

Pieces of the Puzzle

Making HIV Prevention Education and Services “Fit” Within the Context of Sex Trade Workers’ Needs

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Cet article est basé sur les discussions dans des groupes de travailleuses du sexe à Halifax. On y découvre que le support ou le manque de support peut influencer l'accès aux services et à la prévention du virus du sida pour ces personnes. Cette recherche fait partie d'un déterminant de la santé.

The issue of increasing HIV infection rates among women in Canada is cause for concern. More specifically, the causes of HIV infection among women also highlight the need to better explicate the connection between women's risk for HIV infection and social factors. Health Canada's population health framework illustrates the importance of the social determinants upon people's health status. Yet, there is little evidence available that documents women's voices describing the impact of these social determinants upon their experience of HIV. Without careful consideration of this issue, many HIV prevention programs will continue to overlook the complex factors that contribute to HIV infection among women in Canada (UNAIDS).

Women working in the sex trade are among the most vulnerable to HIV infection. Thus, in 2003, Planned Parenthood Metro Clinic in Halifax conducted two focus groups with 14 women in the sex trade with the intent of examining the aforementioned issues. While many themes emerged, this article will focus on the theme of “support” and the ways in which support, or the lack thereof, from grassroots community agencies, health-related organizations, from each other and even their clients, influences sex workers' attempts to access HIV prevention education and services and more consistently practice safer sex.

Vacuum of Support

Numerous studies have found that the majority sex trade profession are very aware of risk of HIV/AIDS infection and use condoms with their clients as a protective measure (Cusick; Jackson and Hood). Indeed, the majority of HIV-prevention programs in North America

have focused on the message of “safer sex” within commercial exchanges between client and sex worker. Yet, these programs have overlooked some of the reasons sex workers may not using prophylactic measures and are risking HIV infection (Jackson and Hood), such as a need for emotional attachment and support. This was reflected in the statements of some of the focus group participants. As one woman comments:

That's what I'm out there for. I got out there because I'm not with nobody ... when I go there I just want to feel like ... I know they're lying when they say they love me and stuff, but I just feel the emotion, and I feel good after. I know people say I'm crazy but whenever I go have a trick I feel good sometimes.

The private lives and relationships of sex workers are thus critically important aspects when considering HIV prevention efforts. Studies have revealed that although sex workers' frequency of condom use with clients is quite high, condom use within private relationships is shockingly low (Jackson and Hood) As condoms are seen as symbols of commercial exchange, intimate relationships, where emotional closeness is desired, are characterized by non-use of condoms (Jackson, Bennett, Ryan, and Sowinski). The sex trade workers in the focus groups expressed the dichotomy they perceived between the “tricks” and the men they were in relationships with. While aware they could potentially be at risk of infection with HIV in the romantic relationships in which they sought support, the women indicated this did not necessarily translate into consistent safer sex practices if they perceived their romantic partners to be “safe.”

A lot of times the women that work will use condoms with their clients all the time but then ... forget about it when [they] get a lover. Because you know ... the condoms will make you think more of work whereas you

want to have a personal sex life too and it's hard, you know, there's a whole lot of other issues there too. You know, but unless one of those factors are present, why bother?

When asked what factors might influence their perception of the "safety" or "supportiveness" of their romantic partners, many women attributed it to a simple sense of whether or not they felt the men were trustworthy, although they admitted that this was difficult to gauge.

"When you're looking at a whole lot of women who have trust issues anyway, trust is a big thing, you know, and feeling that this is really going to be anonymous, right, however it comes out."

Sometimes women trust men more than they should. And I'm talking about on a personal level. And I think that has an effect on people not protecting themselves sometimes if they want to try.

Another barrier to condom use and accessing HIV prevention education and services was the stigma associated with the sex trade. This fear is unfortunately well-founded, as in the early years of the HIV/AIDS epidemic, female sex trade workers were perceived as "vectors of transmission," a high-risk

group, responsible for the spread HIV to the general public (Meaghan). Some women stated that they knew of many women who felt they would not be supported by their communities, friends, or families if they sought out the assistance of agencies that provide services to sex trade workers. Two focus group participants discussed this at length.

There was some girls that just... like they're hiding the fact that they're working so they don't want anybody to know and they don't want to accept condoms and stuff.

Because they're ashamed. They're ashamed of themselves. By putting themselves out there, they're ashamed.

Yeah. But they're putting themselves at risk.

For many of the sex trade workers, past experiences with testing in traditional health care settings, which were less than positive, were examples of how the lack of a supportive atmosphere and judgemental personnel can be a deterrent to seeking health care services.

