

**Training for Sex Workers in
Human Rights, Sexual & Reproductive Health Rights
and HIV Prevention and Treatment**

hosted by

**Jamaica Aids Support for Life
in collaboration with the
Sex Workers Association of Jamaica**



March 20-22, 2017

Jewels Resort, Runaway Bay, Jamaica

**Sex Worker Training in Human Rights,
Sexual & Reproductive Health Rights and HIV Prevention/Treatment**

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Summary:

From March 20 to 22, 2017, the Jamaica AIDS Support for Life (JASL) in collaboration with the Sex Workers Association of Jamaica (SWAJ) hosted a 3-day training event for 16 participants. The participants comprised of fourteen women who were involved in various aspects of Sex Work, and two males. The age range was from 20s to early 50s.

JASL contracted two consultants, Terri Myrie and Hilary Nicholson to facilitate the training, while being guided by the following objectives:

- To equip participants with knowledge of legislation and human rights with special reference to how these affect sex workers
- To equip participants with knowledge and skills relating to HIV prevention, treatment and care, with a focus on empowerment of sex workers

The training was interactive and based on an experiential learning approach. A variety of presentation styles and activities were utilized in order to enhance learning. These included video, music, creating collages, team work, role play, simulated games and more.

Based on the results of the pre- and post-tests participants experienced an increase in knowledge on the laws that protect and hinder sex workers. They were able to name additional Human Rights that are specific to sex workers. They have gained knowledge of their Sexual and Reproductive Health Rights and on the HIV prevalence rate of Sex workers.

By the end of the three day training the participants demonstrated that the information they gained empowered them to stand up for their Human Rights, to come up with solutions to protect themselves, and to share the information that they have learned with peers.

Session 1: Understanding our Human Rights

In the first team-brainstorming activity, participants were able to name the following rights:

- Right to Freedom
- Right to Choose
- Right to life
- Right to Equality
- Right to Non Discrimination
- Right to Work
- Right to freedom of movement
- Right to Education
- Freedom of Speech, to talk freely
- Freedom of Religion
- Right to health care
- Right to safe and satisfying sex life

The rights to education and to freedom of movement were the most familiar to participants. They also suggested the 'right to be respected', and the 'right to Love each other'. Their level of awareness varied as the group included three JASL or SWAJ field officers (peer links) with prior exposure to similar training along with some younger participants any such experience.

When asked by the facilitator what the concept of 'human rights' meant, several participants were clear that human rights had to do with 'protecting citizens', allowing them to make choices, to have certain freedoms, while for others the concept was unclear.

The comprehensive presentation by the Facilitator on **human rights** was supported by power-point; this provided an overview of **Universal Human Rights**, the key concepts and principles, including Equality and Non-Discrimination, as well as examples of the application of these rights. The distinction was explained between civil and political rights; also social, cultural, economic collective rights. Participants learned that civil rights differed from universal HR, and citizens were bound by the laws of the country; this was illustrated by noting that Jamaica's Maternity Leave law provided more protection than in many other countries. Participants felt that for sex workers the most critical rights were rights to privacy, dignity, bodily integrity, to work, freedom of movement, to equality and non-discrimination.

Redress for rights violations was also explained, with some examples to illustrate the issue.

Fact or Fiction?

An interactive Q and A follows, with participants waving red or green paper flags to indicate True or False. Some examples of questions and responses are as follows:

- *Does an inner city person have the same rights as someone from gated community?* Most persons said YES.
- *Does a Prisoner or convict have Rights?* Nearly all persons agreed that most rights were intact although some rights were limited while incarcerated – eg. Right to Movement.



- *Are economic, social, cultural rights privileges?* Most persons said YES - therefore the difference between entitlements and privileges was fully explained.
- *Do only lawyers need to know about HR?* There was a clear consensus that this was not so, and that citizens all needed to know about their HR.

