5. **B.** **Two condoms are less protective** than one due to the friction that the barriers can cause between them. The material weakens, increasing the likelihood of tearing.
6. **B.** It's not fine! The effectiveness of the condom is decreased in the presence of tears, preventing protection from the things condoms are made to protect you against. Get a new one and start again.
7. **A.** Bodily fluids can come from the penis and/or vagina before you even start. If it has touched the body part, throw it away. Save yourself the trouble.
8. **B.** You're on the right track, so you get the point! Yes, you should ensure you have washed your hands before and after any finger play, but to be that much safer, wrap them up with finger condoms (or their alternatives).
9. **A.** That's the spirit! As aforementioned, STIs are transmitted from bodily fluids, finding contact with the body through damaged mucosal membranes. To be safe, you can use many protective barriers to protect yourself and still have fun.

Playing it Safe Answers

10. **B.** Keep your sex toys clean by wrapping them up (and washing them before and after use).

Sex Playbook

Like word association, the different forms of sex you have should call to mind the various ways you can enjoy each one safely. Yes, it takes more time, but once you're prepared, it should take no time at all.

Hand Play

Hand play is one of the safest ways to enjoy intimacy, but it doesn't come without risks based on how you go about it.



01

Hand Play Toolkit

- **Lube** - Lube is not only for penial penetration. When fingering and/or fisting, remember to lube it to increase the pleasure and prevent tears in your protection.
- **Nail clipper** – not during the act (unless you like that, of course), but to ensure your nails are trimmed to prevent scratches.
- **No rings allowed** - like airport security, your rings will hold you back and set off some alarms. Take them off before you start.
- **Barrier Protection** – just an extra layer for protection. One suitable form of protection is the following:

Finger condoms

Finger condoms and gloves are excellent extra protection that can prevent scratches from fingernails inside the anus or vagina. They not only help prevent STIs and HIV but also offer ease of cleanup after sex.

When to Use: fingering; fisting.

Alternatives: latex gloves; nitrile gloves

Use With: water or silicone-based lube if the finger condom is latex.

1. Wash your hands!
2. Place the condom on the fingertip or glove on hand
3. Roll the condom to the base of the finger or gently pull on the glove and squeeze out the air.
4. Smooth out any air that may have been trapped between the condom and the finger. Or glove and fingers
5. After use, remove and throw it away (do not flush it down the toilet!)
6. Rewash hands!

ORAL SEX

02

Blow jobs, cunnilingus, rimming; the options are endless. But remember to use barrier protection!



Oral Sex Toolkit

- **Oral screenings** – it's essential to visit your trusted doctor or dentist to examine if there are any lesions or bumps within the mouth.
- **Dental care** – do not brush your teeth or floss before oral sex, as it can increase the likelihood of cuts or abrasions in the gums.
- **Dentist play** – ensure your mouth is sore, bump, and abrasion free before participating in any oral sex.
- **Barrier protection** – there are many easily accessible options for barrier protection which include:

Tongue Condoms/ Dental Dams

When to use: Vaginal, oral sex or anal sex

Alternatives: Latex gloves; non-lubricated condom; non-porous plastic wrap; condom

Use with: water-based or silicone-based lube

Instructions:

- Open the packaging carefully; do not use scissors or tear it with your teeth.
- Unfold the dam whilst looking for holes or damage, which can be done by holding up to a light source.
- Put lube to the side of the dental that touches the oral sex receiver to prevent the dam from ripping.
- Put the dam across the vagina or anal area.
- During oral sex, hold the dam in place to avoid too much slippage.
- Use only one side of the dental dam!
- After sex, fold it up and throw it away.
- Just like a condom, use it once for every new session of oral sex.
- It's even more important to do it during your periods.

Outside/External Condoms

When to use: On penis for anal and/or vaginal insertion; penile oral sex.

Alternatives: latex gloves; nitrile gloves.

Use with: water or silicone-based lube of finger condom is latex.

Instructions:

1. Check the expiration date.
2. Make sure the condom size is good for you.
3. Check for damage or tears in the condom.
4. Carefully open the packet and ensure the condom does not have tears.
5. Place the condom over the tip of the erect penis using your thumb and forefinger whilst holding the rim of the condom with your other hand.
6. Squeeze the tip of the condom, then roll it down slowly over the erect penis.
7. If the rim is under and not rolling down correctly, remove it and throw it away. Precum may be on the condom.
8. Lube. Lots of it.
9. Withdraw the penis immediately after ejaculation while the penis is still erect. Grasp the rim of the condom and squeeze between your fingers as you pull out to prevent leaks.

SEX TOYS

03

Some say sex toys shouldn't be shared, but in this economy, that's a hard sell. What we do recommend is being safe whilst sharing them. This includes:



- **Nail checks!** If it's long, it's got to go. Hand play with long fingernails can cause damage to the skin, internally and externally.



Sex Toy Toolkit



- **Sanitiser isn't only for the hands** – sanitise your toys before and after use. When washing, use gentle, non-scented soap.



- **Wrapping it up** - If you're sharing your toys, put a condom on it (preferably latex, polyurethane or polypropylene). If using a latex toy, use silicone or water-based as oils can degrade and make micro holes. Finger condoms can be used on small sex toys.



Knowing who you're working with - This doesn't only include yourself - and/or your partner but your toys! Sex toys are made from either porous material or non-porous materials. Porous materials have tiny holes that can trap and hold onto bacteria, dust, soap and/or perfume after a wash session. Non-porous toys, when cleaned properly, can be 100% clean. This includes:

Material	Porous or Nonporous	How to Clean	Other notes
Silicone	Nonporous	<p>Motorized: Warm water and soap.</p> <p>Non-motorized: Can also use boiling water.</p>	Don't use silicone based lube
Glass and Stainless Steel	Nonporous	Warm water and soap or boiling water.	Glass can be sensitive to temperature changes, so after boiling the toy, let it cool naturally.
Pyrex and ABS Plastic	Nonporous	Warm water and soap	Most of these toys are water-resistant, not water-proof. Don't submerge them under water.
Elastomer, Latex and Jelly Rubber	Porous	Room temperature water and a soapy washcloth	Even if used alone, these should be used with a condom.

INSERTIVE SEX

04

Insertive Sex Toolkit

- **Lube** – by now, it's a pre-requisite.
- **Foreplay** – it would be remiss of us not to mention foreplay to increase pleasure and prepare the body.
- **Know who you're working with** - condoms come in all shapes and sizes, but it's essential to understand the material!
- **Protective Barriers** – some you know, some you may not know.

Internal Condom

These are larger than outside condoms, where this form of protection has been used for vaginal sex but can be used for anal sex (word on the street is it is more comfortable). It can be put in two hours before intercourse and does not need to be taken out immediately after sex. This can be really important and useful for people engaged in sex work.

When to use: anal and/or vaginal sex.

Alternatives: outside condoms

Use with: water or silicone-based lube is best but can be used with all types.

Instructions:

- a. When removing the condom from its packaging, please do not use your teeth or scissors as they may rip the condom.
- b. Ensure that you put the female condom on before contact with the penis.
- c. Only use a female condom if you are comfortable touching your genitals.
- d. Check the expiration date.
- e. Be careful when opening the condom; ensure no tears are in it.
- f. Take the closed end of the condom and squeeze it between your fingertips.

Material

Pros

Cons

Latex

- Easily accessible
- Affordable

- Those who are allergic cannot use this condom type.

Polyurethane

- Stronger than latex
- More durable in storage compared to other materials.
- No odour
- Enhances sensitivity due to thinness
- less stretchy than latex
- Looser than latex
- Less vulnerable to heat exposure
- thinner than latex

- More prone to slippage
- May cause friction which promotes breakage (can be prevented by putting water-based lube inside condom).
- More expensive than latex.
- More likely to break than latex

Material	Pros	Cons
<p>Polyisoprene</p>	<ul style="list-style-type: none"> • Stronger than latex • Looser, more comfortable fit • no odour • Less vulnerable to heat exposure • Increased sensitivity due to thinness 	<ul style="list-style-type: none"> • Less stretchy; more likely to break • Requires more lubrication • More likelihood of slipping off during sex • More costly
<p>Lambskin</p>	<ul style="list-style-type: none"> • More natural feel due to its thinness. • Transmits body heat better than latex 	<ul style="list-style-type: none"> • Expensive • Less stretchy than latex • Porous, so less likely to protect you from STIs • Odor

PROTECTIVE BARRIER CARE

THE BASICS

These are the things you always need to do to ensure your protection is used to the best of its abilities.

Lube Agenda

Due to the material of the lube and the makeup of the lube, some pairings work, and some don't. The chart below is a cheat sheet on what to use and when to use them

		Lube Type		
		Water	Silicone	Oil
Condom Material	Silicone	✓	✗	✗
	Latex	✓	✓	✗
	Polyurethane	✓	✓	✓
	Polyisoprene	✓	✓	✗
	Nitrile	✓	✓	✓
	Lambskin	✓	✓	✓

Lubricant Types

Lube can make or break a good time and your protective barrier, so it's best to know their uses and when best to utilize them.

WATER

- **All purpose**; can be used for all toys and lubes.
- Easy to clean but **dries out quicker** than other lubes.
- **Sensitive skin approved.**
- Some are made with glycerin which may **alter the pH of the vagina**, increasing chances of yeast infection.

SILICONE

- **Longer lasting** than water-based lubes.
- Great for **shower play.**
- Cannot use with **silicone toys.**
- Cannot use them with **most condoms** (most are made with silicone).
- Good for those who **experience dryness.**
- Great for **anal sex.**

OIL

- **Slickest lube**; takes the longest to dry out lube.
- Cannot be used with **latex condoms.**
- **Best for masturbation** without toys.
- Can be used with **nitrile and polyurethane condoms.**

NATURAL

- Some may cause **yeast infection** and/or increase the chance of condom tears.
- **Olive oil, coconut oil, peanut oil and/or aloe vera** are great options.
- Unrefined coconut oil made **specifically for sex play** is most suitable.
- Aloe vera is **pH balanced.**
- Do not use baby oils

HIV PREVENTION

It is important to understand that HIV prevention medication is similar to HIV treatment medication. It is necessary to keep up with the latest news and information about HIV prevention and treatment medication.