I have scars from my IV drug use. I was an IV drug user

for many years and I have scars. And when I go to get just blood work done I'm watching them and laughing okay, because they're doubling up the gloves... I see how they look at me, right, and now I'm not actively using but when I was at the time, people would see the tracks and you're going for another test, they embarrass you without saying anything. Just the way they look at you, you know, you're even handled in a way differently....

Community Support

When the discussion turned to the topic of testing, the location of the testing site was very important to the sex trade workers as the need to be in a supportive environment was deemed crucial. While some indicated a willingness to be tested Planned Parenthood Metro Clinic for testing, the majority felt they would be more comfortable if testing were offered within the supportive atmosphere provided at Stepping Stone, an organization in Halifax that provides programming and services to individuals in the sex trade.

Within the sex trade community, you know, people go to Stepping Stone. [where] they feel safe. They feel safe that what they're going to talk about is basically in there ... basically between the staff and the house itself. It's been established there for a long time now and when you're looking at a whole lot of women who have trust issues anyway, trust is a big thing, you know, and feeling that this is really going to be anonymous, right, however it comes out.

In fact, the impact that the support provided by community agencies such as Stepping Stone had on the participants of the focus groups was overwhelming. The sex trade workers, at various times, defined Stepping Stone's support as emotional, psychological, financial, and material and considered this support crucial in their efforts to more consistently engage in safer sex practices. The outreach services offered to the women working the streets were seen as particularly useful.

Stepping Stone does the strolls too, so they go out and meet new people. It's not just those of us who come to the Centre. They go out and you know will introduce themselves and give out bread. They don't even have to know you, just as long as you're there, they'll give you condoms, needles, whatever, so it's not just for those of us that know who they are because they'll introduce themselves to you. Then it's up to you to take their help or not.

Along with the multitude of services offered at this organization, the women were all very grateful for the non-judgemental and safe atmosphere. Many indicated that Stepping Stone had assisted them in making decisions to keep themselves safer. Many also expressed how they

felt at a loss on days that the organization was closed.

[When Stepping Stone is closed ... then you're thinking of, where am I going to get the money? I've got to go back to work. But one of the people that worked at Stepping Stone also worked at the shelter I was in, so she was like, "don't make any drastic decisions. Come to Stepping Stone Monday morning, I won't talk." And if it wasn't for me starting to go there in October, I'd have been working again. So it's support in all kinds of ways. It's just... because they don't stop you from doing what you want to do but if you don't want to, they help. So it's never judgemental, ever.

Yeah, I go there every day and I miss it on the weekend when it's not there. I feel safe there when I go there. When I'm there I'm not out tricking or [if] I'm not there, I'm out tricking. And the people that's there [understand]... because they're there for the same reason I'm there.

Mutual Support

The support of other sex trade workers was also identified as important by the focus group participants. The camaraderie and fellowship that formed among many of the women was a strong factor in their attempts to practice safer sex. Some of the women commented on the ways in which they share resources and helped each other.

I've ran into people that doesn't have condoms right and I say here, you know, have a couple.

That's like me out there every night. I'm out there every night, right, and there's girls there every night, "you got any condoms?" I give [condoms] to them all the time, no matter if it's two or three...

Oh, never I'd never deny [anyone a condom].

Because, yeah, that's like me. I always give them the condoms, bad trick lists, [etc.]... I never, ever say no to them. Even if I'm down to my last two [condoms], here's one, at least I can make one trick, then I'll go home.

The friendship and support they gave each other also made for a strong network when the women felt threatened on the streets.

You couldn't walk down the street and see something happen to one of us that we've been around all the time without one of us saying something. You know, because we're all there together all the time and it's just... everybody kind of blends in no matter what.

The issue of mutual support was perhaps best summed up in the words of two of the participants:

It's good to know that somebody cares.

Yeah, as long as one person cares, there is hope.

Discussion

The decision to seek out HIV- prevention and education services is not a simple or straightforward one for sex workers. The women in the focus groups indicated that they had to consider many possible negative emotional outcomes, such as a loss of status or of a relationship, or the damage to their reputation within their community. However, the perception of having satisfactory emotional support from individuals or from agencies also encouraged women to access HIV prevention services and more consistently engage in safer sex practices.

Clearly, many issues must be taken into consideration when planning HIV prevention services to meet the needs of these diverse communities of women. These issues can be categorized using Health Canada's determinants of health framework as a guide.

