A qualitative study on stigma and discrimination experienced by indigenous peoples living with HIV or having TB at work

SOCIAL JUSTICE
DECENT WORK

This report signals a first step in exploring the experiences of indigenous people living with HIV and/or having tuberculosis (TB) in the workplace. While there is significant literature on discrimination faced by indigenous peoples and by those living with HIV (and to a lesser extent having TB) in many contexts, there is little data that explores specific experiences in the world of work.

The ILO collaborated with the Canadian Aboriginal AIDS Network (CAAN), the secretariat of the International Indigenous HIV & AIDS Working Group (IIWGHA), to undertake this qualitative study.

Our collaboration unites and maximizes the perspective of indigenous people living with HIV, CAAN's research expertise, IIWGHA's network and ILO's expertise in the world of work and marks the 30th anniversary of the ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169). The Greater Involvement of People living with HIV (GIPA) principle has been entrenched in our approach to every stage of this process.

Undertaken by:

The Canadian Aboriginal AIDS Network

Secretariat of the International Indigenous Working Group on HIV & AIDS

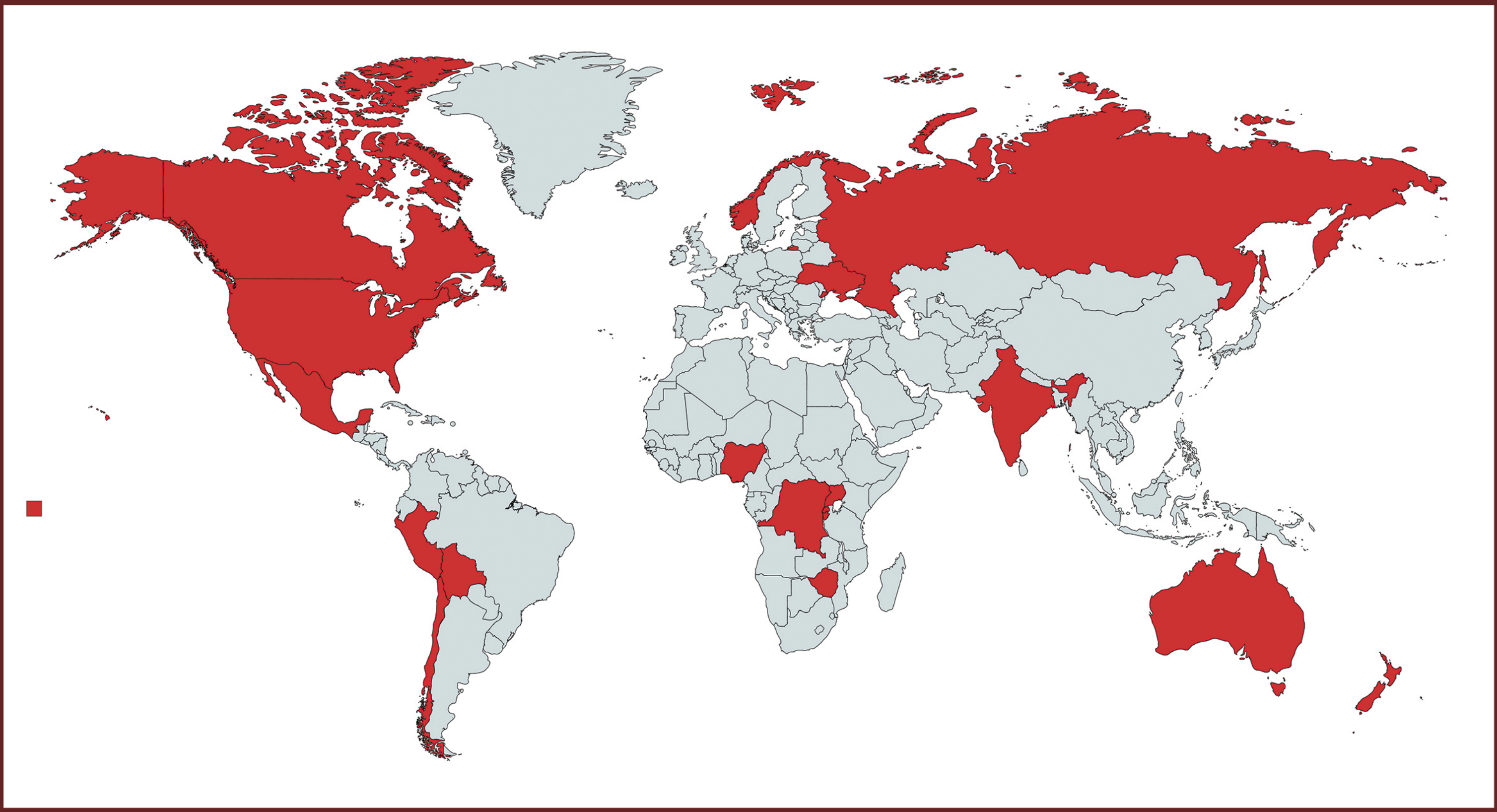
Indigenous and Tribal Peoples Convention, 1989 (No. 169)

ILO Convention No. 169 on indigenous and tribal peoples is an international treaty, adopted by the International Labour Conference of the ILO in 1989. It is based on respect for the cultures and ways of life of indigenous peoples and recognizes their right to land and natural resources and to define their own priorities for development. The Convention aims at overcoming discriminatory practices affecting these peoples and enabling them to participate in decision-making that affects their lives. Therefore, the fundamental principles of consultation and participation constitute the cornerstone of the Convention.