Practising safer sex is a vital component of HIV prevention, but so is medication and also talking about sexual health with sexual partners. See Section on Sex and Pleasure for more guidance on how to have these conversations.

PrEP (pre-exposure prophylaxis)

This is a medication used by HIV-negative persons to prevent HIV transmission. PrEP reduces rates of HIV transmission from sex by 99%.

When taking PrEP, it is essential to take it as instructed for optimal use.

PrEP is safe to take, but like any medication available, some side effects will present themselves in some people. This includes nausea, headaches, fatigue and stomach pain that should go away over time.

ENTION

HIV prevention medication includes PrEP and PEP, which are used in different situations. Both are highly effective in preventing HIV, and the main difference between the two is timing.

PEP (post-exposure prophylaxis)

This medication is for HIV-negative patients after exposure to prevent HIV transmission.

PEP is started as soon as possible with a 72-hour window and should be continued daily for four weeks (28 days).

PEP is for emergencies, not for ongoing HIV treatment, nor for situations where persons may be exposed to HIV frequently.

Some people have experienced nausea as a side effect, but this should go away.

Prophylaxis means “treatment or actions taken to prevent a disease.” PrEP is a treatment plan to prevent HIV before a person is exposed. PEP is a treatment plan for after a person is exposed.

U=U

UNDETECTABLE
VIRAL LOAD
MEANS HIV IS
UNTRANSMISSIBLE

PLUS U {+U}

HIV Positive and Undetectable. This means someone is HIV positive, on medication, and has reached an undetectable status (zero viral load); and therefore, HIV is not present in their bodily fluids.

HIV treatment works to suppress your viral load to undetectable levels. Undetectable viral loads vary between tests; however, any test under 200 copies/ml is undetectable. At this stage, there is no longer transmission of HIV through sex.

U=U applies to all sexual practices but does not apply to breastfeeding, pregnancy, or needle injections. This state of undetectability is based on your continued ART adherence.

MENU

TREATMENT

Identification	6.99
Preparation	6.99
Peer Support	6.99
Referral	6.99
Outcome	6.99
Follow-up	6.99

AN ARTFUL LIFE

Viral Load **6.99**

Crisp pears and pecans with tender frisée, and maple syrup with cheese.

Transmission **6.99**

Spicy-sweet, soft wedges potatoes which makes a no-fuss holiday meal.

Suppression **6.99**

Grilled chicken breast topped with mushrooms, onions and Cheese.

SPOT THE SIGNS

Adherence **6.99**

Support Groups **6.99**

Confidentiality **6.99**

Counseling **6.99**

Treatment for HIV is called antiretroviral therapy (ART). ART involves taking a combination of HIV drugs every day. This does not cure HIV but helps reduce the risk of HIV transmission and allows people living with HIV to live longer, healthier lives.

Once taken consistently, viral suppression can be achieved, leading to an undetectable state that allows for no transmission of HIV during sexual intercourse.

There are side effects, of course, some severe and some mild. However, side effects decrease in potency once HIV-positive persons take their medication correctly.

Treatment Pathway

START

1. IDENTIFICATION

This starts after receiving a positive HIV test result in a treatment centre, non-treatment facility or outreach facility.

Immediately after testing, post-test counselling will be initiated, which helps with psychosocial support to cope with the emotional turmoil of the test result, treatment access, care and prevention services, and the disclosure of HIV status to sexual partners (to diminish the possibility of transmission).

TIP: It is recommended to MRF after a positive self test for confirmatory test and subsequent blood work.

2. PREPARATION

Within the same day of receiving a positive result, you should be referred to an HIV treatment centre. This will either be the centre of testing or an adjacent health facility.

TIP: Peer support can be requested through HIV- related civil societies (see Resources)

Treatment referrals should be done with the patient's preference and location in mind.

REFERRAL

The patient will be given a referral form from the testing facility to submit to the treatment centre. The testing facility would be in charge of setting up appointments, giving directions to the facility, sending your contact details and following up to ensure contact between you and the service providers in the treatment centre.

Further testing will be done at the treatment centre, such as a CD4 count.

OUTCOME

The patient should begin care within two weeks of a positive test result, with a follow-up of 6 months to ensure care is retained.

TIP: Counselling and peer support is available through non-governmental networks (see Resources)

FOLLOW-UP

The site of treatment may contact you over the phone to ensure that treatment is being adhered to, which entails monthly pick-ups of medication from the treatment site.

TIP: Medication retrieval can be arranged through HIV-related civil society organisations (see Resources)

START

STEP 1

TESTER

This could be a physician, medical technologist, or lab technical assistant who does post-test counselling.

STEP 2

CONTACT INVESTIGATOR

Conducts pre-and post-test counselling and helps with the referral process.

STEP 3

SOCIAL WORKER

Helps maintain contact with the patients in treatment and the care centre.

STEP 4

ADHERENCE COUNSELLOR

Helps with patient orientation, psychological support and patient follow-up.

STEP 5

PSHYCOLOGIST

Available for counselling support as needed.

STEP 6

PEER NAVIGATOR

Helps with navigating social services and support systems.

Pathways to Treatment for LGBTQI+ people can be more challenging because of stigma and discrimination. Therefore, it's important to contact supportive services for peer navigation:

- CAISO: Sex and Gender Justice - Wholeness and Justice Programme
- Family Planning Association of Trinidad & Tobago
- Friends For Life
- National AIDS Helpline
- Patient Advocate Mission (PAM)

See Resources for contact info.



MYTH BUSTERS WITH DR. CAISO



YOU



DR CAISO

“Can HIV spread through a human bite?”

HIV has never been documented to be spread through bites as saliva does not transmit HIV

“What about kissing?”

Very rare! Only if both partners have sores or bleeding gums - a pathway for transmission.

“Uhm, how about touching?”

**HIV can only be transmitted, if the body fluids from an HIV-positive person touches the mucous membranes (anus, vagina, penis, and mouth) of someone without HIV.
So no, not everyday contact.**

“My dad told me I can get it from sharing a toilet with someone who has HIV.”

You cannot get HIV through sharing things such as toilets and dishes from someone living with HIV.

“Can I help a person living with HIV who is injured and bleeding?”

Safety first. Be safe as you would with any other injury. Put on gloves to offer assistance and dispose after.

“If I get HIV will I die?!”

People living with HIV can, and do, live long lives with treatment and never develop AIDS. There is no cure for HIV yet, but medication can help you stay healthy.

“Oh my gosh, medication is so expensive! How much would I have to pay for HIV treatment?”

HIV treatment medication in Trinidad and Tobago is free through the public health service.

MIND

YOUR

MIND

MENTAL HEALTH RESOURCES

Mental health encompasses how we feel, think, and function in our everyday lives. Your mental health influences how you feel about and treat yourself. Mental health is essential because it determines how we handle stress, decision making and interpersonal relationships.

Everyone has a different way of coping emotionally. There is no 'one size fits all method in your mental health journey; your mental health journey and status can look different from person to person.

Negative feelings can and do exist in isolation from other problems, such as problems in one's life, doubts about oneself, relationships, and challenges.

When you are in a state of mental wellness, you can lead productive activities, such as school, work or leisure, have fulfilling personal relationships, adapt to change and cope with adversity, and have emotional resilience and growth patterns.



MIND GAMES

MENATAL HEALTH

How much do you know about mental health?

1. Mental health is

- A. An essential part of overall health
- B. Is it not important
- C. Is the absence of mental disorders

2. Poor mental health can affect me physically

- A. No! It's only in my head.
- B. Yes! It can impact how my body functions.
- C. I'm still deciding.

3. Mental illnesses are

- A. Uncommon
- B. Widespread
- C. Rare

4. Mental Illness:

- A. Is treatable
- B. Is lifelong
- C. Trick Question

5. Mental illness is caused by:

- A. Personal weakness
- B. Lack of emotional stability
- C. Several factors can be biological, stressful events, and/or worsening health conditions.

6. Sadness is a human response to difficult situations.

- A. Yes
- B. No
- C. I'm not sure

7. Current treatments for mental health are not effective.

- A. Yes
- B. No
- C. I'm not sure

8. Treatment for mental health is not accessible

- A. Yes
- B. No
- C. I'm not sure

9. Mental health problems are to be treated like other health problems!

- A. Yeah, I have to treat it like the flu!
- B. No. It's a process of care I have to actively work on.
- C. I'm still deciding.

10. Mental unwellness is a sign of weakness.

- A. Yes! If I was stronger, I wouldn't be feeling like this!
- B. No, it's normal!
- C. I'm still deciding.

Mind Games Answers

- 1. A.** Your mental health is critical!
There is no such thing as a healthy life without accounting for your mental health.
- 2. B.** It can! Mental illnesses such as anxiety or depression may give you headaches and cause gastrointestinal disorders (from a difference in digestion to diarrhea). It can make you feel slow and weak, so it is essential to understand yourself and your symptoms.
- 3. B.** They've become as common as the cold! As of 2018, 1 in every 8 persons worldwide lives with at least one form of mental illness. This does not invalidate your experiences. It just means there are more people to understand and help you navigate what you're feeling.
- 4. B.** This one was tricky! Mental illnesses are treatable, and sometimes the work you must put into caring for your mental health is lifelong. This could be due to several factors, including your biological makeup!

