

JAZAS programs, based on cultural sensitivity and a participatory approach

What I am going to talk about?

What is cultural sensitivity in JAZAS' approach and programs?

- First of all we still do not have culturally sensitive programs but we are working on it.

- When will we be able to say that we are applying cultural sensitivity in our programs?

II. Some dimensions of cultural sensitivity

- 1.The interplay of culture and HIV risk .. Is there any specific risk of being Roma and being a sex worker
- 2. Stigma and discrimination as barriers to HIV prevention among Roma population
- 3.The importance of conveying HIV /AIDS prevention messages in a form that those to whom message is addressed can understand it

To cover all these dimensions we started with a NEEDS ASSESSMENT of Roma sex workers.

III. Who are Roma sex workers - how they differ from non Roma ?– (according to JAZAS' research)

- Roma commercial sexworkers (SW) were significantly younger.
- They had significantly lower education than non-Roma SW.
- Significantly lower percent of Roma SW knew to read and write than non- Roma SW-(functionally illiterate).
- There were no significant differences between Roma and non-Roma SW in relation to sex and marital status.
- First sexual intercourse before age of 14 was reported significantly more often among Roma SW than non-Roma SW ($p = 0.002$).

Who are Roma sex workers - how do they differ from non Roma – (according to JAZAS' research)

There was no significant difference between studied groups in place of providing sexual services, number of clients during the last working day, inconsistent use of condom with commercial sex partner during the last 30 days, inconsistent use of condom with steady sex partner during the last 30 days, presence of sexually transmitted disease during last 6 months and history of testing for HIV.

Who are Roma sex workers – how do they differ from non Roma – (according to JAZAS' research)

- Compared to non-Roma SW, Roma SW used
- painkillers, ecstasy
cocaine and speedball significantly less often ($p = 0.041$).
- There were no significant differences between groups in the daily use of alcohol, marijuana, sedatives, speedball, heroin and all drugs during last month, as well as in ever using drugs and ever injecting drugs.

Who are Roma sex workers – how do they differ from non Roma – (according to JAZAS' research)

Roma SW significantly more often gave correct answers concerning common misconceptions about HIV/AIDS than non-Roma SW ($p = 0.028$). Among studied groups there were no significant differences in knowledge of HIV/AIDS prevention and in comprehensive knowledge about HIV/AIDS.

IV. What can be the SOLUTION?

- Low socioeconomic status among ROMA SW can not be solved through JAZAS' program. There are many activities on the national level.
- (Governmental programs, through ROMA DECADE (improving living conditions, education, employment, accessibility of services, especially health services))

What can be the SOLUTION?

Low health literacy, low comprehensive knowledge about HIV transmission

There are no health education, health promotion programs on the any of the levels especially for ROMA population. Health care workers are still rather passive in motivating the Roma population for non –risky behaviour.

What can be the SOLUTION?

- THERE IS NO HEALTH EDUCATION CAMPAINES, EDUCATION MATERIAL OF ANY KIND ESPECIALLY DEVOTED TO ROMA PEOPLE in the area of SEXUAL HEALTH AND HIV/AIDS PREVENTION.
- It is necessary to continue JAZAS' work on education of both Roma and non-Roma SW and to reconsider and revise the existing prevention programs.

What can be the SOLUTION?

- There is a need for close CONNECTION WITH other DEVELOPMENT PROGRAMS for Roma population in Serbia.
- There is a need to educate Roma SW about their rights and about ways they can report violations of their rights
- There is a need to educate the general public and all services providers in human rights especially in the area of interplay of human rights and health status of Roma population particularly highly vulnerable groups such as SW.

PARTICIPATORY APPROACH IN JAZAS PROGRAMS

Do we have such an approach ?

- YES, WE DO.
- WE WORK WITH THEM NOT FOR THEM.
- HOW?

PARTICIPATORY APPROACH IN JAZAS PROGRAMS

- 1. We have 10 official peer educators SW, who have been educated through several seminars and now educate their colleges.
- 2. We have more non official peer educators, who are not educated but are willing to help and convey our messages to their colleagues.
- 3. We have self support groups, where they talk and provide each other with advice and support
- 4. We have group discussions and consultation meetings with social worker and a lawyer. We discuss discrimination , human rights , violence

PARTICIPATORY APPROACH IN JAZAS PROGRAMS

- 5. We have health workshops and discuss health care problems, personnel problems, children care and other matters that they define
- 6. We have a drop in centre in which they are “like at home “ with many activities that they developed for themselves
- 7. We produce posters, leaflets, participate together in TV programs
- 8. We go to the theatre together

Cultural Sensitivity and a Participatory Approach

NEXT STEPS

- Education: JAZAS is writing projects for literacy and education opportunities for SW. Through self-support groups and peer education, numerous SW expressed desire to finish school and learn new skills.
- Empowerment: with new skills, finished school and opportunities for alternative employment, SW are empowered not only on individual level but also on the community level.
- Children: possible day care and educational programs with children of SW will enable SW to deal with other issues (obtaining documents, health insurance, etc)