Human Rights At Home

The next presentation highlighted the Rights entrenched in the Jamaican Constitution, and the specific laws that either protect or limit the rights (in particular) of Sex Workers.

A lively discussion on *loitering* took place during this session, in the context of both the **Town & Communities Act**, and the Jamaica Constabulary Force Act. While most persons were aware of prohibitions regarding loitering with intent to solicit for prostitution, they were not clear about 'loitering' in general. The discussion explored the rights and responsibilities of citizens and sex workers in particular. One of the conclusions was that it is important to obey the police officers when they question sex workers or when they ask them to move.

In discussing the **Sexual Offences Act**, many of the participants were not aware that this law protects Sex workers from various forms of violence, such as sexual assault, rape etc.

The Child care and Protection Act also came up for mention, and many participants were learning of this law for the first time. Two persons offered their knowledge about the responsibilities of adults under this law, towards protecting the rights of children, and the fact that fines or imprisonment were applied in cases of breaches of the law.

Presentations by Participants:

The Role Play activity allowed participants to reflect on the abuses they experienced in the context of human rights. Working in groups of 5 or 6 they were required to illustrate through a short drama the violations of their rights that occurred in the course of their efforts to earn a livelihood as sex workers, and how they responded to these violations.

Group A = focused on the Rights to Dignity and to Sexual Health

Scenario: Sex workers on the corner have been harassed by police and a client wants to solicit them but doesn't want to use condoms

Coping strategy:

- (a) standing up for their rights and communicating their rights to the police and the client.
- (b) obeying the police orders to vacate the area
- (c) choosing not to go with the client since he did not want to use condoms.

Group B – Right to freedom from violence & inhumane treatment; Right to Reproductive Health

Scenario: Sex worker suffering from a STI goes for treatment at private facility, experiences discrimination (by Doctor) and does not receive treatment. She faces disrespect and abuse from her partner who she has contracted the infection from.

Redress included:

- (a) Going to higher Authority to make a report about the discrimination by the doctor: making a complaint at the Ministry of Health as well as to the Police
- (b) Seeking advice/support from SWAJ to seeking legal counsel to protect her rights.



Group B –The Right to Work and to Non Discrimination

Scenario: MSM goes to job interview and is discriminated against by security officer and other workers at the location. The interviewer does not hire him based on his sexual orientation.

Redress included: Seeking advice from his friend who told him to get security officer’s ID and any other information about the security officer (badge # etc) in order to make a report

The above role play activity served to validate participants’ lived experiences of rights violations, to reinforce knowledge of rights and laws that either protected or limited the rights of SW, and to discuss various coping and/or redress strategies.

Participatory Evaluation of Day 1

Three faces, happy, sad, and neutral were displayed and participants stood by the face that best reflected how they felt about the session. **13** persons chose the **happy** face, commenting:

- ✓ The Session was good and I learned a lot today
- ✓ My wisdom opened up and learned a lot about rights that I didn’t know
- ✓ I felt safe here, I feel like I can talk to anyone and feel ok.

Three (3) persons chose the neutral face, and some comments were:

- ✓ It’s just Day 1 so there is a lot more to absorb. At times the room is noisy.
- ✓ There is always room for improvement

No participants chose to stand by the sad face.

Day 2 - TUESDAY March 21, 2017

Session 2: Sexual & Reproductive Health and Rights

For the first activity of the day, entitled “Our Stories”, participants worked in small groups and discussed topics which enabled them to identify some key issues in sexual and reproductive health, as a precursor to understanding SRH Rights:

- What were you told about sex and sexuality before you became sexually active?
- Over your lifetime what have been the most useful/ helpful messages about sex and sexual health? How did you learn these?
- What have you heard/learned about reproductive health; how did you learn this?