- 5. C.** Mental illness is not a weakness. It could be genetic, seasonal, or it can come about due to situations that cause significant stress.
- 6.A.** It is! But you have to distinguish between sadness and depression. Depression can be triggered by bad situations and often feel like sadness multiplied by 10. Once the feeling is pervasive, you should seek help.
- 7.B.** Treatment is person-specific - there is no one-size-fits-all treatment. However, there are many ways one may self-treat. Sometimes, personal changes can be effective. At other times, professional help is needed. It may take time and effort to find the right solution
- 8.A.** Treatment can be daily changes or, when it comes to professional help, seeking professional treatment. Counselling is free of charge at local health clinics. However, if the distance is a problem, other organisations assist with treatment access.

Mind Games Answers

9.B. Pharmacotherapy (treating mental illness or disease with drugs) has its best outcomes for wellness when paired with talk therapy. The path to mental illness does not rest solely in medication.

10.B. Mental unwellness does not equate to mental illness. It is normal to feel overwhelmed at times and struggle to cope.

- Not all mental health problems require treatment. Knowing the times when seeking treatment is advantageous for you. Professional help is helpful when dealing with difficult situations or undertaking behaviour harmful to themselves and others.
- There are many challenges to accessing mental care. Barriers include cultural norms that discourage good mental health practices or beliefs that problems should not be discussed outside of a family setting.

- Other impediments include, but are not limited to, the lack of mental health services and not recognising the seriousness of one's emotions.
- People living with HIV may experience a sense of shame for having both HIV and a mental illness, creating a barrier to care.
- Unresolved mental health problems may hinder current/future treatment as it may be harder for persons to adhere to medication or commit to healthy behaviours such as rest and a healthy diet.



**KNOW YOUR
STIGMA**

Types of Stigma

As it relates to HIV, stigma is the negative attitudes and beliefs towards people living with HIV. Stigma can be even more complicated or compounded for LGBTQI+ persons who are also dealing with discrimination on the basis of sexual orientation and/or sex/gender identity.

The social ostracization of persons living with HIV prevents them from accessing the same quality of life as HIV-negative people. Frequently, it removes the individual's humanity and its replacement by a stereotype.

Stigma is a significant barrier to achieving positive health-seeking behaviours. Perceived stigma and discrimination act as a deterrent to HIV testing, treatment, and adherence. Often, the decision to not get tested for HIV is due to HIV/AIDS-related stigma. Subsequently, this impacts one's ability to seek treatment when diagnosed with HIV. Upstream impacts of stigma include not accepting preventative treatment such as PrEP. In contrast, downstream effects are seen in difficulties in adherence to ART therapy, HIV visits, delayed linkage to treatment centres or not accessing other types of health care.

Stigma is influenced by misconceptions and fears born from ignorance and societal norms, beliefs, moral judgments, and prejudices.

Stigma can be expressed and reinforced through ostracism (the act of being excluded), negative attitudes, verbal and physical abuse, and rejection. These thoughts and behaviours are often derived from the following:

**Lack of
information
on HIV
treatment**

Fear of infection

**Inaccurate
Information**

**The view is that
HIV is a moral
problem rather
than a biological
one**

**ENACTED
STIGMA**

**ANTICIPATED
STIGMA**

**INTERNAL
STIGMA**

Internalised Stigma

This occurs when a person takes the negative ideas and stereotypes about people living with HIV and applies them to themselves. This can lead to feelings of shame, fear of disclosure and despair. Internalised stigma contributes significantly to higher depression, anxiety, and hopelessness levels.

You might blame yourself or your actions for contracting HIV. It may be harder to come to terms with a positive diagnosis. Whilst negative emotions are a normal part of everyday life, this blame can be damaging and unhelpful.

Internalised stigma is often found in those recently diagnosed with HIV, know fewer or no individuals who have HIV, or do not have a support system. Symptoms of internalised stigma are:

Negative self-image

**The decline in mental health
ioroverall wellbeing**

fear of HIV stsatus disclosure

**The shame associated with
HIV status**

Self-isolation

Anticipated Stigma

This involves the expectations of discrimination, stereotyping and/or prejudice from others because of one's HIV status.

Enacted Stigma

This type of stigma is experienced through stereotyping and discrimination because of one's HIV status. PLHIV will be treated differently and unfairly by others because of their HIV status.

Enacted stigma involves physical and social rejection due to perceptions of HIV status and association.

Identifying Types of Mental Illnesses

Anxiety

An emotional state characterised by feelings of:

- Fear
- Panic
- Uncertainty and apprehension.

These feelings are often expressed physically through:

- Headaches
- Gastrointestinal problems
- Lightheadedness
- Chest and/or back pain

Depression

- Depression is a mood disorder that is marked by the following:
- The loss of interest in life
- A lack of motivation
- A persistent hopeless feeling
- Anxiety
- Apathy
- A failure or lack of interest in hobbies
- A marked slowing down of activities and thought processes
- A change in appetite, such as eating less or eating more
- Sleep pattern variation
- Poor concentration
- An increase in negative thoughts.

Stress

Stress is a **RESPONSE**. A response to changes in one's environment that can affect one emotionally, physically and psychologically.

This is a feeling in our everyday lives; however, this does not mean it is not essential to recognise. There are many ways stress can be induced, where our stress response is based on our ability to manage our stressors.

Appropriate levels of stress are important for stimulating personal growth and development. Stress becomes problematic when it is more of a burden than a motivator. The inability to manage stress can lead to anxiety, depression, burnout, anger or other emotions. The reactions and feelings that are caused by too much stress are normal. Even when the thoughts and emotions seem to be overwhelming. Two crucial parts of coping better are understanding your own symptoms and developing strong and healthy support systems.

Spot The Signs

Mental illness comes in a variety of signs which can be specific to the individual. However, there are common signs that persons can look out for when identifying mental health problems. These symptoms may vary in times of expression and how often they are expressed. These symptoms are also often expressed on a daily basis however, it becomes a problem when these feelings do not go away, or if many of them occur simultaneously.

- Feelings of sadness, hopelessness or a great sense of pessimism
- Sleeping too much or too little
- Changes in appetite and eating habits
- A continuous sense of worry
- Drug/substance abuse that is interfering with your life
- Frequent nightmares
- Racing thoughts
- The inability to have fun or derive pleasure from activities that had provided you with pleasure in the past.
- Feeling the need to self-harm
- Feeling that you would be better off dead.

Disclosure

The decision to disclose your mental health status is a personal and important decision. If you want to begin the conversation with your family you can:

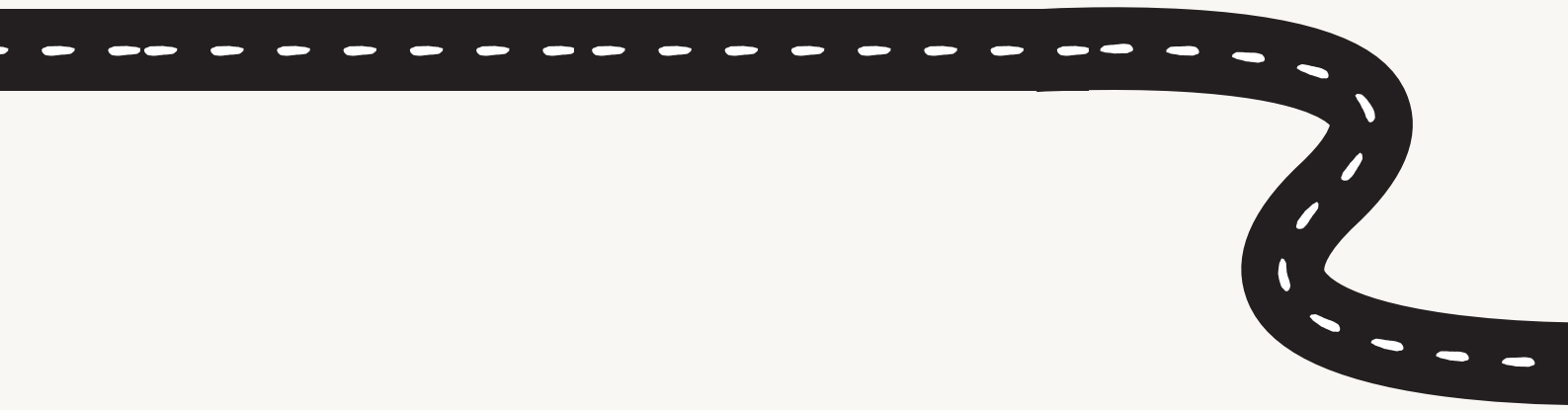
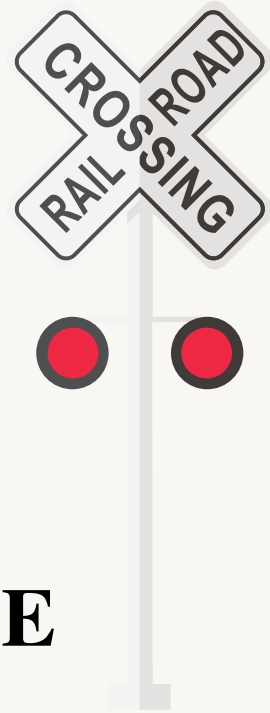
- Look for someone in your family/friend circle that you trust.
- Decide which parts you want to share to reveal. You're allowed to be picky about the parts of yourself you wish to share as long as it makes you feel safe.
- Discuss what is happening:
 - I'm sad all the time
 - I don't feel happy.
 - I can't sleep.
- Let them know how they can help
 - I just wanted to let you know
 - Can you come with me to the clinic? I'm nervous.
 - I just wanted a shoulder to lean on.
- Talking to a healthcare provider
 - Be honest about how you're feeling
 - "I'm always tired."
 - "I've been feeling very on edge lately."
- Explain how long this has been going on:
 - "I don't know when this started but it feels like it's been going on forever."
- "It's been over a month and it's just getting worse."
- Practise what you want to say

