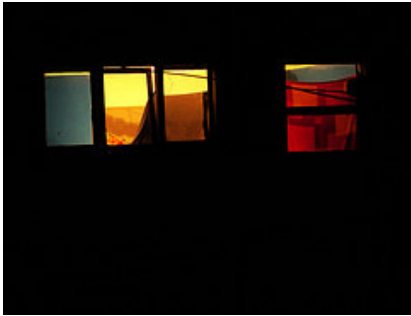


The Guyana HIV/AIDS Reduction and Prevention Project's “Keep the Light On” Initiative Successfully Targets Commercial Sex Workers

By Kirk Smock



“Sometimes you feel you can trust somebody.” Jennifer’s answer is simple human nature. She speaks unapologetically, as though it’s merely a matter of fact. And indeed it is. A world without trust would be an unhappy place. But context is important, and Jennifer is fully aware that her trust could’ve been deadly. This awareness gives her words an undertone of regret, similar to a child explaining away a wrongdoing through the innocence of not knowing any better.

Jennifer mostly looks at her hands when she talks. Sometimes she looks up, her eyes full of stories. One of her dreadlocks keeps falling on her face and she brushes it to the side. It seems to be habit more than anything, like the way she slowly slides her left foot in and out of her pink sandal. Her story is recounted in pieces. There is no beginning, nor is there an ending. Just memories and the present.

Jennifer is a single mother who struggles to provide her kids with life’s basic necessities. She is no different than most mothers in that she will do anything for her children. A couple of years ago, desperate for money and out of work, Jennifer made a decision that she never imagined having to consider. Jennifer began working as a commercial sex worker (CSW).

The job provided for her family. But the work wasn’t easy, nor was it entirely safe. Some men came looking for sex after drinking too much and would get abusive, sometimes they would even refuse to pay. Others offered to pay her more money, but only if she would have sex without a condom. Jennifer knew the risks involved; she knew they could be carrying any number of sexually transmitted diseases and so she always insisted on using a condom. But the men would sweet-talk her; persist that with them, she had nothing to worry about. The extra money would be nice. The relief it brought had a way of overshadowing any inherent dangers. And besides, Jennifer says, “Sometimes you feel you can trust somebody.” It’s only human nature.

Jennifer knew the possible consequences of her actions and would go in periodically to get tested for sexually transmitted infections (STIs). She didn’t expect the experience to be pleasant, but it always seemed worse than it should’ve been. The nurses didn’t treat her like the other patients. Because of her profession, she was discriminated against. It made an already uncomfortable situation nearly unbearable. Sometimes she understood why many CSWs chose to avoid getting check-ups altogether. The health workers, who should have been helping, were inadvertently causing harm.

One night a man named Dexter approached her. He asked only to have a few minutes of her time, saying he just wanted to talk. Dexter said he didn't have any money to give her, speaking only of a valuable education and free condoms. Jennifer heard him out.

Dexter was from the non-governmental organization (NGO) Artistes in Direct Support and was in the midst of completing what could be considered an unusual job assignment. He was given a list of Georgetown locations—brothels, nightclubs, and street corners—where he could expect to find CSWs. He was seeking four women to act as peer educators for a new project that was being spearheaded by the United States Agency for International Development's (USAID) Guyana HIV/AIDS Reduction and Prevention (GHARP) project. The GHARP project is an initiative of the US Government's President's Emergency Plan for AIDS Relief (PEPFAR), a five-year, US\$15 billion dollar comprehensive approach to combating the disease in more than 120 countries around the world.

The CSW project came into being after USAID/GHARP was presented with the results of the 2004-05 Behavioral Surveillance Study (BSS), funded by USAID. Through a questionnaire, the study collected information from target groups that were considered to be most at-risk and vulnerable to the HIV/AIDS epidemic in Guyana.

The BSS covered topics such as sexual behavior, condom use, knowledge of sexually transmitted diseases, treatment options, alcohol and drug use, and understanding, attitude, and opinions about HIV/AIDS.