Samples of responses are below:

Some messages we were told as children about sex and sexuality as

- *Told if you have sex you would breed (mother, grandmother)*
- *If you don't use condom you get 'gun in a baggie' (grandmother)*
- *Plane and helicopter carry babies (grandma)*
- *Told to start taking birth control before sex (grandma)*
- *Gay men are black heart men, gay people can't go to sea they will sink*
- *If 2 women put their pussy together it will catch fire (mother)*

Some messages we learned about sexual and reproductive health:

- *“If you breed you nuh tan yah so, yuh go out”*
- *“if man touch yuh, yuh will breed, if him blow pon yuh, yuh breed”*
- *Focus of messages was on hygiene, bathing regularly, ensuring no odour*
- *Use lubricants and Practice safe sex*

Participants felt that the teaching they received about sex/sexuality was inadequate, with misinformation. They felt it was done aggressively instead of through a conversation about when and what to do when one become sexually active, and how to protect oneself.

In terms of what **useful messages participants learned about sexual health**, some learned at a tender age, some were never taught anything and had to seek information from friends, through media, some at school. Some persons only got information after they became sexually active – and for this they got a beating. Information was also gained in workshops–

e.g. about condom usage. Most messages were about hygiene and about the menstrual cycle. Messages from parents were mostly negative, which participants felt was a way to instill fear about becoming pregnant. They were not taught how to handle/cope with feelings, or the wider concept of sexuality.



One young male who self identified as gay had been constantly bashed as a child, nobody had talked to him, he had gone to friends for information, which was often wrong, and had many bad experiences.

The Facilitator asked participants whether in their role as parents, they now conversed about sex with their children or avoided the topic. Several persons said they spoke openly with their children. Others

who sought to 'protect' their children were urged to ensure children received the correct information from their parents instead of 'out on the street.'

Participants then worked in small groups to discuss their understanding of **SRH Rights**, ideas of what should be covered by such Rights, referring to a handout provided for guidance. They then prepared brief advocacy messages around one or two SRH Rights.

The three groups chose to highlight the following rights in their advocacy messages:

- ✓ the Right to safe sex
- ✓ the right to a satisfying sex lie
- ✓ the right to access health care
- ✓ the right to decide when and if to have children
- ✓ the right to choose your partner
- ✓ the right to use contraception.

One group performed their message to a dub riddim:

*Mi have mi rights, mi have mi rights!
To choose who mi want whether male or female
Whether straight or lean, mi have mi right,
mi right to pick or choose who mi want
Mi have a right!
No bwoy can come breed mi out
Contraceptives is a must, whether condoms or pill
Injection can work still
Right now mi ah gwaan chill.*



Session 3 : Exploring social and structural vulnerabilities of Sex Workers

HIV BASICS: This session began with a participatory quiz on HIV basics. Participants worked in teams, to compete for points, and the engagement and interest was very good.

- There was consensus on the correct answer to a few questions in the quiz, such as mode of HIV transmission and the meaning of HIV-related discrimination. Most participants recognized that the drivers of HIV included inconsistent use of condoms, multiple partnering, poverty, gender equality. Facilitators then explained how discrimination also acted as a driver.
 - There was misunderstanding among participants around the difference between “most frequent transmission” – versus ‘highest prevalence rate’. After an explanation, participants recognized that heterosexual sex being the norm in Jamaica meant that HIV was transmitted most often this way, rather than through MSM sex.
- “HIV is most frequently transmitted through heterosexual sex”**
- The rate of HIV infection among sex workers guessed incorrectly (13%, then 30%), and participants were surprised that it was around 3%. The reduction in this rate was noted, with sex workers being recognized for efforts made.
 - A question about whether or not there could be Mother to Child Transmission - with a negative mother, and a positive father – was for most persons confusing. The fact that the father’s status was not an issue if the mother remained negative was explained.
 - The importance of HIV treatment not being *mandatory* regardless of how effective it was, was not at first recognized by the participants; instead they focused on whether treatment would stop transmission. Once a human rights framework was highlighted, all participants recognized that ‘mandatory treatment’ was not a solution.
 - Participants were able to correctly name several key population groups that are vulnerable (or at high risk of HIV infection) and the reasons why.