SUPPORT NETWORK

The decision to disclose your mental health status is both important and personal. If you want to begin the conversation with your family, you can:

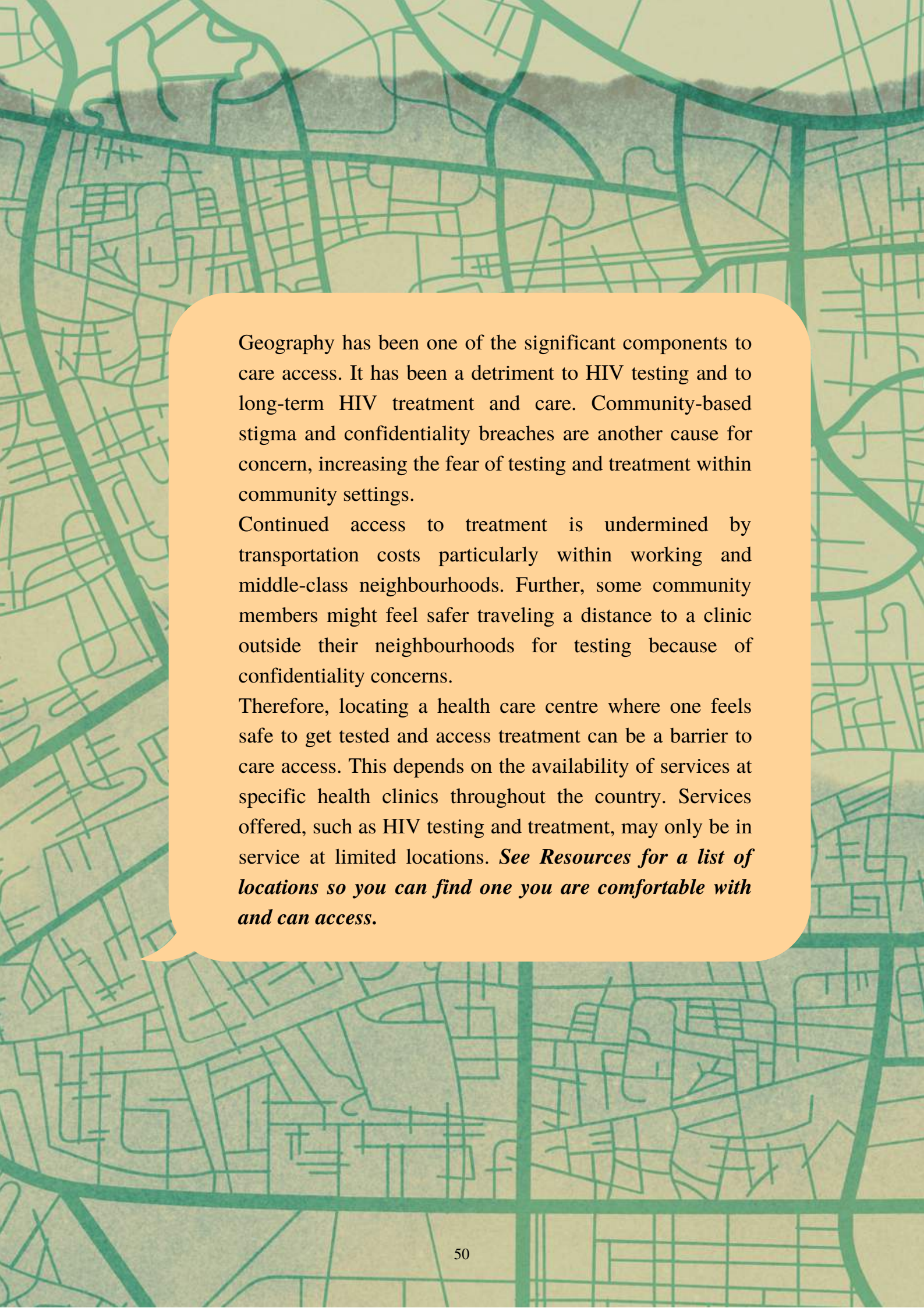
- Look for someone in your family/friend circle that you trust.
- Decide which parts you want to reveal. You're allowed to be picky about the characteristics of yourself you want to divulge as long as you feel safe.
- Discuss what is happening:
 - I'm sad all the time
 - I don't feel happy.
 - I can't sleep.
- Let them know how they can help
 - I want to let you know
 - Can you come with me to the clinic? I'm nervous.
 - I just wanted a shoulder to lean on.
- When talking to a healthcare provider:
- Be honest about how you're feeling
 - "I'm always tired."
 - "I've been feeling very on edge lately."
- Explain how long this has been going on:
 - "I don't know when this started, but it feels like it's been going on forever."
 - "It's been over a month, and it's just getting worse."
- Practise what you want to say.

BARRIERS TO CARE





GEOGRAPHY



Geography has been one of the significant components to care access. It has been a detriment to HIV testing and to long-term HIV treatment and care. Community-based stigma and confidentiality breaches are another cause for concern, increasing the fear of testing and treatment within community settings.

Continued access to treatment is undermined by transportation costs particularly within working and middle-class neighbourhoods. Further, some community members might feel safer traveling a distance to a clinic outside their neighbourhoods for testing because of confidentiality concerns.

Therefore, locating a health care centre where one feels safe to get tested and access treatment can be a barrier to care access. This depends on the availability of services at specific health clinics throughout the country. Services offered, such as HIV testing and treatment, may only be in service at limited locations. *See Resources for a list of locations so you can find one you are comfortable with and can access.*



CULTURE

These are the customs and social norms and behaviours of a people or society. These norms affect health care practices and how prevention and treatment are communicated, along with the services that can be accessed. This stems from a lack of awareness and information in the general public concerning public health and STI's in particular.

The cultural norm of hyper-masculinity and a lack of comprehensive sex education contributes to misinformation and negative context towards HIV. The behaviours attached to this norm can often put others at risk of contracting HIV due to fear, stigma, and discrimination. Cultural barriers can make it harder to accept treatment or adopt preventative measures. One's social environment shapes their life; however, it is dynamic, which means it is susceptible to change.

Conversations around HIV are often difficult; however, tackling the stereotypes permeating your community is necessary. It is essential to be well informed by making family and/or friends more aware or being an advocate. **The more informed we are and the more information we share, the more we can confront and change cultural barriers.**

GENDER AND SEXUALITY

Gender inequalities and harmful gender and sexual norms shape sexual and reproductive health and rights for most people. People living with HIV, who are also members of the LGBTQI+ (lesbian, gay, bisexual, trans, queer, intersex) community, face double and triple marginalisation. In particular, trans women and gay men face intense stigma and discrimination as “key populations” and groups that are considered “high risk” in terms of sexual activity and HIV.

This label of key population and being seen as “high risk” can lead to internalised stigma, fear of testing, and a low adherence to treatment. On the other hand, for lesbian, bi, and queer women, being seen as the “least at risk” can contribute to a lack of testing or not adhering to safer sex practices. Across both spectrums, LGBTQI+ people and communities face many challenges when it comes to sexual health and rights because of misinformation and assumptions about same-sex and queer sexual practices and “risky behaviour.”

Diverse sexualities and genders are subject to greater scrutiny and control particularly when it comes to the kinds of sex people are having or not having. **This is why sexuality and gender education is essential. And it is important to know and share that diverse genders and sexualities are nothing new nor are they foreign in the Caribbean.** The language of sexual and gender diversity might be new and evolving, but same-sex loving, queer, and gender non-conforming people and sex and gender diversity are not new and have existed across time.


RELIGION



Religion has a major influence on attitudes and behaviours of any society. Trinidad and Tobago is no exception, and yet is also unique with religious diversity and tolerance. However, conservative values and attitudes about sex and sexuality can be detrimental for LGBTQI+ people and for people living with HIV.

Religious beliefs can contribute to the decline of basic testing and continued care due to preconceived notions of sexuality and misinformation about HIV acquisition. These values and attitudes can be a major barrier to care for people living with HIV.

It is vital for people living with HIV who need and want religious support to find enabling environments for their care and wellbeing. And it is equally important to challenge belief systems that are not supportive or harmful for one's health and wellbeing.



YOUR RESOURCES

**YOUR
RIGHTS
AND
YOUR
STATUS**



WORKPLACE



MEDICAL

WORKPLACE

- By law, you are not required to inform your employer of your HIV status. It remains your right to not disclose this information unless you are willing to do so.
- If your health status requires you to make work adjustments or you are under medical supervision or leave, it might be necessary to inform your employer. However, you can disclose as much or as little as you feel comfortable with and can share. Your medical information is private and should remain so unless you choose to disclose it on your terms.
- Employees are under no legal obligation to disclose their health status to their co-workers or management.
- If you disclose your health status to your employer, this information should be confidential. Any unauthorised reference to an employee's health status may be considered a breach of confidentiality and should initiate disciplinary proceedings per existing legislation and grievance procedures.
- HIV testing or screening should not be required of either job applicants or workers, including migrant workers, for most jobs. There might be expectations for people working in medical professions.
- HIV screening is not required for promotion or access to training.
- The decision to disclose your HIV status is personal and significant, one that should be made after consideration based on how comfortable you feel. There are both benefits and drawbacks to workplace HIV disclosure.

POTENTIAL BENEFITS

- A supportive employer and/or co-workers can make a big difference when you are unwell or dealing with the effects of stigma.
- Disclosure may help you control your narrative and choose when and how much to reveal. Being open about HIV/AIDS status contributes to an inclusive and progressive workplace environment, potentially reducing HIV/AIDS stigma.
- For some, disclosure may feel like a burden is lifted, that you are no longer hiding a part of yourself.

POTENTIAL DRAWBACKS

- Disclosing your HIV status may reveal prevailing stigma and negative perceptions about HIV-positive people in your workplace.
- Employer disclosure may add more stress, as it increases anticipatory stigma.
- There is the potential for adverse reactions at work that could include a breach of confidentiality and even unfair dismissal. It is essential to keep this in mind when thinking of HIV status disclosure.