When Dr. Navindra Persaud, Director of Monitoring and Evaluation at GHARP, saw the BSS results, one group stood out. The attitudes, risky behaviors, and limited knowledge of STIs and HIV/AIDS shown by the CSWs were alarming. Ministry of Health (MOH) officials, including Minister Ramsammy, were also disturbed by the BSS findings. As a result, USAID/GHARP and MOH decided to intervene. The "Keep the Light On" project was born.

The title is both figurative and literal. By keeping a light on with a client, it makes the situation more personal and allows the women a chance to check for signs of STIs. By metaphorically turning the lights on in their heads, CSWs would hopefully make more informed decisions.

To ensure success, it was decided that the project would involve CSWs from the very beginning. The CSWs who would be chosen and trained as peer educators, would also help mold the project. Their input would prove invaluable in creating the training course and manual. GHARP chose two NGO's in Georgetown, Artistes in Direct Support and Lifeline Counselling, and their respective Outreach Officers, Dexter and Donston, to help facilitate the project.

In their search for potential peer educators, Donston and Dexter sometimes approached the women directly on the street. At other times they had to first talk to pimps and brothel

owners. “Surprisingly,” says Donston, “the brothel owners were open and wanted to get involved.” Dexter agrees, adding, “One brothel owner even offered us space to meet with the girls. All he asked in return was that we bring condoms [for the CSWs].”

After potential peer educators were identified, a focus group discussion was scheduled. The women were brought in and shown the results of the BSS. According to Dr. Persaud, they “became worried and grew concerned about what it meant.” As a group, they discussed what life as a CSW entailed, reviewed the BSS in more detail, and came up with nine modules to cover in a training manual that would be used with the project. Topics included HIV/AIDS, STIs, condom use, condom negotiation, genital hygiene, stigma and discrimination, confidentiality, and treatment referrals.

It is estimated that 250 women make their living as commercial sex workers in Georgetown. The idea of the project was to educate eight peer educators in Georgetown on the topics mentioned above. It was then up to the women to take their knowledge and pass it on to their peers. CSWs are much more likely to listen to somebody who understands them, somebody who speaks from experience. Shared experiences create bonds. Bonds create trust. Trust facilitates listening. It’s human nature.

Human nature brings us back to Jennifer, back to the night when she chose to listen to a man who had no money and just wanted to talk. His words struck a chord with her and she listened intently and asked the right questions. Jennifer was picked to be a peer educator. Little did she know the few minutes she gave Dexter that night would change her life.

At the workshops she attended, Jennifer was surprised at how much she learned, how much she didn’t know. “I learned a lot of new sexually transmitted diseases,” she says before segueing into the topics she found to be most important: condom use and negotiation. She chants her mantra: “Use a condom correctly and at all times.” Before her training, Jennifer was never shown how to use a condom correctly, and as a result, they would frequently break on her. “But after learning how to put one on properly,” she says while pinching the tip of an invisible condom and rolling it over an invisible penis, “I didn’t have anymore [breakages].”

She speaks frequently about condoms to the other women. She shows them how to properly put them on and tells them to always use one. She knows they too are sometimes offered more money to forgo the use of a condom. She understands that the desire to trust others is only human nature, but she retorts that in some situations, “You must trust only yourself. HIV/AIDS doesn’t have a face.” They tell her they need the money. Jennifer understands. She’s been there. She’s still there. “There are many challenges out there,” Jennifer says as she slowly slips her foot into her pink sandal, “but money can’t save your life.”

It’s a simple statement, one that’s hard to deny. Donston backs this up by adding to the conversation. “Clients often offer more money for unprotected sex, but because of training, girls now turn them down.” He pauses, lets a smile form on his face and

continues, “One girl was offered G\$100,000 for sex without a condom, and she said no and told the man to leave.”

