

Case Study 10: Working with Women Who Exchange Sex (WES)

Key Messages:

- Community empowerment is the key to effectively working with women who exchange sex (WES).
- Innovative peer-led WES groups such as LikLik Lipstick, can increase the self-esteem and self-worth of WES, in addition to providing an important avenue for information sharing and behaviour change communication.
- Developing relationships with police and nurses can build a rapport that assists in the work done with WES.

Background

In 2011, Tingim Laip (TL) undertook a Social Mapping exercise to better understand who was at risk of acquiring or transmitting HIV in PNG and why. Women who exchange sex for money, goods and favours have increased risk of, and impact from HIV. The Mapping process found large numbers of women engaging in varying levels of sexual exchange in all the locations explored. Reported compensation ranged from small amounts of cash or commodities to large amounts of money. In Hela, for example, with a decline in subsistence farming and as villages move from traditional land, some women are driven towards the exchange of sex for goods or money to feed themselves and their families, particularly when male partners do not provide support. In palm oil settings, increased exchange sex is driven by a growing cash economy through an informal, self-organised sex work industry.

Rationale

According to WHO, 'sex workers are at an increased risk due to exposure to multiple sexual partners and, sometimes, inconsistent condom use, often due to clients' unwillingness or coercion. Legal issues, stigma, discrimination and violence pose barriers to HIV services for sex workers.' The frequency of the commercial sex encounters in PNG, and the low reported levels of condom use, demonstrate a high risk of STI and HIV transmission for women who exchange sex (WES). These risks are increased further by some sexual exchanges exposing women to environments of heavy alcohol use, physical violence and sexual violence.

Women involved in transactional sex for money, favours and goods do not necessarily identify as sex workers, but often report very similar patterns of negotiating and exchanging sex as sex workers. They present with little or no awareness of STIs and HIV, and are not accessing programmes that provide education or condom distribution. As a result of perceived or real stigma and discrimination, many women exchanging sex are not accessing sexual and reproductive health services. TL is a peer based program that uses community empowerment as a necessary component of its work. As recommended by WHO, TL also carries out condom promotion programmes to provide information and skills-building for condom use, and to create demand for HIV testing, STI screening, and HIV treatment and care.

"TL has given us confidence to speak out, not just about HIV and AIDS but also in life. We all used to be silent because of shame, frightened to have a voice but now we talk for ourselves." *Volunteer – Hagen*

Outcomes

- TL recruited WES to reach WES. In addition, there were instances when people of other key populations also reached WES such as mobile men with money (MMM).
- WES peers were reached at nightclubs, guesthouses and brothels. Peers were also reached through the national sex worker organisation Friends Frangipani, and the Morobe Network of Positive Living. For those who maintain close networks of peers in their settlements of residence (e.g. Milne Bay), this has proven an effective model for both peer education and also capacity building of WES who have increased access to trainings and experience through their TL volunteer roles. In Buyeta for example, the FO and volunteers, in environments of trust, conduct regular small group discussions (in communities, both formal and informal) and one-to-one peer education in nightclubs, around town and in settlements.
- In locations such as Jiwaka, Hagen, Alotau and Goroka, Field Officers (FO) and volunteers often reached people that clinic staff could not reach themselves. FOs and volunteers went into night clubs and other locations and talked to WES peers about going to health services, ensuring they used language that made their peers feel comfortable. In Goroka, the clinic's relationship with WES peers was strengthened over time and peers began going to the clinic unaccompanied.
- In some locations, mobile VCT and STI clinics were organised, such as one in Markham which was conducted during the day at a local tavern. Goroka TL mentioned that one clinic carried out physical examinations which made women uncomfortable, but that Anglicare clinics (to which TL took referrals) only conducted blood tests. This was far more agreeable to the women.
- In Milne Bay an FO described 'group referrals' as the most effective method of connecting young WES to services. The first of these was a mobile clinic, held

"Before TL came here, the women that engaged in sex, they didn't know how to dress up, they just go to the hot spot and wait for the MMM. They were not looking well, looking sick and lazy because of the STIs...I taught them to pluck their eyebrows. After Liklik Lipstick I talk about their sex life, and encourage dressing up, respect yourself, don't put yourself down. If you dress up you will look beautiful. I used to show them how to dress up, and even asked them, 'when you go out for sex, how much?' I say, 'what if you have sex 3x [times], how will you have enough money?...If you make yourself beautiful, you will have spare money to get what you want. In the future someone might fall in love with them'. They say, 'boss, you right girl!' They all want the female condom now. They're really bright on the road, they really dress up! Sometimes I used to say I was nobody before." Field Officer – Daru