Important: Disclosure is your decision. Your health and wellness in any workplace is vital. Do what feels most comfortable and safe for you.

MEDICAL SPACES

RIGHT TO QUALITY OF SERVICE

Under the Medical Board of Trinidad and Tobago Code of Ethics in the Practice and the Ministry of Health's Charter of Patient's Rights, your rights include:

RESEPECT

- No matter your medical status, all patients deserve to be treated with care and respect. This is within your rights as an individual and as a patient with Trinidad and Tobago's health care system.
- You have the right to always receive respectful treatment from providers of health care and under all circumstances.

- In the event of an emergency, a patient's medical information can be shared with a third party but they would still have to get consent from the patient.
- Every patient has the right to know the identity and the professional position of those who are providing you with services, as well as the right to

know which physician or health professional is principally in charge of your treatment. Included here is your right to know whether there are some professional relationships among the individuals treating you as well as the relationship to other health or educational institutions involved in your treatment.

- According to the **Charter of Patient Rights** you have the right to:
 - refuse to speak to, or to see someone, including visitors and persons officially related to the hospital, but not directly involved in your treatment.
 - expect that every consultation or mention of your case is made discreetly and that there are no people present who are not directly involved in your treatment, without your consent.

PRIVACY AND CONFIDENTIALITY

According to the **Data Protection Act**, in all medical spaces, whether it be in regional health outposts, private medical practices, or public hospitals, when being tested and receiving HIV care, one's information must be kept private as well as confidential, entrusting medical professionals to not divulge personal information.

- have your medical file read only by those directly involved in your treatment or those who supervise its quality, and by other persons. only with your prior written authorization or that of your legal representative.
- expect that all communication and records pertaining to your treatment, including provision of payment, is treated confidentially.
- be provided with the isolation and protection that are considered necessary for your personal and biological safety.

WHAT IS CONSIDERED A BREACH OF CONFIDENTIALITY

- Speaking or sharing any information verbally about a patient outside of the medical team assisting the patient would be a breach of confidentiality
- Sharing patient information without the patient's consent, on social media – including Facebook, WhatsApp, Emails and Instagram, etc.
- Publishing identifiable patient information in case reports or research papers.
- Discussing patients with identifiable information in any online forum without their explicit consent.

INFORMATION DISCLOSURE

- You have the right to know the investigations conducted, the results of these investigations, and have them explained.
- HIV has a special clause of exclusivity and information regarding HIV status of a patient, cannot be shared with even the next of kin, unless explicit consent is given.

Discrimination

- Physicians should not discriminate against patients on the basis of age, color, disability, ethnicity, nationality origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation or social or economic status.

Complaints

- You have the right to file a complaint when you consider your right infringed. You also have the right to have this complaint investigated by the designated officer and the results communicated to you within ten (10) days. Based on the Professions Related to Medicine Act, you also have the right to complain to the Medical Board of Trinidad and Tobago about the physician involved.
- If the Medical Board of Trinidad and Tobago receives a complaint regarding a breach of confidentiality committed by a physician, the MBTT will investigate the case and, if found guilty of unethical conduct, the physician can be censured/reprimanded. The medical license may be suspended or revoked under Section 24(2) of the Medical Board Act depending on the gravity of the issue.

Medical Negligence

- Medical negligence is deemed to have occurred if the standard of care provided by the health care organisation is below that which would be expected of a 'reasonable' health care provider at the same level and with the same qualifications.
- Suppose you experience injury or loss due to a healthcare professional treatment. In that case, it is possible to have a legal claim of medical negligence, where it is recommended to consult a lawyer concerning these claims.

Seeking Redress / Pursuing Justice

- If you have experienced discrimination on the basis of HIV status or medical negligence with regard to HIV care and you are a member of the LGBTQI+ Community - you have rights and can seek redress and pursue justice.
- **CAISO's Wholeness and Justice Programme** is committed to responding to violations experienced by LGBTQI+ community members living in Trinidad & Tobago. We offer Legal Services and Clinical (Psycho-social) Support for LGBTQI+ people who have experienced a violation. *Contact us for an assessment and for further information on how to receive services.*
- Email: wholenessandjustice@caisott.org
- Phone: 1-868-28-CAISO (282-2476)
- Website: <https://caisott.org/wholeness-and-justice>

SELF TESTING

It is often the case that one may choose to not disclose HIV-related information. This can be aided through self-testing.

What Is Included in the OraQuick In-home HIV Test?

This is a rapid self-administered test which tests for HIV through an oral fluid. The tests work by testing your body's reasons for fighting the HIV virus. This test is preliminary, which means that even if you obtain a positive result, a follow-up test is required for confirmation.

In the kit, you will find the following:

- A disposal bag
- A single-use test tube prefilled with the developer solution
- A single-use test stick to collect the specimen
- Two information booklets: "HIV, Testing and Me" and "What your results mean to you."
- Testing instructions
- Phone numbers for consumer support.

How Reliable Is the In-home Test?

Clinical studies have shown a 92% test sensitivity; this means that the test correctly identifies positive cases of HIV 92% of the time. False negatives are possible; however, it is a small number.

Remember that a positive result is not a definite confirmation of HIV infection but rather a means to further test in a medical setting for confirmation.


A negative result also does not mean there is no possibility of HIV, especially when exposure may have been within the previous three months.

How to Use the Kit?

Within the kit are step-by-step instructions, which should be read carefully and followed. This test allows for privacy and anonymity.

- Use the test stick and swab the upper and lower gums
- Insert the stick into the kit's test tube containing the developer solution.
- Wait 20-40 minutes before reading the results.

This test is not meant for those who know their HIV status or are on treatment/preventative treatment for HIV.



NOTE: It is recommended to visit Medical Research Foundation (MRF) after a positive self test for confirmatory test and subsequent blood work. (*See Resources for more info.*)

LIVING WITH HIV: SEX AND PLEASURE

Sex positivity and pleasure are important for many of us especially in the LGBTQI+ community. Too often our sexualities and sexual practices are viewed and represented as “bad” or “not normal” or against one’s culture or religion. This is even more so for people living with HIV who are too often chastised for their sexual choices and made to feel bad or told it is too risky to have sex.

Remember that we are all deserving of safe and consensual love, sex, and pleasure. And as we have demonstrated in this toolkit, there are many ways for people living with HIV to enjoy and have safer sex. We approach this from a position of sex positivity and encourage you to learn more about your bodies and desires and to share with your community so that we can grow together.

Sexual rights and freedom and bodily autonomy are necessary for people living with HIV and for LGBTQI+ people.

For those living with HIV, it is really important for you to prioritise your health and wellbeing. This includes your mental wellness and your sexual health and partnerships.

LIVING WITH HIV: TALK THE TALK

HIV disclosure is often an uncomfortable and harrowing experience. It is normal to feel anxious and scared but it is important that you have these conversations with long-term or potential partners. The most important thing to remember is that your comfort and safety is the benchmark for when you will have this conversation as well as the timing. Take these tips into consideration when you're ready to talk to your partner(s):

LONG TERM PARTNERS

- Start with a reminder. You care for this person and want to continue your relationship with them in an open and honest place
- Choose the time and place. Talking to your partner in a place that is quiet and comfortable for you is important. It should be a discussion where you have the time to think over and plan. But it's important to share as soon as you are ready.
- Think about why you chose to tell your partner. If sexual intimacy is apart of your relationship, then it is your responsibility to disclose your status to this person(s) in your life. This discussion is necessary in the path to protect yourself and your partner(s).
- Be informed. One of the best ways to understand how to discuss HIV with your partner is being informed on what HIV is, how to treat it, its prevention, and the ways to protect yourself. Having this foundation of information will allow you to navigate how best to tell your partner about your HIV status.
- Honest communication. About how you are feeling whilst allowing your partner to be honest with theirs. This means giving them the chance to process and feel every emotion that comes as a reaction to your disclosure.

- Remember your status does not define you nor your relationships.
- Be prepared for their reactions. Reactions can change over time so give your partner time.
- Discuss the future. **U=U AND U+** should be one of the foundations in your discussion when discussing the future and how intimacy will look like for you and them.
- Ask them to accompany you to your doctor/clinic. This ensures that whatever questions they have will be answered by a professional.
- Clinic Partner Notification. Testing clinics offer partner notification on your behalf. This is one option you can take into consideration when choosing your path to disclosure.
- Consider Counselling. Testing centres throughout Trinidad offer couple's counselling for HIV+ persons. This is something to keep in mind for the future.
- Encourage periodic testing.

New Partners/Potential Partners

In the advent of U=U and the increase in the knowledge of barrier protection, you may consider the possibility of not disclosing your status to your short-term partner. However, a relationship built on intimacy and trust would do well with honesty.

- Remember that it's your choice. This means you should consider your comfort when considering when it is time to tell your partner.
- Let them know about U=U. It is a great way to let your partner know that there is no potential of transmission.
- Think of your intimacy in advance. Like any prospect of sex, it is important to have a plan on how it can be enacted safely -- which means protection barriers, the right lubes, and PrEP.

KEY INFORMATION

KEY DEFINITIONS

CD4 CELLS

This type of blood cell (a white blood cell) plays a role in protecting your body from infection. These cells are responsible for aiding your immune system in fighting foreign bodies. When fewer active CD4 cells are in the blood, your health can become easily compromised.

CD4 COUNT

This is a measure of the amount of CD4 cells in a sample of your blood per cubic millimetre of blood. Your CD4 count shows how well your immune system is working. The higher the count, the better you can prevent infections and other risks.