Jennifer has her own story to tell, but more background is needed first. The BSS showed that many CSWs were reluctant to go to the hospital for regular check-ups. Discrimination and poor treatment were reoccurring themes. To remedy the situation, project representatives worked with health care centres and employees and discussed the need for fair treatment of all patients. Services were improved and now, Jennifer says, “There is a friendlier atmosphere at the hospitals and [the staff] show respect to the women.”

Referrals are given in order for CSWs to access free care at both the USAID/GHARP supported NGO, Guyana Responsible Parenthood Association (GRPA), as well as the Ministry of Health Genito-Urinary Medicine (GUM) Clinic. These clinics provide free check-ups, free clinical management of all STIs and opportunistic infections, and even free anti-retro viral treatment. Jennifer states, “Since this project started, girls are more likely to go for a check-up. Many girls congratulate me for telling them to get a check-up.”

These referrals for care, however, are not only for the CSWs. The women are encouraged to pass on what they learn to their clients. Tell them about STIs and condoms; discuss HIV/AIDS and genital hygiene. CSWs are also given extra referral slips to give to their clients after explaining to them the importance of having regular check-ups. The education of the clients is an important aspect of the CSW project.

Roughly 250 women work as CSWs in Georgetown alone. Each woman sees multiple clients in a week. Some of the men are married; most are having sex with other partners. The project targets CSWs, but one of the objectives is for CSWs to speak to their clients, who will hopefully, in one form or another, pass on the knowledge to their wives, other partners, or friends. The project starts by educating a handful of women. They educate others who then pass the word on to additional persons. People like to talk about what they know.

And this is where Jennifer’s story comes in. During the training, the peer educators were given a homework assignment. They were told to do outreach with at least one client, to speak to them about what they’ve been learning.

That night Jennifer went with a man who eventually told her he wanted sex but wasn’t comfortable with condoms. He said he was safe, that his wife had been overseas for a long time, and he hadn’t slept with anyone else. She told him he did not have a reason to trust her, that although she had regular check-ups, STIs do not always have obvious signs or symptoms. Jennifer asked the man if he had kids, and he said yes. She said he should think about his wife and kids. What would happen to them if he contracted HIV? She spoke about her own kids, telling him that she was all they had. She was no longer willing to take risks that could lead to them being left alone.

She counseled him on condom use and encouraged him to get a check-up and to be tested for HIV. They spent the night talking, and in the end, he was so grateful for what she taught him that he paid her without having sex. He took one of her referral slips and the next morning they went and got a check-up together. To this day they remain friends.

That is just one story. There are many more. The “Keep the Light On” project, which is in a pilot phase, is currently working with CSWs in Georgetown and Berbice. Similar successes are coming from Berbice, where there are more NGOs, more Outreach Officers, and more CSWs changing their lives. There are plans to expand the project to other regions in Guyana.

Jennifer agrees that the project has been a success, especially on a personal level. “I’ve been to many workshops and I’ve learned a lot,” she says while maintaining eye contact. “I’ve learned so much I don’t want to be a sex worker anymore.” Because of the project, Jennifer gave up the days of working as a CSW. There’s confidence in her voice as she explains that, “In order for me to teach others, I need to be perfect.”

But she’s the first to admit that it wasn’t easy. “You have to face so many challenges out there.” Her dreadlock is in front of her face, but she leaves it there, wrapped up in her own words. “Only you can know what you want for yourself. You have to want to stop.”

Jennifer now earns money by selling knitted items and icicles from her home, but still regularly meets with CSWs to hold outreach sessions with them. The project is catching on.

“The acceptance of the project is a success,” believes Donston. “The girls look forward to visits and new girls are told to listen to outreach officers.” Like Jennifer, Donston adds, “you can see it in the faces of the women—they’re happy.”

Why this newfound joy? “With education,” Jennifer says, “girls begin to value life more.” It comes out as a personal realization as much as a statement of fact. It is, after all, only human nature.