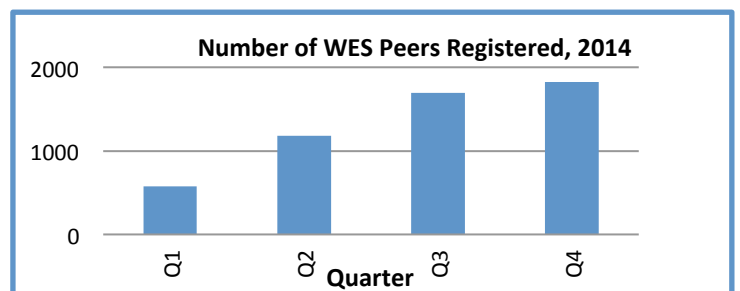
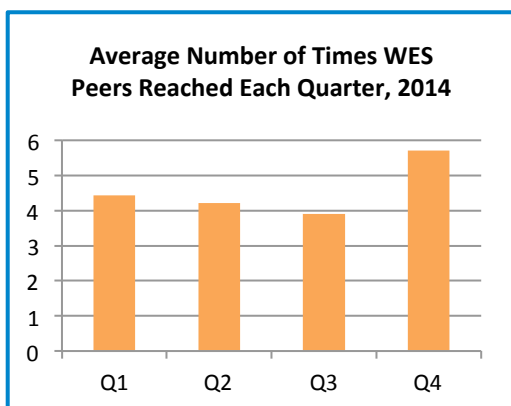
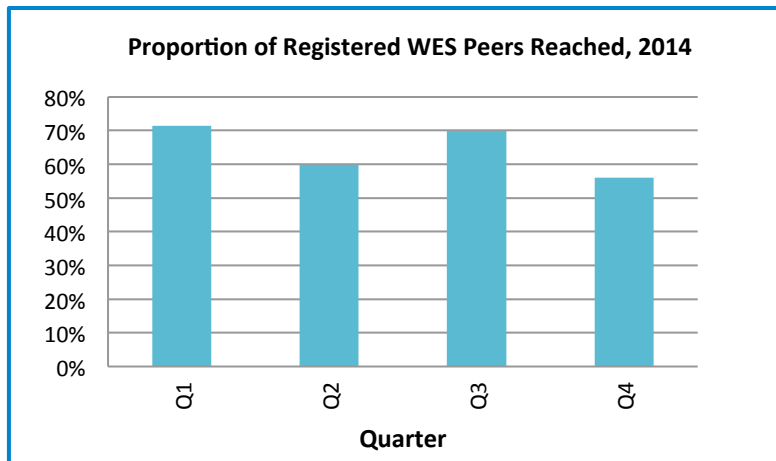
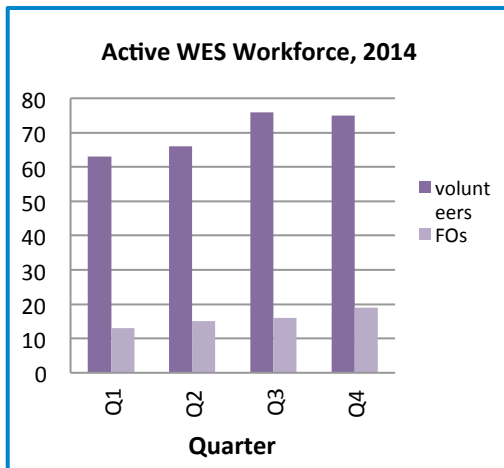
"Do not judge the WES, saying they should not commit adultery like in the Bible ...we want to be treated like we are all friends and sisters and brothers together. If you start judging us, putting labels on us, you will not get to work with people like us, we won't want to listen to you. You have to speak our language and get to our level ... you get to our level and speak our language ...So if somebody wants to work with WES they must get someone who is WES who will know the target group and when she does one-to-one with them, they will speak the same language and come from the same background." – Field Officer, Daru