KEY POPULATION

Groups of people who are identified as more likely to be exposed to or to transmit HIV. Increased likelihood of exposure and transmission is due to the legal and social issues related to their identities, locations, and behaviours that increase their vulnerability. Gay and bisexual men, and trans women in particular are considered Key Populations in part because of sexual practices and high transmission risk. However, there are other reasons for high rates of HIV among key populations in the LGBTQI+ community - namely stigma and discrimination that result in fear of testing and low adherence to HIV treatment.

UNDETECTABLE VIRAL LOAD

This occurs after taking HIV medication. You have so little HIV in your blood that tests cannot detect it. There is no risk of HIV being passed on to other persons. Someone who has an undetectable viral load is therefore untransmittable.

VIRAL LOAD

This is the amount of HIV in your blood. It is best to have a low viral load, where the goal is an undetectable viral load. This is achievable through adherence to HIV treatment (ART).

VULNERABLE POPULATIONS

Vulnerable populations are groups of individuals more vulnerable to HIV in certain situations or contexts, such as young people, people with disabilities, LGBTQI+ people, migrants, and orphans, among other groups. These populations are not uniformly impacted across all places or spaces.

Support for Peer Navigation and Treatment Care:

CAISO's Wholeness and Justice Programme

Email: wholenessandjustice@caisott.org


 **Phone: 868-28-CAISO**

 **Website: <https://caisott.org/>**

Family Planning Association of Trinidad & Tobago

 **Website: <http://www.ttfpa.org/>**

Friends For Life

 **Email: friends4life.tt@gmail.com**

National AIDS Helpline

 **800-4HIV (4448)**

Patient Advocate Mission (PAM)

 **Email: patientadvocatemission@gmail.com**

 **Phone: 868-333-4PAM or 868-332-4726.**

Selected HIV Testing Sites Based on Accessibility and Safety



There are over 60 health centres through the Ministry of Health in Trinidad and Tobago that offer free same-day HIV testing, five days a week. However, as we have shared, locations of testing sites can be difficult and even a barrier to testing and care for some communities and people. **Therefore, we suggest you reach out to a peer navigator and/or organisation to offer suggestions and guidance.**

This list of selected sites has been curated and evaluated by peer navigators and CAISO team members, who work with the LGBTQI+ community. Please note evaluations were based on accessibility and safety, which can change and we hope will change and improve in the future.

This is a living document and will be updated where possible.























































Services Available



Services may be available upon request



Services not available

FEATURES	WHEELCHAIR ACCESSIBLE	SIGN LANGUAGE ACCESSIBLE	SPANISH ACCESSIBILITY	LGBTQ SAFE	NEURO-DIVERGENT ACCESSIBLE
Barataria Wellness Centre					
Queens Park Counseling Centre & Clinic (Port of Spain)					
Queens Park Counseling Centre & Clinic (San Fernando)					
FPATT- Port of Spain					-
FPATT- San Fernando					
FPATT- Adolescent Centre					
Chaguanas H/C, Chaguanas District Health Facility					
UWI (St. Augustine)					
Canaan HC					-
Scarborough HC			-		-
Tobago Health Promotion Unit			-		-
MEDICAL RESEARCH FOUNDATION			-		-

REFERENCES

Alhasawi, AlMunther, Saroj Bala Grover, Ali Sadek, Ibrahim Ashoor, Iqbal Alkhabbaz, and Sameh Almasri. "Assessing HIV/AIDS Knowledge, Awareness, and Attitudes among Senior High School Students in Kuwait." *Medical Principles and Practice* 28, no. 5 (September 2019): 470–76. <https://doi.org/10.1159/000500307>.

Baxter, Rachel. "How Can One Practice Safe Sex Being HIV-Positive?" ISSM. Accessed December 1, 2022. <https://www.issm.info/sexual-health-qa/how-can-one-practice-safe-sex-being-hiv-positive>.

Ca, Whai. "Women, HIV & Stigma: A Toolkit for Creating Welcoming Spaces," n.d., 56. Chi, Peilian, Xiaoming Li, Junfeng Zhao, and Guoxiang Zhao. "Vicious Circle of Perceived Stigma, Enacted Stigma and Depressive Symptoms among Children Affected by HIV/AIDS in China." *AIDS and Behavior* 18, no. 6 (June 2014): 1054–62. <https://doi.org/10.1007/s10461-013-0649-z>.

Authenticator. "Chrome Issues." Accessed November 29, 2022. <https://authenticator.cc/docs/en/chrome-issues.html>.

Control, Centers for Disease and Prevention. "HIV/AIDS and U.S. Women Who Have Sex With Women (WSW)." Accessed December 1, 2022. <https://www.thebody.com/article/hiv-aids-u-s-women-sex-women-wsw>.

Corrales, Javier. "The Politics of LGBT Rights in Latin America and the Caribbean: Research Agendas." *European Review of Latin American and Caribbean Studies / Revista Europea de Estudios Latinoamericanos y Del Caribe*, no. 100 (2015): 53–62.

Dean, Hazel D., and Kevin A. Fenton. "Addressing Social Determinants of Health in the Prevention and Control of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis." *Public Health Reports* 125, no. Suppl 4 (2010): 1–5.

MasterClass. "Dental Dam Guide: 7 Tips for Using a Dental Dam - 2022." Accessed November 6, 2022. <https://www.masterclass.com/articles/dental-dam-guide>.

REFERENCES

“Disability Horizons. “Disabled Dating, Relationships & Sex.” Accessed November 27, 2022. <https://disabilityhorizons.com/category/disabled-dating-relationships-and-sex/>.

Drapalski, Amy L., Alicia Lucksted, Paul B. Perrin, Jennifer M. Aakre, Clayton H. Brown, Bruce R. DeForge, and Jennifer E. Boyd. “A Model of Internalized Stigma and Its Effects on People With Mental Illness.” *Psychiatric Services* 64, no. 3 (March 2013): 264–69. <https://doi.org/10.1176/appi.ps.001322012>.

Dutra, Brenda Soares, Ana Paula Lédo, Liliane Lins-Kusterer, Estela Luz, Indira Rodriguez Prieto, and Carlos Brites. “Changes Health-Related Quality of Life in HIV-Infected Patients Following Initiation of Antiretroviral Therapy: A Longitudinal Study.” *The Brazilian Journal of Infectious Diseases* 23, no. 4 (July 1, 2019): 211–17. <https://doi.org/10.1016/j.bjid.2019.06.005>.

Effendy, Elmeida, Mustafa M. Amin, Lidya de Vega, and Nurul Utami. “The Association between CD-4 Level, Stress and Depression Symptoms among People Living with HIV/AIDS.” *Open Access Macedonian Journal of Medical Sciences* 7, no. 20 (October 14, 2019): 3459–63. <https://doi.org/10.3889/oamjms.2019.446>.

Etowa, Josephine, Edidiong Ekanem, Oluwakemi Ariyo, Haoua Inoua, Yvette Ashiri, Hilary Nare, Eno Akan Essien, and Egbe B. Etowa. “Mental Health Experiences of African, Caribbean and Black (ACB) Mothers Living with HIV in the Context of Infant Feeding.” *International Journal of Africa Nursing Sciences* 15, no. Complete (2021). <https://doi.org/10.1016/j.ijans.2021.100358>.

“Factors That Increase HIV Risk | HIV Transmission | HIV Basics | HIV/AIDS | CDC,” March 30, 2022. <https://www.cdc.gov/hiv/basics/hiv-transmission/increase-hiv-risk.html>. nhs.uk. “Female Condoms,” December 21, 2017. <https://www.nhs.uk/conditions/contraception/female-condoms/>.

“Free HIV Testing – The North West Regional Health Authority.” Accessed November 27, 2022. <https://www.nwrha.co.tt/free-hiv-testing/>.

“Full Article: Sexual Health for People Living with HIV.” Accessed December 1, 2022. <https://www.tandfonline.com/doi/full/10.1016/S0968-8080%2807%2929034-2>. gavinadmin. “How Do I Tell My Partner I Have HIV?” *Take Control HIV* (blog), October 16, 2019. <https://takecontrolhiv.com/how-do-i-tell-my-partner-i-have-hiv/>.

REFERENCES

Gayles, Travis A., Lisa M. Kuhns, Soyang Kwon, Brian Mustanski, and Robert Garofalo. "Socioeconomic Disconnection as a Risk Factor for Increased HIV Infection in Young Men Who Have Sex with Men." *LGBT Health* 3, no. 3 (June 2016): 219–24. <https://doi.org/10.1089/lgbt.2015.0102>.

"Geographical Accessibility to Primary Health Care in Finland – Grid-Based Multimodal Assessment - ScienceDirect." Accessed December 1, 2022. <https://www.sciencedirect.com/science/article/pii/S0143622821001995>.

Gottbrath, Laurin-Whitney. "Study: Anti-LGBTQ Laws Cost Caribbean up to \$4.2BN a Year." Accessed December 1, 2022. <https://www.aljazeera.com/economy/2021/6/30/study-anti-lgbtq-laws-cost-caribbean-up-to-4-2bn-a-year>.

Heuveline, Patrick. "Impact of the HIV Epidemic on Population and Household Structure: The Dynamics and Evidence to Date." *AIDS (London, England)* 18, no. 0 2 (June 2004): S45–53.

"HIV & AIDS | Petersen Clinics." Accessed November 6, 2022. <https://hiv.medicine.arizona.edu/hiv-aids>.

"HIV among Men Who Have Sex with Men in the Caribbean: Reaching the Left behind - PMC." Accessed December 1, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7939031/>.

"HIV and Hearing Loss - The American Academy of Audiology." Accessed December 1, 2022. <https://www.audiology.org/hiv-and-hearing-loss/>.

"HIV Counselling And Testing Sites | Ministry of Health." Accessed November 27, 2022. <https://health.gov.tt/services/hiv-counselling-and-testing-sites>.

"HIV Self Testing Portal – Caribbean Med Labs Foundation." Accessed November 27, 2022. <https://www.cmedlabsfoundation.com/main-menu/hiv-self-testing-portal/>.

