THEME: Barriers faced by key populations in accessing HIV services.

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My presentation comes on the grounds that adolescent girls and young women in Cameroon have been identified to experience high HIV infection compared to their counterparts who are adolescent boys and young men. It is worth noting that some adolescent girls and young women fall under a population group called kep populations. Hence, my presentation is on barriers faced by female Key populations and other vulnerable groups in accessing HIV/SRH services.

Key populations namely: Female Sex workers (FSWs), women who have sex with women (WSW) transgender, Women who injects drugs (WWIDs) and other vulnerable groups like women in prison and women with disabilities are groups who are more vulnerable to HIV. For key populations HIV stigma adds a second layer of stigma. Naturally, people have negative attitudes towards key populations and these existing negative attitudes are further compounded by their association with HIV and AIDS. On top of this, Cameroon has laws that criminalize their behavior and make it difficult for them to exercise their human rights, including accessing health services. Because of this, key populations face overt discrimination and stigma.

The objective of this presentation is: **a)** to provide participants with more information on key populations **b)** to discuss how female key populations may be stigmatized in different contexts, and the impact of this stigma on their access HIV health and other services and **C)** to proposed some recommendations on actions that can be taken to encourage female key populations to access HIV/SRH services and hence reduction in new HIV infections. I will briefly examine the different groups of kep populations and barriers the y face in accessing HIV services.

Sex workers

Sex workers are women who receive money or goods in exchange for sexual services, and who consciously define those activities as income generating even if they do not consider sex work as their occupation.

Prostitution in Cameroon is illegal but tolerated, especially in urban and tourist areas. In the capital, Yaoundé the main area of prostitution is the neighbourhood of Mini Ferme.[4] UNAIDS estimate there are 112,000 sex workers in the country.There is a need to prioritize interventions for HIV prevention toward this population in order to limit the burden of HIV sexual transmission nationwide.

Sex workers are 13 times more at risk of HIV compared with the general population, due to an increased likelihood of being economically vulnerable, unable to negotiate consistent condom use, and experiencing violence, criminalisation and marginalisation.

- **some of the barriers faced by sex workers in accessing HIV services are**

- Sex workers are often stigmatised, marginalised and criminalised by the societies in which they live, which makes it hard for them to access healthcare services.
- sex workers have a major concern with the quality of services, especially the rude remark from providers, denial or delay of services, and potential for breach of confidentiality.
- Sex workers are regarded as offenders and immoral actors in the society

TRANSGENDERS

Transgender is a term that includes the many ways that people's gender identities can be different from the sex they were assigned at birth.Transgender people express their gender identities in many different ways. Some people use their dress, behavior, and mannerisms to live as the gender that feels right for them. Some people take hormones and may have surgery to change their body so it matches their gender identity. Under this set of people are also cross dressers and hermophrodiles

- **Some of the barriers faced by transgenders in accessing HIV services are**
  - Many transgender describe feelings of mistrust in relation to health care providers, services, .In some cases, the distrust stems from previous negative experiences with health care providers or from transphobia encountered within health care environments
  - Some transgender individuals lack knowledge of where to find trans-competent care and lack of health literacy may act as a barrier
  - transgender individuals have postponed medical care due to cost. While unaffordable health care is a problem for many , it is a particularly acute issue for transgender individuals, who experience high unemployment rates
  - The resulting instability from unemployment and insecure housing often causes many transgender individuals to prioritize safety, food, and shelter over medical concerns
  - shortage of providers and specialists who focus on, or are comfortable with, providing health care for transgender individuals was a barrier.
  - transgender individuals experience subtler forms of discrimination, such as being called by the wrong pronoun, name, or gender during provider encounters

WOMEN HAVING SEX WITH WOMEN

Women who have sex with wommen (WSW) are purportedly neutral terms commonly used in public health discourse.

workers are more at risk of contacting the HIV virus, through the sharing of sex toys.