Social Support Networks

The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems. (Health Canada 1)

When considering the HIV prevention needs of sex workers, health care providers need to be sensitive to these women's social relationships into their program planning. The importance of social support networks was clearly demonstrated during the focus groups as the women participating indicated how much they enjoyed discussing their experiences with other women and that they were able to draw strength from one another as a result. The sex trade workers

also emphasized the importance of social support in their lives. Specifically, they discussed the positive influence that other sex trade workers had in their efforts to protect themselves against sexually transmitted infections. They also indicated that supportive organizations like Stepping Stone, mandated to provide services for sex trade workers, are crucial in their efforts to more consistently practice safer sex. This suggests that partnerships be-

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tween stepping stone and other HIV organizations would facilitate the provision of HIV prevention education and services to sex trade workers.

Social Environments

...Social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. (Health Canada1)

While sex trader workers may be given the best HIV prevention education possible, their ability to put this information into practice is influenced not only by the structure of their community, but also societal conditions as a whole. While Planned Parenthood Metro Clinic has a long history of working to improve conditions within which individuals may put into place healthy sexual practices, we have not worked in isolation. We have found it essential to form strong community partnerships with agencies with various strengths. Planned Parenthood Metro Clinic may not have the expertise to speak to issues related to, for example, inadequate funding for women obtaining social services, but we can offer input regarding the ways in which limited income may affect sexual health. Working together with other organizations, and combining our strengths, allows us to create the supportive environments necessary to effect change.

It is also important to remember that any input used to formulate a strategy must necessarily be based upon the perceived needs of the women affected, and must include their feedback and involvement in the entire process. This is particularly important for women in marginalized communities, such as sex workers. Therefore, community and governmental agencies must maintain and develop partnerships to ensure that the needs of those who may not otherwise have a voice are being heard.

Culture

Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization.... (Health Canada 1)

It was evident during the focus groups that the sex trade workers shared a unique culture. When designing and implementing HIV prevention and education services, agencies need to consider how a particular culture's values might be seen as the values of the dominant culture. If programs are being developed for specific groups of women, such as sex workers, their input must be sought to ensure that the programs are meaningful and address the realities of the women in the target audience. Service providers

need to be cognizant that women from marginalized communities may be hesitant to access services if there is any perception that the programs are designed using a patriarchal mindset.

Gender

Gendered norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles. (Health Canada 1)

The impact that income, status, employment, support, culture, health services, coping skills, and social environment have in the lives of the participants in the focus groups is magnified due to a patriarchal construction of gender. On a daily basis, societally-imposed definitions of "who" these sex workers are and "what" their roles are influenced the decisions the women we interviewed made.

As the proportion of women diagnosed yearly with HIV continues to increase, it is becoming clearer that there is no "cookie cutter" solution to appropriate HIV prevention education programming and services. Programs designed for a specific group may not necessarily be transferable to another group and while this presents a challenge for service providers, it is a challenge that must be met if HIV prevention education and services are to be meaningful to all women.

Conclusion

The findings of our focus groups clearly indicate that sex workers efforts to protect themselves from STIS can be impeded by power imbalances within relationships that do not support their attempts to practice safer sex and inappropriate HIV prevention and education services that are not targeted to their specific needs. In essence, the emotional context that surrounds HIV may affect women's decisions to seek out HIV prevention services or to engage in safer sex practices.

However, the support sex trade workers receive from each other and from organizations mandated to address and meet their needs, is very effective in promoting safe sex practices among sex workers, and in helping them access ongoing HIV prevention services and education. In conclusion, when developing HIV prevention education programs and services, health professionals and community agencies must look beyond the simple mechanics of "safer sex" and include content that addresses the contextual issues of women's lives if the services are to be relevant for the population accessing them.

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MELANIE CAMERON

Excerpt from "Between Dream and Open Eyelid"

We are used to looking
out, locating ourselves against
the wall across the room or
the willow across the field, reaching
its arms into the air and
down again, toward earth. We believe that
the wall and the willow
are real, understandable
in all their parts, though we can't see
inside them, that the earth is real, though
we can't see
her body beyond the horizon,
how it curves. That the sky
is real, though our gaze
can't fall hard
against it, but pierces
light and dark, or maybe the sky
is illusion, though it's the only thing you can
trust
to lay its body over you
all day and all night.

Losing your eyes, you lose
day and night, you lose
your understanding of wall and willow
across the way, but you find
the earth under
your feet, completely
understandable, you find
the sky you thought you looked up toward
doesn't know
boundaries
of skin, you find the sky
you thought was out there, is
also around
and inside
you. And the wall. And the willow.

Melanie Cameron is a Canadian writer currently living in Winnipeg. This poem first appeared in her book, Holding the Dark (The Muses' Company, 1999; finalist for the Eileen MacTavish Sykes Award for Best First Book by a Manitoba Writer). Reprinted with permission of The Muses' Co./J. Gordon Shillingford Publishing Inc.