"HIV/AIDS in Rural Communities - RHIhub Toolkit." Accessed December 1, 2022. <https://www.ruralhealthinfo.org/toolkits/hiv-aids/1/rural-issues>.

"HIV-Related Communication and Safe Sex Practices among Heterosexual Black Men - PMC." Accessed December 1, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6436827/>.

REFERENCES

“HIV-Related Stigma in the UK Then and Now: To What Extent Are We on Track to Eliminate Stigma? A Qualitative Investigation | BMC Public Health | Full Text.” Accessed December 1, 2022. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-021-11000-7>.

Sexuality and Disability. “Home.” Accessed November 27, 2022. <https://sexualityanddisability.org/>.

Verywell Health. “How to Disclose Your HIV Status to Someone You’re Dating.” Accessed November 29, 2022. <https://www.verywellhealth.com/how-to-disclose-your-hiv-status-to-someone-youre-dating-49436>.

“How to Overcome a Language Barrier in the Bedroom | SELF.” Accessed November 27, 2022. <https://www.self.com/story/language-barrier-sex>.

“How to Talk to Your Partner About Going on PrEP,” January 29, 2016. <http://www.hivplusmag.com/prevention/2016/1/29/how-talk-your-partner-about-going-prep>.

“How to Tell Your Partner That You’re HIV Positive | HIV/AIDS-Clicks.” Accessed November 29, 2022. <https://clicks.co.za/health/article-view/how-to-tell-your-partner-that-youre-HIV-positive>.

Huang, Yunxiang, Dan Luo, Xi Chen, Dexing Zhang, Zhulin Huang, and Shuiyuan Xiao. “HIV-Related Stress Experienced by Newly Diagnosed People Living with HIV in China: A 1-Year Longitudinal Study.” *International Journal of Environmental Research and Public Health* 17, no. 8 (April 14, 2020): 2681. <https://doi.org/10.3390/ijerph17082681>.

“I Have to Leave to Be Me.” Human Rights Watch, March 21, 2018. <https://www.hrw.org/report/2018/03/21/i-have-leave-be-me/discriminatory-laws-against-lgbt-people-eastern-caribbean>.

“‘I Went in There, Had a Bit of an Issue with Those Folks’: Everyday Challenges of Heterosexual African, Caribbean and Black (ACB) Men in Accessing HIV/AIDS Services in London, Ontario | BMC Public Health | Full Text.” Accessed December 1, 2022. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-021-10321-x>. “Integration of Mental Health and HIV Interventions — Key Considerations,” n.d., 92.

REFERENCES

“I-TECH. “I-TECH to Expand Psychosocial and Gender-Based Violence Support in Trinidad and Tobago.” Accessed December 1, 2022. <https://www.go2itech.org/2022/08/>.

Jahromy, Hassan Safarzadeh, Mojtaba Hemayatkhah, Sedigheh Rezaei Dehnavi, and Vahid Rahmanian. “Experiences of People Living with HIV (PLHIV) in Jahrom, Southern Iran: A Phenomenological Study.” *International Journal of High Risk Behaviors and Addiction* 10, no. 2 (2021). <https://doi.org/10.5812/ijhrba.108414>.

Kall, Meaghan, Megan Auzenbergs, and Valerie Delpech. “Development of a Nationally Representative HIV Patient Survey: Experiences from the Positive Voices Survey in the United Kingdom,” n.d., 1.

Kayeyi, Nkomba, Ingvild F. Sandøy, and Knut Fylkesnes. “Effects of Neighbourhood-Level Educational Attainment on HIV Prevalence among Young Women in Zambia.” *BMC Public Health* 9, no. 1 (August 25, 2009): 310. <https://doi.org/10.1186/1471-2458-9-310>.

SmartSex Resource. “Know Your Chances.” Accessed November 27, 2022. <https://smartsexresource.com/sexually-transmitted-infections/sti-basics/know-your-chances/>.

Kolysh, Simone. “Straight Gods, White Devils: Exploring Paths to Non-Religion in the Lives of Black LGBTQ People.” *Secularism and Nonreligion* 6, no. 0 (January 24, 2017): 2. <https://doi.org/10.5334/snr.83>.

Lacombe-Duncan, Ashley, Laura Warren, Emma Sophia Kay, Yasmeen Persad, Jaspreet Soor, Hannah Kia, Angela Underhill, et al. “Mental Health among Transgender Women Living with HIV in Canada: Findings from a National Community-Based Research Study.” *AIDS Care* 33, no. 2 (February 2021): 192–200. <https://doi.org/10.1080/09540121.2020.1737640>.
“LGBT People with Disabilities,” n.d., 4.

Liu, Chuncheng, Ye Zhang, Stephen W. Pan, Bolin Cao, Jason J. Ong, Hongyun Fu, Dan Wu, et al. “Anticipated HIV Stigma among HIV Negative Men Who Have Sex with Men in China: A Cross-Sectional Study.” *BMC Infectious Diseases* 20, no. 1 (January 15, 2020): 44. <https://doi.org/10.1186/s12879-020-4778-5>.

“Living With HIV / AIDS | Common Questions and Answers.” Accessed December 1, 2022. <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hiv-aids/living-hiv>.

REFERENCES

Logie, Carmen H, LLana James, Wangari Tharao, and Mona R Loutfy. “‘We Don’t Exist’: A Qualitative Study of Marginalization Experienced by HIV-Positive Lesbian, Bisexual, Queer and Transgender Women in Toronto, Canada.” *Journal of the International AIDS Society* 15, no. 2 (September 7, 2012): 10.7448/IAS.15.2.17392. <https://doi.org/10.7448/IAS.15.2.17392>.

Lutendorf, Susan, Michael H. Antoni, Neil Schneiderman, and Mary Ann Fletcher. “Psychosocial Counseling to Improve Quality of Life in HIV Infection.” *Patient Education and Counseling, Current Perspective: AIDS/HIV Education and Counseling*, 24, no. 3 (December 1, 1994): 217–35. [https://doi.org/10.1016/0738-3991\(94\)90066-3](https://doi.org/10.1016/0738-3991(94)90066-3).

“MBTT- Code of Ethics.” Accessed November 27, 2022. http://www.mbt.org/CodeOfEthics_The_scope_of_Bioethical_Principles.htm.

Mitchell, Cristina, and <https://www.facebook.com/pahowho>. “OPAS/OMS | Living with HIV when one partner is positive and the other is negative.” *Pan American Health Organization / World Health Organization*, November 29, 2012. https://www3.paho.org/hq/index.php?option=com_content&view=article&id=7820:living-hiv-when-one-partner-positive-other-negative&Itemid=0&lang=pt#gsc.tab=0.

Miyada, Simone, Artenio Jose Iper Garbin, Bruno Wakayama, Tania Adas Saliba, and Clea Adas Saliba Garbin. “Quality of Life of People with HIV/AIDS - the Influence of Social Determinants and Disease-Related Factors.” *Revista Da Sociedade Brasileira de Medicina Tropical* 52 (March 18, 2019). <https://doi.org/10.1590/0037-8682-0157-2018>.

Nast, Condé. “How to Talk to Your Partner About Getting Tested.” *Allure*, October 27, 2022. <https://www.allure.com/story/how-to-talk-to-partner-about-getting-tested>.

Nunn, Amy, Annajane Yolken, Blayne Cutler, Stacey Trooskin, Phill Wilson, Susan Little, and Kenneth Mayer. “Geography Should Not Be Destiny: Focusing HIV/AIDS Implementation Research and Programs on Microepidemics in US Neighborhoods.” *American Journal of Public Health* 104, no. 5 (May 2014): 775–80. <https://doi.org/10.2105/AJPH.2013.301864>.

Nyblade, Laura, Aparna Jain, Manal Benkirane, Li Li, Anna-Leena Lohiniva, Roger McLean, Janet M Turan, et al. “A Brief, Standardized Tool for Measuring HIV-Related Stigma among Health Facility Staff: Results of Field Testing in China, Dominica, Egypt, Kenya, Puerto Rico and St. Christopher & Nevis.” *Journal of the International AIDS Society* 16, no. 3Suppl 2 (November 13, 2013): 18718. <https://doi.org/10.7448/IAS.16.3.18718>.

REFERENCES

Pantelic, Marija, Kevin Martin, Colin Fitzpatrick, Eileen Nixon, Marc Tweed, William Spice, Martin Jones, Mary Darking, Jennifer Whetham, and Jaime H. Vera. “I Have the Strength to Get through This Using My Past Experiences with HIV’: Findings from a Mixed-Method Survey of Health Outcomes, Service Accessibility, and Psychosocial Wellbeing among People Living with HIV during the Covid-19 Pandemic.” *AIDS Care* 34, no. 7 (July 3, 2022): 821–27. <https://doi.org/10.1080/09540121.2021.1975628>.

———. “I Have the Strength to Get through This Using My Past Experiences with HIV’: Findings from a Mixed-Method Survey of Health Outcomes, Service Accessibility, and Psychosocial Wellbeing among People Living with HIV during the Covid-19 Pandemic.” *AIDS Care* 34, no. 7 (July 3, 2022): 821–27. <https://doi.org/10.1080/09540121.2021.1975628>.

“PrEP and PEP | Preventing New HIV Infections | Clinicians | HIV | CDC.” Accessed December 1, 2022. <https://www.cdc.gov/hiv/clinicians/prevention/prep-and-pep.html>. “Professions Related to Medicine,” 2016, 40.

“Protecting the Fabric of Society? Heterosexual Views on the Usefulness of the Anti-Gay Laws in Barbados, Guyana and Trinidad and Tobago - PMC.” Accessed December 1, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5213255/>.

“Reducing HIV-Related Stigma and Discrimination in Healthcare Settings: A Systematic Review of Quantitative Evidence - PMC.” Accessed December 1, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6347272/>.