Next, using an exercise based on the children’s game **1,2,3 Red Light** participants reflected on various barriers – both social and structural/legal – that faced them as Sex Workers and contributed to HIV vulnerability. **The activity** allowed them to think through real or possible situations involving challenges such as poverty, police harassment, abuse by clients, and laws which limited their rights to safe sex, to dignity, and to earn.

They considered a case of being threatened with being fired from a part-time bartending job unless they agreed to offer sex to the bar clients – a demand made on them when their employer discovered they engaged in sex work. Participants agreed that they would not meet these demands, because the demand was a violation of their rights to dignity and integrity; it was not in their job description, it was a clear case of discrimination, and there was no basis to fire them. Participants suggested redress such as reporting to, and seeking support from SWAJ, the police, and the Ministry of Labour.

“What Sex Workers Want” TED Talk by Juno Mac - Legal Approaches to Sex Work

This video addressed the various legal contexts in which sex work takes place around the world, and how these impact the rights and well being of sex workers. Many participants felt empowered by the talk and could relate to the issues that it highlighted. They were given a better understanding of the different types of approaches to sex work from an international perspective – Criminalization, Partial Criminalization, The Swedish Model and Legalization – and in particular, the issues of personal safety, violence and dealing with the police.

The question “*What do Sex Workers want?*” also resonated with the group. One participant stated ‘Nobody asks us what we want’. When asked by the facilitator what they (Sex workers) wanted the room remained silent which indicates the need for reflection from a personal level as well as agreement at the Association level.

The group was encouraged to discuss with the leaders/executives of SWAJ to link with international Coalitions and Associations mentioned in the talk.



HIV Prevention, Testing, Treatment: Opportunities and Barriers

Working in 3 smaller groups participants considered the experiences of coworkers, peers, friends and family, and discussed the following:

- i. HIV Prevention– Opportunities & Barriers for Sex Workers
- ii. HIV Testing services– Opportunities & Barriers for Sex Workers
- iii. HIV Treatment — Opportunities & Barriers for Sex Workers

Participants presented a summary of their discussions in the form of a TV panel discussion, a format that encouraged concise responses, and provided a simulated advocacy scenario. Below are the main factors they saw as opportunities or barriers in HIV prevention, testing, treatment.

<p>Factors that facilitate HIV prevention</p> <ul style="list-style-type: none"> • Information, guidance received from clinic, from SWAJ, JASL • Limiting your sex partners • Access to condoms 	<p>Barriers to prevention</p> <ul style="list-style-type: none"> • Not having money to purchase condoms; not knowing where/how to get them • Being forced by client to have unprotected sex
<p>Factors that facilitate getting tested</p> <ul style="list-style-type: none"> • Motivation to know your status • Friend/peer accompanies you to testing • “I get tested because of my children, I want to protect my kids from the stigma & discrimination they would face if their mother was HIV+” 	<p>Barriers to getting tested</p> <ul style="list-style-type: none"> • Fear • Peer pressure NOT to get tested • Stigma and discrimination
<p>Factors that facilitate starting and staying on treatment</p> <ul style="list-style-type: none"> • NGOs provide information about treatment • NGOs provide support, counseling 	<p>Barriers to starting and staying on treatment</p> <ul style="list-style-type: none"> • If you have not disclosed to your partner, sometimes you will not take your meds • Stigma and discrimination at the clinic when the place is set out in a way that people can know you are HIV+ if you go to a particular section.

“Test, Start Stay”

A brief PowerPoint presentation introduced participants to the Ministry of Health's' recently introduced approach, in accordance with WHO guidelines, of ‘Test, Start, Stay’. This approach promotes the provision of ART to PLHIVs as soon as they are diagnosed. The presentation was followed by a Q&A with participants.

