ProjectM : Challenges to ACCESS

HIV/AIDS Prevention for African-Muslim Girls in Toronto

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ABSTRACT

HIV/AIDS Prevention for African-Muslim Girls in Toronto: Poster

Muslim youth from HIV/AIDS Endemic listed countries, have been "Access-Denied" in terms of HIV/AIDS outreach and prevention efforts in a local Torontonian context. This lack of access is due to a number of reasons; some instigated by the self, some systemic, however most are still to be defined. This presentation explores the nature of this inaccessibility at the physical and social environmental level, through the systemic challenges experienced in the deployment of one pilot HIV/AIDS Project in the Muslim community.

DESCRIPTION:

ProjectM, also known as 'the Muslim Girls Project' is a grassroots, local AIDS Service Organization project, hosted by Africans in Partnership Against AIDS. To date its tenure has been 18 months. It is a project for young Muslim women by Muslim women from the 14-29 age categories with emphasis on the African community target group. The objectives of the project are to raise awareness and provide HIV/AIDS prevention education to this overlooked and vulnerable community, *in a socio-cultural, religiously aligned and linguistically cognizant manner*.

CHALLENGES TO ACCESS

1. Inter-community factors (Target community vs. External factors):
- Lack of support, cultural incompetency between funders/providers/greater community

2. Intra-community factors
- Acknowledging the heterogeneity of Muslim African youth (language, culture, heritage, orientation, genders, race, ethnicity, religious sectarian affiliation, visible vs. invisible faith identities, immigration status +)

3. Spatial Challenges
- Finding ideal Muslim communal space— working within existing Islamic infrastructure is ideal in reaching out to dominant Muslim community

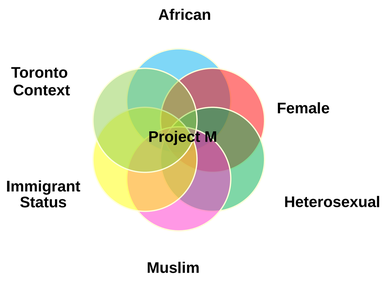
RECOMMENDATION:

- The dominant Muslim community's cultural, religious, linguistic and spatial understandings and modes of discussing sexuality and HIV/AIDS prevention must be integrated and reflected in project delivery models

BACKGROUND

ProjectM targets young women from African backgrounds who live in the Greater Toronto Area. Over the last few years, service providers and AIDS service organizations throughout the city have noted the dearth of literature and programming for this particular subset of the community. Africans in Partnership Against AIDS has sought to address this gap by developing this unique project which is jointly funded by the Ministry of Health and M·A·C AIDS Fund. Although to date no formal research has been conducted; the project is making significant strides in engaging the community in a discussion that would not have occurred otherwise.

Figure 1: Population Categories



OBJECTIVE

The objectives of the project are to raise HIV/AIDS awareness and provide HIV/AIDS prevention education to this overlooked and vulnerable community, in a socio-cultural, religiously aligned and linguistically cognizant manner.

ProjectM OVERVIEW

OUTREACH TARGETS

- African Muslim Women's Community
- General Muslim Women's Community
- Religious Leaders, Elders and Faith Based Organizations
- Priority Geographic Areas in Toronto

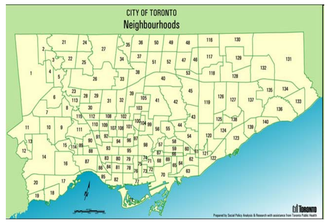
PREVENTION CURRICULA

- Workshops:

1. General Health—discussion of social determinants of health and what it means to be healthy in a Muslim-Canadian Context
2. Interpersonal Health—maintaining and promoting healthy relationships
3. Intimate Health—also known as HIV/AIDS 101

- Health group sessions: are informal variations of the workshops that can be conducted with fewer people, less structure and more participatory input.

Priority Geographic Outreach: Figure 2



Analysis of gender, age, ethnicity, HIV status and religious affiliation determined key geographic areas of interest for project outreach and prevention efforts. These include:

Neighborhood Listing 2 – Mount Olive Silverstone-Jamestown
Neighborhood Listing 24 – Black Creek
Neighborhood Listing 25 - Glenfield-Jane Heights
Neighborhood Listing 26 – Downsview-Roding-CFB
Neighborhood Listing 28 - Rustic

Outreach Activities

Annual Toronto outreach at events such as Afrofest gives us an opportunity to reach out to young people in a comfortable space,. They can play games, win prizes, take home educational materials and sign up for future activities.

Community Advisory Committee (CAC)

The committee has played a vital role in the formation of this project and continues to provide much needed guidance, support, and feedback on a regular basis. The CAC is reflective of the target community and includes contributors who are youth, community stakeholders and people living with or affected by HIV/AIDS. Making the CAC inclusive is incredibly important to the project which abides by the GIPA principle (Greater Involvement of People living with or affected by HIV/AIDS).

DISCUSSION

CHALLENGES TO ACCESS

Barriers to accessing sexual health services that have emerged during the initial stages of the project seem to be rooted in the physical and social environments in which the project is being hosted. The following discussion aims to unpack some of the most prevalent issues.