Rice, N., and P. C. Smith. “Ethics and Geographical Equity in Health Care.” *Journal of Medical Ethics* 27, no. 4 (August 2001): 256–61. <https://doi.org/10.1136/jme.27.4.256>.

Ruano, Ana Lorena, Daniela Rodríguez, Pablo Gaitán Rossi, and Daniel Maceira. “Understanding Inequities in Health and Health Systems in Latin America and the Caribbean: A Thematic Series.” *International Journal for Equity in Health* 20, no. 1 (April 6, 2021): 94. <https://doi.org/10.1186/s12939-021-01426-1>.

Santos, Monika ML dos, Pieter Kruger, Shaun E. Mellors, Gustaaf Wolvaardt, and Elna van der Ryst. “An Exploratory Survey Measuring Stigma and Discrimination Experienced by People Living with HIV/AIDS in South Africa: The People Living with HIV Stigma Index.” *BMC Public Health* 14, no. 1 (January 27, 2014): 80. <https://doi.org/10.1186/1471-2458-14-80>.

Santos, Vanessa da Frota, Samyla Citó Pedrosa, Priscila de Souza Aquino, Ivana Cristina Vieira de Lima, Gilmara Holanda da Cunha, and Marli Teresinha Gimenez Galvão. “Social Support of People with HIV/AIDS: The Social Determinants of Health Model.” *Revista Brasileira De Enfermagem* 71, no. suppl 1 (2018): 625–30. <https://doi.org/10.1590/0034-7167-2017-0346>.

REFERENCES

Senyurek, Gamze, Mustafa Volkan Kavas, and Yesim Isil Ulman. "Lived Experiences of People Living with HIV: A Descriptive Qualitative Analysis of Their Perceptions of Themselves, Their Social Spheres, Healthcare Professionals and the Challenges They Face Daily." *BMC Public Health* 21, no. 1 (May 12, 2021): 904. <https://doi.org/10.1186/s12889-021-10881-y>.

Ro. "Sex Positions for Disabilities: A Comprehensive Guide." Accessed December 1, 2022. <https://ro.co/health-guide/sex-positions-for-disabilities/>.

"Sex Toys and STIs: 20 Facts About Risk, Safer Sex, Cleaning, More." Accessed December 1, 2022. <https://www.healthline.com/health/healthy-sex/sex-toys-and-stis#takeaway>.

"Sexual Health and Socioeconomic-Related Factors Among HIV-Positive Men Who Have Sex with Men in Puerto Rico - PMC." Accessed December 1, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4561021/>.

nhs.uk. "Sexual Health for Lesbian and Bisexual Women," January 20, 2022. <https://www.nhs.uk/live-well/sexual-health/sexual-health-for-lesbian-and-bisexual-women/>.

"Sexual Respect Toolkit." Accessed November 27, 2022. <https://sexualrespect.com/>.

SCI Sexual Health. "Sexuality 201, Spinal Cord Injury and Sex - SCI Sexual Health Site." Accessed December 1, 2022. <https://scisexualhealth.ca/sexuality-201-sci/>.

"Shifting the HIV Paradigm from Care to Cure: Proceedings from the Caribbean Expert Summit in Barbados, August 2017 - PMC." Accessed December 1, 2022. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6053839/>.

Smith, M. Kumi, Richie H. Xu, Shanda L. Hunt, Chongyi Wei, Joseph D. Tucker, Weiming Tang, Danyang Luo, et al. "Combating HIV Stigma in Low- and Middle-Income Healthcare Settings: A Scoping Review." *Journal of the International AIDS Society* 23, no. 8 (August 2020): e25553. <https://doi.org/10.1002/jia2.25553>.

HIV.gov. "Standing Up to Stigma." Accessed December 1, 2022. <https://www.hiv.gov/hiv-basics/overview/making-a-difference/standing-up-to-stigma>.

Tafuma, Taurayi A., Nyikadzino Mahachi, Chengetai Dziwa, Tafara Moga, Paul Baloyi, Gladys Muyambo, Auxilia Muchedzi, et al. "Barriers to HIV Service Utilisation by People Living with HIV in Two Provinces of Zimbabwe: Results from 2016 Baseline Assessment." *Southern African Journal of HIV Medicine* 19, no. 1 (August 9, 2018): 721. <https://doi.org/10.4102/hivmed.v19i1.721>.

REFERENCES

Swiss AIDS Federation. "Talking about HIV." Accessed November 29, 2022. <https://aids.ch/en/living-with-hiv/everyday-life/talking-about-hiv/>.

HIV.gov. "Talking About Your HIV Status." Accessed November 29, 2022. <https://www.hiv.gov/hiv-basics/hiv-testing/just-diagnosed-whats-next/talking-about-your-hiv-status>.

"Telling Others | Living With HIV | HIV Basics | HIV/AIDS | CDC," March 30, 2022. <https://www.cdc.gov/hiv/basics/livingwithhiv/telling-others.html>.

"The Expansion of LGBT Rights in Latin America and the Backlash | The Oxford Handbook of Global LGBT and Sexual Diversity Politics | Oxford Academic." Accessed December 1, 2022. <https://academic.oup.com/edited-volume/28222/chapter-abstract/213246456?redirectedFrom=fulltext>.

"The Relationship between LGBT Inclusion and Economic Development: Macro-Level Evidence - ScienceDirect." Accessed December 1, 2022. <https://www.sciencedirect.com/science/article/pii/S0305750X19300695>.

TheLoversGuide. "Scissoring Sizzles For Penis Owners – Not Just Vulva Owners." The Lovers' Guide (blog), April 24, 2021. <https://www.loversguide.com/sex-advice/illustrated-sex-positions/scissoring-sizzles-for-penis-owners-not-just-vulva-owners/>.

thisisloyal.com, Loyal |. "The Relationship Between LGBT Inclusion and Economic Development: Emerging Economies." Williams Institute. Accessed December 1, 2022. <https://williamsinstitute.law.ucla.edu/publications/lgbt-inclusion-economic-dev/>.

Thorpe, Vanessa. "Marlon James: 'I Underwent Gay Exorcism in Pentecostal Church in Jamaica.'" The Observer, March 17, 2019, sec. Books. <https://www.theguardian.com/books/2019/mar/17/marlon-james-underwent-gay-exorcism-jamaica>.

Options for Sexual Health. "Tips for Vaginal Intercourse." Accessed November 27, 2022. <https://www.optionsforsexualhealth.org/facts/sex/tips-for-vaginal-intercourse/>.

"Tongue Condoms: What They Are and How to Use Them." Accessed November 27, 2022. <https://www.webmd.com/sex/what-is-tongue-condom>.

"Toolkit for Providing HIV Prevention Services to Transgender Women of Color (2019)," n.d., 130.

"Top Health Issues for LGBT Populations Information & Resource Kit," n.d., 100.

Touko, Adonis, Célestin P Mboua, Peter M Tohmuntain, and Anne B Perrot. "Sexual Vulnerability and HIV Seroprevalence among the Deaf and Hearing Impaired in Cameroon." *Journal of the International AIDS Society* 13 (February 4, 2010): 5. <https://doi.org/10.1186/1758-2652-13-5>.

REFERENCES

Turan, Bulent, Henna Budhwani, Pariya L. Fazeli, Wesley R. Browning, James L. Raper, Michael J. Mugavero, and Janet M. Turan. "How Does Stigma Affect People Living with HIV? The Mediating Roles of Internalized and Anticipated HIV Stigma in the Effects of Perceived Community Stigma on Health and Psychosocial Outcomes." *AIDS and Behavior* 21, no. 1 (January 2017): 283–91. <https://doi.org/10.1007/s10461-016-1451-5>. "UNAIDS Terminology Guidelines - 2015," n.d., 64.

"Undetectable Viral Load and Transmission – Information for HIV-Negative People | Aidsmap." Accessed December 1, 2022. <https://www.aidsmap.com/about-hiv/undetectable-viral-load-and-transmission-information-hiv-negative-people>.

"VA.Gov | Veterans Affairs." Teaching Material. Accessed December 1, 2022. <https://www.hiv.va.gov/patient/daily/sex/single-page.asp>.

Be in the KNOW. "Video: Talking about HIV." Accessed November 29, 2022. <https://www.beintheknow.org/living-hiv/hiv-sex-and-relationships/video-talking-about-hiv>.

HIV.gov. "Who Is at Risk for HIV?" Accessed December 1, 2022. <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/who-is-at-risk-for-hiv>.

"Women and HIV." Accessed December 1, 2022. <http://www.eveforlife.org/page7.html>.

"Women Who Have Sex with Women (WSW) and Women Who Have Sex with Women and Men (WSWM)," July 13, 2021. <https://www.cdc.gov/std/treatment-guidelines/wsw.htm>.

Healthline. "Your Guide to Lube for Sex: Types, How to Use, and More," April 29, 2022. <https://www.healthline.com/health/healthy-sex/lube-shopping-guide-types>.

"Your Guide to Sex Lubes - Best Lubes for Sex." Accessed December 1, 2022. <https://www.cosmopolitan.com/sex-love/a28436344/types-of-lube-and-when-to-use-them/>.

"Your Right To Quality Service | Ministry of Health." Accessed November 27, 2022. <https://health.gov.tt/your-right-to-quality-service>.

"Zotero | Your Personal Research Assistant." Accessed November 6, 2022. <https://www.zotero.org/start>.

Zou, James, Yvonne Yamanaka, Muze John, Melissa Watt, Jan Ostermann, and Nathan Thielman. "Religion and HIV in Tanzania: Influence of Religious Beliefs on HIV Stigma, Disclosure, and Treatment Attitudes." *BMC Public Health* 9, no. 1 (March 4, 2009): 75. <https://doi.org/10.1186/1471-2458-9-75>.



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