- **Some of the barriers faced by WSW in accessing HIV services are**
  - Stigma has been defined as the disqualification of an individual from being fully accepted socially, while discrimination entails the unfair treatment of persons on the basis of their race, age, sex and so on. Both stigma and discrimination are barriers to HIV services as well as linkage to care..
  - Structural barriers such as stigma, discrimination, gender inequality, gender-based violence, criminalisation of sexual practices associated with HIV transmission, poverty and human rights abuses were all impediments to HIV services.
  - Perceived and experienced stigma and discrimination due to sexual preferences and confidentiality concerns in healthcare settings are among structural barriers to accessing services among WSW especially in settings where male to male sex is illegal
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WOMEN LIVING WITH DISABILITIES

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"

People with disabilities have been excluded and neglected in all of the sectors responding to HIV. HIV prevalence data among people with disabilities are scarce. Data from sub-Saharan Africa suggest an increased risk of HIV infection of 1.48 times in men with disabilities and 2.21 times in women with disabilities compared with men without disabilities (6, 7). Access to HIV prevention, care, treatment and support and sexual and reproductive health and rights services is equally important, and in some cases even more important, for people with disabilities compared with their peers without disabilities. This access is hindered by several factors, such as the following:

Stigma and discrimination: people with disabilities, in particular women and girls, may be turned away from sexual and reproductive health and rights and HIV services (8, 9), may be considered a low priority, or may not be provided with accessible education and information

material (10, 11). People with disabilities are found in all key and vulnerable populations, including people who inject drugs; sex workers; lesbian, gay, bisexual and transgender people; men who have sex with men; children out of school; people experiencing violence; women and girls; adolescents; and migrants (Figure 2). They may therefore experience multiple forms of stigma and discrimination in all spheres of life, including health, education, work and the justice system. This applies particularly to women and girls with disabilities who experience discrimination based on gender and disability.

Exclusion from violence prevention:

people with disabilities are 1.3 times more likely to experience sexual, physical and emotional violence than their peers without disabilities. In particular, women, girls and people with mental and intellectual impairments are two to eight times more likely to experience sexual violence than their non-disabled peers and yet they are mostly forgotten in data collection and gender-based violence programmes As a result, these people are less likely to report violence, seek care or access justice.

Inaccessibility:

health services are often not physically accessible and lack support for alternative modes of communication, such as sign language,and simplified easy-to-read. In the context of HIV and sexual and reproductive health and rights, people with disabilities may experience attitudinal barriers relating to the expectation that they are not sexually active and therefore not in need of such services (9). Any person with a disability may be sexually active and in need of services; women and girls with disabilities may need such services even more, as they have less decision-making power and autonomy to negotiate safer sex. The combination of discrimination based on disability, gender, may compromise access to services.

Exclusion from sexuality education:

young people with disabilities may be sexually active and may engage in behaviours that put them at risk of acquiring HIV, but they may have little knowledge about HIV and sexuality . People with disabilities are2–10 times more likely to be out of school than their peers without disabilities, those who are at school may lack access to comprehensive sexuality education if their educators hold negative beliefs about their need for sexuality education and lack the skills and tools to accommodate people with diverse learning needs.

Evidence suggests that educators may avoid discussing sexuality and use an abstinence-driven teaching approach when they experience cultural barriers or struggle with increased incidence of

sexual violence among their learners

Increased economic vulnerability: people with disabilities and their families are economically more vulnerable due to exclusion and discrimination in the labour market, lower employment rates and lower household incomes. They also experience higher out-of-pocket costs than the general population due to additional disabilityrelated costs. In addition, women with disabilities experience additional gender-based inequalities that leave them with even less access to economic resources, further decreasing their ability to access health and education services.

WOMEN IN PRISONS.

A) Ways through which women in prison contact the virus

- Overcrowding crowding which leads to rape and sexual violence in prisons
- High-risk sexual and other risky behavior in prisons increase the spread of HIV and sexually transmitted infections.
- The use of contaminated injecting equipment when using drugs is one of the primary routes of HIV transmission in prisons.

B) **Barriers faced by women in prison in accessing HIV services.**

- Lack of health care services in prison
- Due to the overcrowded nature of prisons, the prisoners access to HIV services are limited.

Recommended solutions

- The government should work together with this NGOs who handle projects on this key population, so that through peer educators, this key population will get access to see of this HIV services.
- The government should have a Focal point, so that it will be easy to get information about this target population concerning their needs, and information can get to them easily.
- The government should organise training workshops for this set of people through the different mayors in the different regions of the country, so as to train them in some skills that they may be able to start up business for themselves in other to gain income.

- There is an urgent need to provide access to evidence based HIV prevention, care, treatment and support in prison settings in Cameroon.
- Prisoners should have access to confidential voluntary counselling and testing. No prisoner should be discriminated or segregated on the basis of his or her HIV sero-prevalence