1. Inter-community (target community vs. service providers/funders/others):

- Host organization faces scrutiny. They are perceived to be outsiders with little or no experience working with Muslim people. These feelings are compounded by perceived discrimination in a post 9/11 context
- Lack of support, cultural incompetency between communities
- Islamophobia – Defined as individual, institutional or systemic and societal forms of racism manifested as stereotypes, bias, or acts of hostility, intolerance and racial profiling towards individual Muslims or followers of Islam. Target community access, HIV/AIDS outreach and prevention is minimized or prevented when institutional, systemic and societal views discriminate, are prejudicial or perceive Muslims as a greater security threat. This limits and denies project and community service access or support
- Lack of funding, challenges with policy related to work/funding being granted to people interested in working with faith based communities

2. Intra-Muslim community factors:

- Stigma –perception HIV/AIDS as arising from "non-religious" practices
- Deep suspicion about who is providing service, and why they are providing service
- The Muslim community is already burdened—with social issues, settlement, systemic discrimination, terrorist accusations, hostility, lack of resources, etc. Introduction of new issues creates "anxiety"
- Heterogeneity—the Muslim community is not homogenous. There is diversity of languages, cultures, ethnicities, orientations, political streams, visible and invisible faith identities and belief systems. ALL programming for this community needs to take this into consideration
- Deep set belief that religion does not include culture—practices may in fact differ and be contradictory
- Textual faith based authority and language sensitivity is mandatory in outreach and prevention efforts

3. Spatial Challenges

- Mosques are the ideal Muslim communal space, and working within the existing infrastructure is ideal if reaching out to greater Muslim community—not always possible however due to systemic reasons
- Use of existing Muslim community structures for discussion (i.e. *Madresa's*, (traditional Islamic schools*) Halaqah's* (learning circles) over "Workshop" formal structures
- For vulnerable, minority, off-grid Muslim women's groups there is difficulty with access due to stigmatization, safety and confidentiality (Queer, Violence survivors, etc)
- Gender segregation: Host organization and service providers misunderstand context of gender segregated space for services or events hosted (i.e. During prayers, etc)
- The Public vs. Private – Currently, understanding realms of sexual health education fall largely into discussions of the private realm for the dominant Muslim community (historically and cross-culturally this has been viewed differently)

BUILDING BLOCKS OF OUTREACH:

1. Modesty—the Islamic concept of *Hayat* or modesty is essential in developing materials and workshops for the general Muslim public in HIV/AIDS outreach and prevention. Many mainstream tools and approaches may be alienating. In our experience conducting outreach with the use of sexual health images and resources that are explicit (i.e.. nudity) act as a serious deterrent to Muslim women seeking services or advice.
2. Knowledge—the Islamic concept of *'Ilm* or knowledge is the primary reason why many participate in our workshops. They see it as a religious obligation to learn more about their surroundings and issues affecting their community. If designed properly this type of knowledge-seeking behavior can be used to engage the community in critical thinking and action around HIV/AIDS

RECOMMENDATIONS

- Researchers and service providers need to distinguish between faith aligned initiatives and faith based initiatives. *ProjectM* is a faith aligned initiative. This means at some point the objectives of faith–based groups and secular health promotional knowledge intersect. This allows for more flexibility in service delivery and is a method that warrants further study
- "Prevention is not just Prevention." It needs to be contextualized so that competing or contrasting models can be combined or blended for maximum effect
- Establish MODEST modes to integrate the dominant Muslim community's cultural, "religious," linguistic and spatial understandings and modes of discussing sexuality and HIV/AIDS prevention in project delivery models. These modes are often not loud, visible, with bright lights, not sexually explicit, and instead are often subvert, behind closed doors and in gender-segregated spaces
- In the long-term, begin working with other members of the Muslim community to have more holistic community engagement. e.g. working with young men
- Work at the pace and at the request of what the community needs. i.e. If the Muslim community has not accepted discussing HIV/AIDS in their spaces, do not have discussions *about them & HIV/AIDS* in external non-faith based spaces. This is not good for establishing trust with the community
- We must understand "who is at risk" and have strategies and approaches which will be appropriate and reflective of each Muslim community sub-group— this requires engagement from the research community
- Emphasize positive and community relevant prevention strategies (such as abstinence, being faithful, male circumcision)
- Educate service providers about the needs of the Muslim community—create cultural competency through training

CONCLUSION

The past year and a half has been a time of growth for the project. During this period we have facilitated numerous workshops and provided education to countless others in the community. At times accessing the community has been difficult due to issues such as mistrust, HIV/AIDS related stigma and discrimination, as well as limited resources. Despite these difficulties the project continues to thrive by establishing trust with the community and working closely with the Community Advisory Committee in order to develop accurate and useful interventions.

The path forward will require the Toronto Muslim community to step forward and play a prominent role in the project and develop a sense of ownership. "For the community by the community" is a necessary model in a post 9/11 context. We should strive for the leadership in this field to reflect the community members which are targeted. This is key to establishing trust and rapport with the community.

Stigma and otherizing is a major issue in HIV prevention work in this environment. A preliminary goal should be to enable the community in understanding that this is an issue which affects them and has the potential to be detrimental if steps are not taken immediately to address it. To enable this foothold into the community, other agenda's should try to be limited at this point (i.e. war politics, inter-sectarian differences, etc). Increase efforts at HIV/AIDS awareness building.

As the population of Muslims from HIV-endemic countries continues to grow in Toronto through immigration and birth, the need for services will expand. The present is the time to develop effective methods to prevent the entry and the spread of HIV/AIDS in this community. An excellent starting point would be engagement with African-Canadian Muslim youth who have unique perspectives, offer significant contributions and face deep-set systemic challenges.

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