Find the full report at:
https://www.ilo.org/global/docs/WCMS_732322/lang--en/index.htm and www.caan.ca

Key Steps:

- Literature review of pertinent texts including seminal articles, grey literature, ILO and UNAIDS reports and citation mining for key references.
- Mobilized and recruited indigenous HIV activists from North and South America, Africa, Eastern Europe, Asia and the Pacific region to undertake 21 one-on-one interviews and 5 follow-up regional focus groups.
- Interviewees shared their experiences and insights about workplace discrimination and stigma against indigenous people living with HIV and/or having TB in their specific countries.
- The themes from the country-specific interviews were further examined in regional focus groups to think through the regional applicability of the experiences of discrimination and explore meaningful solutions.



Australia, Bolivia, Burundi, Canada, Chile, Congo, Fiji, India, Mexico, New Zealand, Nigeria, Norway, Peru, the Russian Federation, Rwanda, Uganda, Ukraine, United States and Zimbabwe

Findings:

Indigenous peoples constitute over six per cent of the global population and are about three times more likely to be in extreme poverty than their non-indigenous counterparts are.

Data gaps exist in understanding the situation of indigenous peoples regarding HIV and TB, and in particular about intersecting forms of discrimination based on indigenous identity, gender and HIV or TB status.

> "I just know of one person - this lady who used to sell things, so she would move around with a basket, but one day she got sick. We don't even know if it was HIV or not, but people were saying it's HIV, because she got really, really sick. Now, when she got back to her selling, it was very difficult for her to continue with her business, because now people were scared to buy her things."
> *Participant from Africa, employed in the informal sector*

The report shows that indigenous peoples face double discrimination – because they are indigenous as well as living with HIV and/or having TB. Being an LGBT indigenous person adds another layer to this. Barriers to accessing health services, denial of the right to work and discrimination in employment settings are highlighted.

Indigenous people face racism, lose their lands, and face threats to their cultural traditions and languages. Overall, health services for indigenous peoples living with HIV and/or having TB are available, but barriers to access are a major problem in most countries.

> "I ended up getting basically seven months leave with pay, and a settlement to leave the job. Basically, they didn't want me back on the job."
> *Participant from Africa, employed in the informal sector*

> "And in [the country], regardless of whether there are laws or even if the native people have been recognized through a law, there is still discrimination against the indigenous peoples. And double discrimination, also for being a person living with HIV."
> *Participant from Africa, employed in the informal sector*

The main barriers are: lack of culturally appropriate information and discrimination by health care providers; health professionals inability to speak indigenous languages; the costs of travelling long distances to the health services; discriminatory attitude of service providers, drug-supply shortages (stock-outs), stigma and concerns regarding confidentiality (both related to disclosure and also being seen accessing the service).

Indigenous people living with HIV and/or having TB reported losing their jobs, losing promotions, leaving the workforce for fear of disclosure, not being hired because of their status, and/or being harassed and discriminated against by employers and co-workers.

> "I know that health professionals, due to ignorance of the native people's culture, have discriminated in the sense that [they think] indigenous peoples do not follow the treatment correctly because they have [the opinion that] the culture …. , is messy, it is irresponsible. And they have told this directly to a man, that he will not be able to go ahead with the treatment because he is irresponsible."
> *Participant from Africa, employed in the informal sector*

In spite of employment regulations and rights, the chances of getting a job or, once employed, having the same opportunities as other employees to be promoted or to be treated fairly in the workplace are not equal for indigenous peoples living with HIV and/or having TB.

Findings:

Involve people with living experiences

1. Include indigenous stakeholders living with HIV and/or having TB;
2. Review disclosure and confidentiality policy and

Provide information and education:

3. Design outreach in the languages of indigenous communities;
4. Train service providers about stigma and discrimination, \respecting confidentiality and indigenous cultures;
5. Design campaigns against stigma and discriminations.

Engage and enforce legal solutions:

6. Ratification and implementation of ILO Convention No. 169;
7. Improve mechanisms to support legal claims against discrimination;
8. Implement and enforce legal mechanisms.

Respond in the workplace:

9. Promote the ILO Convention No. 169 and the ILO Recommendation on HIV and AIDS and the world of work (No. 200);
10. Target employers, co-workers and indigenous people living with HIV and/or having TB in the development and execution of interventions.
11. Engage employers and employees in training about country specific legislation and policy, and international covenants.

Pursue research to improve the availability of data by and for indigenous people:

12. Conduct further research and improve indigenous-specific data collection;
13. Research effective responses and interventions to improve the world of work;
14. Ensure that research offers benefits to indigenous communities and support for community-specific goals.