

A COMMUNITY EDUCATION AND CONDOM PROMOTION INTERVENTION ADDRESSED AT SEX WORKERS IN ESCUINTLA, **GUATEMALA**

Victor Hugo Fernández ⁽¹⁾, Meritxell Sabidó ^(2,3), Carlos Ibañez ⁽¹⁾, Laura Figueroa ⁽⁴⁾, Miguel Melendez ⁽¹⁾, Estuardo Cabrera ⁽¹⁾, Kristian Villavicencio ⁽¹⁾, Anabela Batres ⁽⁴⁾, Maria Vallès ⁽²⁾, Jordi Casabona ^(4,5)

1. Fundació SIDA i Societat, Escuintla, Guatemala II 2. Fundació SIDA i Societat, Barcelona, Spain II 3. CIBER Epidemiología y Salud Pública (CIBERESP), Spain. 4. Primary Health Care Centre, Escuintla, Guatemala. II 5. Center for Epidemiological Studies on HIV/AIDS and STI of Catalonia (CEEISCAT), ICO/Health Department, Badalona, Catalonia.

ISSUES

Primary prevention is one of the main interventions which could reduce the incidence and prevalence of STIs/HIV. We describe the community educational component of the UALE project, an STI/HIV prevention and control programme targeting vulnerable groups such as sex workers (SWs). It was implemented in 3 municipalities of the province of Escuintla, Guatemala, in March 2005.

DESCRIPTION

In Escuintla, the social stigmatizing attitudes towards SW might prevent them to seek medical attention. Therefore, the majority of the educational opportunities take place outside the health centre. After mapping exercises, the education and condom promotion intervention was set up. Weekly, health educators conducted group sessions for SWs at commercial sex establishments (CSE), primary health care centre or SWs' meeting venues. Usually their goal was to change sexual risk behaviour through education, and communication skills training. Another major point was to encourage prompt health seeking behaviour. Condoms were distributed free of charge and condom use skills were taught. Health educators regularly provided talks about stigma and discrimination for SW's clients, CSE owners and other relevant actors such as the police, and health care workers.

LESSONS LEARNED

- Restrictive policies about sex work together with the illegality of a substantial proportion of SWs might hamper education interventions and might encourage clandestine risk taking.
- Sociocultural environments which promote stigma might prevent access of SWs to appropriate sexual health services.
- The context of profound gender inequality together with the prevailing patriarchal ideology is still a main barrier to be taken into account when working SWs.

NEXT STEPS

To implement an approach that involve peer-based community education, reinforced by media and institutional interventions, since its especially effective in changing attitudes and social norms and in teaching new behaviours and since it avoids stigmatization. Such approach must also involve clients, sex establishment owners and health personnel.

