

Conditions favourable to sexual health *These strategies do not have a direct impact on HIV transmission, but include different practices and contexts that promote good sexual health and contribute to putting other strategies in place.*



USING SOCIAL AND HEALTH SERVICES

Making use of various social, health, and community services to get support and improve your sexual health

Description

- This strategy consists of using the many social, health, and community services that are available and that can directly or indirectly improve your sexual health.
- These services are not necessarily focused on sexual health and can be aimed instead at improving mental health and well-being, at getting tested and treated for a variety of health problems or at strengthening a person's sense of resilience and empowerment. These services deal with a diverse range of issues and are offered in various ways including
 - programs to promote sexual health that focus on reducing risk and increasing the use of various HIV prevention strategies,
 - discussion groups:
 - for specific communities, e.g., HIV-positive people, serodiscordant couples, youth under 25 years of age, people from particular ethnocultural communities
 - on particular subjects, e.g., self-esteem, romantic relationships, mental health, drug use, consent
 - peer support
 - individual counseling services (e.g. talking with a social worker)
 - social groups to reduce isolation
 - programs for treating addiction.

Accessibility

- The *Portail VIH/sida du Québec* web site provides a directory of HIV/AIDS-related services in Montreal and elsewhere in Quebec: <http://pvsq.org/ressources/ressources-vih-sida-du-quebec/>
- A number of references for Montreal and across Quebec can be found on RÉZO's web site: <http://www.rezosante.org/bottin-de-references.html>

Effectiveness

- Sexual health is not just a matter of using condoms. Many factors affect a person's vulnerability to HIV, such as violence in intimate relationships, drinking or drug use in the context of sex, mental health problems, or trauma experienced in childhood.
- The use of social and health services can have an impact in terms of helping you to be more in control of your sexuality and, ultimately, more capable of protecting yourself and your partners against HIV.
- Using services can also make it easier for you to find, understand, assess, and communicate information in a way that promotes, maintains, and improves your health (health literacy).⁷
- Peer support has been shown to be effective in reducing risk practices,^{8,9} drinking, and drug use⁹ and can improve attitudes and knowledge about HIV.⁹

Acceptability

- Advantages of using social and health services:
 - Gives you access to support, instructions, and counseling.
 - Gives you access to accurate information and professionals who work in the field.¹⁰
 - Gets you referrals to services that are right for you.

- Reduces isolation and allows you to meet others who with experiences similar to your own.¹⁰
- Encourages you to take care of your health.
- Allows you to gain independence in terms of decisions affecting your health.
- Most services are provided free of charge and on an anonymous basis.¹⁰
- Disadvantages of using social and health services:
 - It's possible to have a bad experience (e.g. lack of sensitivity, feeling that you are being judged, breach of privacy)¹⁰
 - Does not offer any direct protection against HIV or STIs.
- Obstacles to using social and health services:^{10, 11}
 - Being ashamed or embarrassed to ask questions.
 - Fear of being judged by service providers.
 - Not having enough information about the service.
 - Finding out that the service doesn't suit you.
 - Having concerns that the service isn't confidential or anonymous.
 - Experiencing long waits or delays before being able to access the service.
 - Having to commute a long way in order to access the service.
 - Not being available during hours of operation or times when an activity takes place.
 - Having a disability that can make it difficult to access the service or facilities (e.g. hearing loss, use of a wheelchair).

References

1. Buller, A. M., Devries, K. M., Howard, L. M., & Bacchus, L. J. (2014). Associations between Intimate Partner Violence and Health among Men Who Have Sex with Men: A Systematic Review and Meta-Analysis. *PLoS Med* 11(3), e1001609.
2. Siemieniuk, R., Krentz, H. B., Gill, M. J. (2013). Intimate Partner Violence and HIV: A Review. *Current HIV/AIDS Reports*, 10(4), 380-389.
3. Beyrer, C., Baral, S. D., van Griensven, F., Goodreau, S. M., Charivalertsak, S., Wirtz, A. L., & Brookmeyer, R. (2012). Global epidemiology of HIV infection in men who have sex with men. *The Lancet*, 380(9839), 367-377.
4. Vermund, S. H., & Leigh-Brown, A. J. (2012). The HIV Epidemic: High-Income Countries. *Cold Spring Harbor Perspectives in Medicine*, 2(5), a007195.
5. Jie, W., Ciyong, L., Xueqing, D., Hui, W., & Lingyao, H. (2012). A Syndemic of Psychosocial Problems Places the MSM (Men Who Have Sex with Men) Population at Greater Risk of HIV Infection. *PLoS ONE* 7(3), e32312.
6. Schilder, A. J., Anema, A., Pai, J., Rich, A., Miller, C. L., Keith Chan . . . Robert S. Hogg, R. S. (2014). Association between Childhood Physical Abuse, Unprotected Receptive Anal Intercourse and HIV Infection among Young Men Who Have Sex with Men in Vancouver, Canada. *PLoS ONE*, 9(6), e100501.
7. Rootman, I., & Gordon-El-Bihbety, D. (2008). *Vision d'une culture de la santé au Canada: Rapport du Groupe d'experts sur la littératie en matière de santé*. Retrieved from http://www.cpha.ca/uploads/portals/h-l/report_f.pdf.
8. Ye, S., Yin, L., Amico, K. R., Simoni, J. M., Vermud, S. H., Ruan, Y., . . . & Qian H. Z. (2014). Efficacy of Peer-Led Interventions to Reduce Unprotected Anal Intercourse among Men Who Have Sex with Men: A Meta-Analysis. *PLoS ONE*, 9(3), 1-11.
9. Simoni, J. M., Nelson, K. M., Franks, J. C., Yard, S. S & Lehavot, K. (2011). Are Peer Interventions for HIV Efficacious? A Systematic Review. *AIDS and Behavior*, 15(8), 1589-1595.
10. Projet MOBILISE!. (2017). *Données issues des équipes citoyennes de projet MOBILISE!* (internal document).
11. Otis, J., Martel, M., Haig, T., Monteith, K., Rousseau, R., & Herrera, A. (2015, avril). *Understanding access to prevention strategies: taking the first steps toward combination HIV prevention for MSM in Montreal*. Communication présentée au 24th Annual Canadian Conference on HIV/AIDS Research, Toronto, Canada.