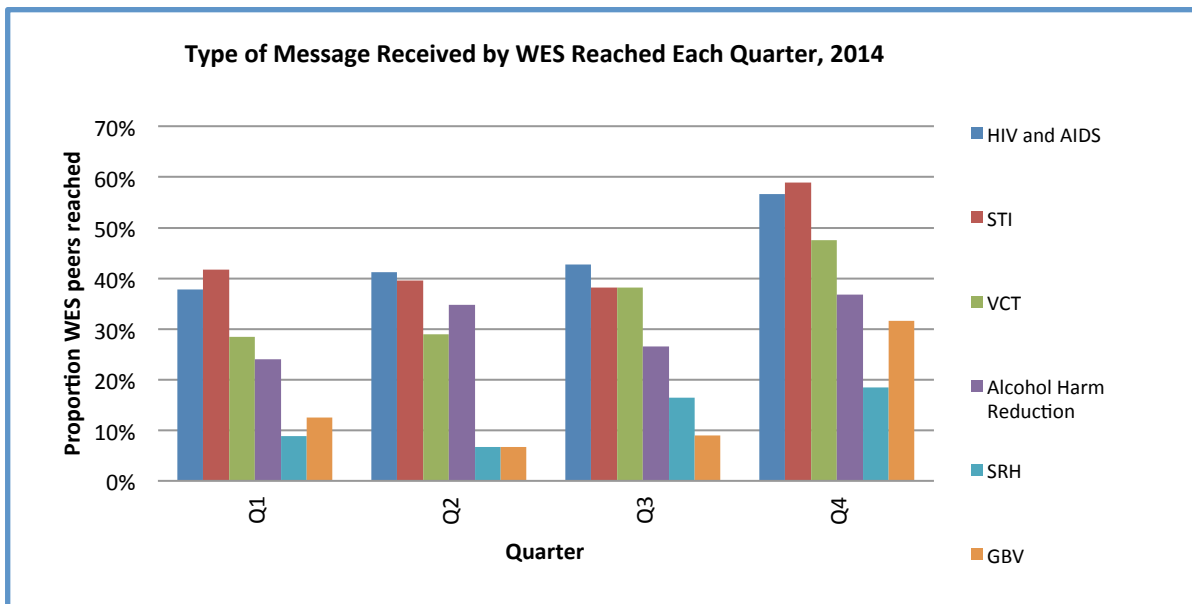
in the TL office, with staff attending from Hagu Clinic in Alotau to conduct the testing. Following this initial connection to services, group referrals involved a coordinated meeting time within the settlement, a pre-arranged time for appointments with Hagu Clinic, group taxi rides, accompanied referrals and follow up support as required. These referrals to clinics were described as 'fun' and 'easy for the girls', and were arranged twice a month. The Hagu Clinic reported a significant increase in clinic presentations as a result of TL's outreach work – "we used to have to advocate for people to come to clinic, now they come with TL, they are tested and they advocate for testing to their own peers."

- The innovative group Liklik Lipstick in Daru worked with a group of ten WES over 6 months teaching them how to increase their self-esteem, self-worth and self-respect by dressing up and using makeup. They then discussed topics ranging from condom negotiation to STIs.

- Condom distribution points included venues or establishments such as guest houses, nightclubs and bars, trucking companies and security barracks that are regularly visited by targeted KAPs.
- By the end of 2014, there were 75 volunteer WES and 19 FOs working with TL. They had registered 1,824 of their WES peers by the same period with 56% of those reached in Q4.
- Women who exchange sex were reached approximately four times a quarter throughout 2014 with a variety of messages. HIV/AIDS messages reached a maximum of 57% in Q4, while 59% were reached with STI messages. Gender based violence messages reached the least proportion of WES in Q2 with 7%, however, in Q4, 32% were reached. VCT messages consistently reached over 28% each quarter.

"I would say I feel proud because we have touched the heart of especially the FSW here. They've never had such an opportunity of learning information about HIV, STIs, gender-based violence and other things. What TL is doing here has really improved a lot of our FSW. They now have basic information about HIV and they can talk to people outside [in the broader community]. In the past, people see them as prostitutes, but now we get good feedback, people see them doing this work of giving out condoms, giving information, referring people to clinics – they tend to respect them, that's the very big thing I'm proud of, people are respecting such ladies. People at the clinic too, they tend to respect them." *Project Officer - Markham*





Challenges

- Training is constantly needed, because the WES population is mobile, and although WES in most of the sites have already been referred to services, new women continue to come in who have not modified their behaviour.
- Sometimes stigma and discrimination affected TL FOs and volunteers. Some WES believed the TL staff had HIV and didn't want to talk to them.
- With some WES being mobile and not settled in a village (e.g. in Central) some FOs found it a challenge to reach their target of 20 peers. This, in some circumstances, led to criticism from POs that the FO was not doing enough work to reach their peers.
- Central reported a significant challenge where condom distributors were not members of KAPs. It could be quite difficult for condom distributors to approach people and start telling them about condoms and often times instead of putting the condoms on the table they would have them hidden. Relatives made negative comments towards them, making fun of them.

Lessons Learnt

- It is imperative to use correct language around WES – training was conducted in Goroka to address this issue and attitudes were seen to change amongst staff. Personal relationships were used to facilitate shifts in mindset such as a PO in Goroka approaching an openly gay man for advice on working with these populations. He is a family friend and works with Friends Frangipani.
- Developing relationships with members of the general population can build a rapport that assists in the work done with key populations. For example, relationships with police, nurses and highway drivers who may come into contact with WES can refer them to TL FOs or volunteers for assistance.
- Innovative peer-led WES groups such as LikLik Lipstick, can increase the self-esteem and self-worth of a WES in addition to providing an important avenue for information sharing and behaviour change communication.
- If too many people are referred to clinics at once, this can place pressure on health service staff and supply. If FOs ring in advance and arrange a time for group referrals to come in to the clinic then the clinic workload can be better managed.