Brief Evaluation of Day 2

Participants reviewed the learning objectives for the training, and then indicated how they had grown/learned/developed overall on a scale of 1 (low) to 5 (high). Eight (8) persons said 5 out of 5; three (3) persons said 4 out of 5, while two (2) persons chose 3 out of 5.

Single-word evaluation comments were solicited, and the following responses were given:

- Informed
- Overwhelmed
- Good
- Exciting
- Boring, long
- Refreshing
- Wonderful
- Exhausting
- Mind blowing
- Alright
- Learned a lot

Day 3 - WEDNESDAY March 22, 2017

Session 4: Community Empowerment approach to HIV prevention among Sex Workers

Day 3 began with a celebration, the room was decorated with balloons and participants were congratulated for the successes of SWAJ and the successes that they themselves have achieved. The objective of the session was to assess the various approaches to HIV prevention among Sex Workers. In Part 1 participants were asked to brainstorm some of the best practices and strategies that they employed to achieve these successes. The following were identified:

Congrats to SW for 'best practices'

- ✓ Skills building
- ✓ More condom usage
- ✓ More HIV testing , SWAJ supports SW to get tested
- ✓ Becoming more informed
- ✓ Field officers and peer links
- ✓ Counseling
- ✓ Advocacy

In part 2 participants were asked "What are the things that we have not been able to achieve that we still have to work on?" They were to identify areas that require additional work in order to achieve the results that they want. The following were identified:

Improvement/work needed in these areas:

- Reducing sexual violence and violence in general
- Discrimination
- Employment
- Gender in/equality
- Packaging (dress etc)
- Human Rights training
- SWAJ sensitization with police, health workers
- SWAJ sensitization with sex workers
- Deciding what Sex Workers want (decriminalization or legalisation)

It was clear that participants were cognizant of the work that still needs to be done. They were also able to make a few suggest solutions. As it relates to the issues with packaging, they felt that Sex workers could carry change of clothes when travelling to and from work as well as not dressing so revealing. They also felt that additional sensitizations needed to be done with the police, sex workers, faith based organizations, Health Care Workers and the community at large.

The participants worked in two groups, each guided by a Facilitator, in order to delve into the issues in detail and focus the discussion. The group discussions highlighted some of the concerns that face sex workers, namely, what Sex Workers really want - **Decriminalization, Partial**

Decriminalization or Legalization. There were varying views, many in Group 1 preferred Legalization because they said the society was not ready yet for decriminalization while Group 2 wanted a **Red Light District**. It was apparent however that many of the participants did not understand the difference between the approaches and the implications of each. They were generally concerned about increased **Stigma and Discrimination** that may accrue from Legalization. Group 2 discussed in detail what would need to happen among the community if a Red Light district was created. Safety was a major concern for most persons. One participant was ambivalent on the best approach as she felt that legalizing Sex work would lead to an increase and young girls would be more motivated to enter into it.

The issue of **gender inequality in the work sphere** also surfaced, where the bulk of jobs open to girls were in the I service sector and **low paid**, because of society’s **devaluation of traditional ‘women’s work’**. If instead women-dominated areas of work were better paid, then young women would not see sex work as the only option to earn.

Participants were then asked to channel all of the previous discussion points and create **Footprints**, identifying 3-5 solutions or strategies to fill the gaps that were highlighted as areas requiring improvement, with special focus on prevention of gender based violence and prevention of HIV.

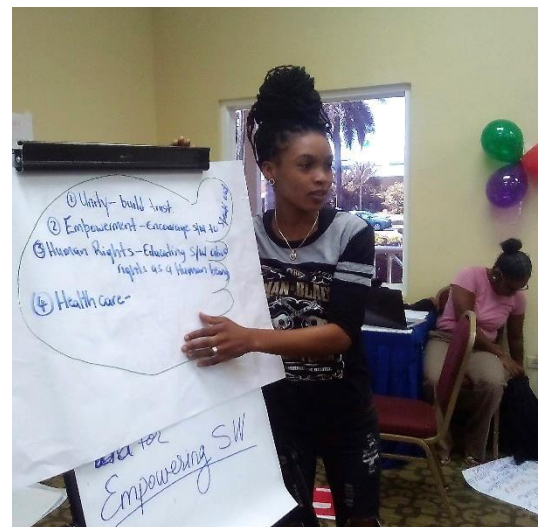


Table: Footprints Group work – Preventing GBV and HIV

Group 1 - St. Ann	Group 2 - St. Ann	Group 3 - St. Mary	Group 4 - KSA & St. Catherine	Group 5 - St. Ann/St. James
<ul style="list-style-type: none"> - SW work in groups for safety - Encourage each other to speak out and how to dress - Get ideas from other countries 	<ul style="list-style-type: none"> - Introduce SW to NGOS eg JASL, JNPLUS, SWAJ - Invite SW to workshops on SRHR and HIV - Conduct outreach 	<ul style="list-style-type: none"> - Empowering SW - Practice not to go on streets alone, stay in a site where other SW can see you 	<ul style="list-style-type: none"> - Build trust among group - Empower and encourage SW to speak out - Educate about HR as a human 	<ul style="list-style-type: none"> - Build unity around SWs - Communicate with each other and be comfortable with each other - Get a small group

- Train SW as field officers	<ul style="list-style-type: none"> on GBV - in clubs etc - Train SW as HR field officers so SW know what to do - Develop a buddy system to check up on each other for safety - Build self esteem, teach SW about their rights and the responsibilities that come with them 	<ul style="list-style-type: none"> - Build partnerships - Increase awareness of the problem - Improve services for survivors of violence - Strengthen prevention efforts - Educate SW on reasons to get tested, and access to condoms 	<ul style="list-style-type: none"> being – you are not just a SW - Ensure good Healthcare 	<ul style="list-style-type: none"> together, have a social - Sip and Munch - Decide how to talk about violence in the streets - Give out condoms, pamphlets, information etc

Evaluation of Training

A pre/post test was administered in an effort to assess learning. The table below indicates that all participants increased in knowledge. Pre test results were significantly low with the highest percentage achieved by only two participants was 57% and an average score of 32%. **The average post-test score was 74% (lowest 43%) with two participants scoring 100%.** Column 4 of Table 1 shows the percentage change between pre and post test results, there was a minimum of 14% changes in scores and a high of 72%.

Table 1. Pre/Post test Results

Unique Identifier	Pre-test Score	Post Test Score	% Positive Change
21	43	71	+ 28 %
20	43	100	+ 57
(21)	14	71	+ 57
1987	57	71	+ 14
98	14	86	+72
3513807	14	71	+57
24122010	29	71	+42
1201	21	71	+50
1996	43	86	+43
39	29	71	+42
1844	29	43	+14
10101910	29	57	+28
5	57	100	+43
36	14	64	+50

20	29	86	+57
96	43	57	+14
<i>Average score</i>	32	74	

Facilitators comments:

Overall there was a high level of engagement, good participation, respect for each other. The participatory daily evaluations indicated that over 90% of the participants enjoyed the sessions and felt that they were learning critical information. On Day 3 participants were asked to rate the workshop on a scale of 1-5, 1 being Poor and 5 being Excellent. 14 participants rated the workshop with a score of 5 and 2 participants gave it a score of 4.

Challenges faced:

- The literacy level in the group was low for many participants. Facilitators had to manage this and break down and repeat instructions
- Most participants were low on energy on Day 3. This could be from information overload or competing late night activities.
- The environment influenced some participants to drink alcoholic beverages during the workshop even though they were asked not to.

Conclusion

After 3 days of extensive work it can be concluded that 16 Sex workers have walked away equipped with additional information which has empowered them to stand up for their Human rights and to share the information that they have learned. They have a clearer picture of what laws affect them and have come up with solutions to protect themselves.



Submitted March 29, 2017

by Terri Myrie / Hilary Nicholson, Facilitators.