Healthy women

Drugs/HIV peer education in action among Birkenhead's sex workers

SEX AND DRUGS are focal to HIV spread. Where they come together, concern is bound to be high. Prostitution is one clear overlap point. Women and men working as street prostitutes often also regularly inject drugs. In some areas outreach initiatives have reduced the sharing of injecting equipment in these groups and helped make condom use in commercial sex the norm. However, the risk of HIV transmission remains.[1] More needs to be done.

In Birkenhead, the Wirral Drugs Service tried to go beyond outreach. Our aim was to develop women as 'peer educators' operating among their fellow prostitutes – to motivate and educate them to 'do it themselves'.

Using the women as volunteers did not mean this was a 'cheap' option. Building self-esteem, peer education skills and HIV-related knowledge, were all needed. There was also an essential added ingredient. To want to be involved and to be effective, the women had to *value* what they had to offer. That meant we had to demonstrate – in *how* we did things as well as what we did – that we valued them and were prepared to put resources into their development as peer educators.

This is the story of that experiment, based partly on an independent evaluation commissioned by Mersey Regional Health Authority.[2] The project received further validation when it won a Domestos Health Education Award.[3]

Importantly, we had a long-standing relationship to build on. Women working as prostitutes in Birkenhead have received an evening/late night outreach HIV prevention service since 1989, jointly run by Wirral Health Authority and Wirral Youth Service. About 50-60 women have been contacted, including a core of 20 who work fairly regularly. Our pre-existing presence with the women contributed to the success of the project we embarked on together. The project grew from the women's own practice; coming in 'cold' and trying to 'graft' it on to such a group would be very difficult.

Outreach work was followed up in the day by services dealing with issues ranging from childcare, housing and law to welfare benefits. However, the women recognised that more time needed to be devoted to these recurring issues. How to provide it was the question.

Beyond outreach

We chose to supplement outreach and daytime office-based services with peer education. There were three main reasons:

- it was already happening – the women were familiar and comfortable with it;
- the results could quickly be observed and recorded; and
- it offered to overcome the limitations inherent in outreach work.

Outreach is a successful way of contacting hard to reach women and engaging them in HIV prevention, but, however late, at some point in the evening the work finishes. Women in the target group can carry on the HIV educa-tion process night or day. Continuity in outreach work is dependent on funding, but knowledge once shared among the target group can be shared indefinitely. Women do move in and out of the scene, but discontinuity can be minimised by identifying 'significant', established figures with a track record on the scene.

Together with the women, we decided to apply for funding to enable us to devote time to exploring the issues on which they felt the need for more input. Mersey Regional Health Authority agreed to support our attempt to extend the peer education already taking place.

Meetings of women working as prostitutes and staff from women's services were held to discuss which issues peer education should cover, and how the educational content could be tailored to be acceptable to the funder. What emerged was a project which would recruit peer educators and educate/train them in six weekly four-hour sessions, culminating in a residential weekend away. Each session would cover a different topic and explore peer education itself. Our project proposal seeking a £3000 grant was accepted and in further meetings we worked out the fine details – venue, facilitators, etc.

In the nature of the project there were some unusual expenses. The proposal emphasised the importance of childcare payments. Almost all the women had childcare responsibilities; it would be

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Building on an existing outreach initiative, the Wirral Drugs Service developed an HIV peer education project among drug using women working as prostitutes. Education/training sessions were followed by a residential weekend. An assessment suggested the project successfully engaged the women and that HIV prevention gains would result. Closely involving the women in planning the project and demonstrably valuing their contributions were essential to its success.

unrealistic to expect them to attend without help. In the end, these payments accounted for 20 per cent of the costs.

Our insistence on adopting the women's choice of a 'quality' venue for the weekend residential was no extravagance. Thinking on this went deeper than providing an incentive to attend. Attempting to enhance the women's self-esteem and sense of self-worth was vital to the project. To get people to practice safer sex/safer drug use, they need to believe they are worth protecting; to act as peer educators, they need to feel they have an important message worth sharing. The choice of accommodation showed the women that the health authority and the staff took them and the project seriously.

Enthusiastic response

Attending planning meetings was difficult for many of the women. At this stage no childcare allowance was available and women sometimes attended with their children – not ideal. Tea and sandwiches at lunchtime meetings helped give most mothers a chance to contribute while the children were kept occupied.

> We had to show we valued what they had to offer

Encouraging women to attend the training sessions was not a problem; restricting the numbers was. The selection was done very much by the women who had attended the planning meetings. They had clear criteria for who should/should not be invited. Women who were chaotic in their personal lives or in their drug use (mainly involving alcohol or benzodiazepines) were excluded.

From the outset there was a real sense of investment in and commitment to the project. Restricting the group to just 10 meant some enthusiasts were left out, for a time creating tension.

We worked through the six weekly sessions, learning as we went. The first dealt with the law relating to prostitution. We thought about starting with 'ice-breakers' and setting ground rules, and wondered whether to identify a facilitator to direct and progress the discussion. All were decided against. The main concern was not to patronise the participants but to create a feeling of togetherness. By the close of the first session, it seemed we were doing just that.

The main problem throughout was the perceived hostility of the health promotion staff whose unit hosted the sessions. The fact that the unit's no-smoking policy clashed with several of the women's lifestyles – and that neither were prepared to abandon their principles – was a regular source of conflict.

Positive feedback

Evaluation was integral to the project but, because we were dealing with volunteers with busy personal lives, it had to be non-intrusive. After each weekly session participants were asked for their comments which were noted along with those of the staff. At the weekend residential, HIV-related knowledge was tested in a quiz and the women's feelings about the previous six sessions were explored and noted. The funder received the final project evaluation report in May 1993.[4]

At the weekend away, discussion of where the group went from here led to the idea of each member keeping a weekly diary noting when they had shared information gained on the course. These are being fed back to help evaluate the longer term impact. An initial impression is that these "indigenous' workers feel more comfortable about dealing with safer sex issues than would be expected of paid drug workers.

Some of the sessions were welcomed more than others (see panel) but what of the overall impact? The evaluation indicated that the women had developed camaraderie and friendship over the six-week period. Sessions were enjoyed and looked forward to – one woman stayed up all night so as not to oversleep. Participants showed considerable knowledge and understanding of HIV prevention and were keen to continue to act as a group to promote their own welfare.

In the final report, the evaluator concludes: "The project has proved to be an even greater success than was hoped. Not only has it achieved its objective of providing knowledge and awareness of HIV prevention to a small number of women, who can use this knowledge to educate their peers, it has also provided the women with the confidence to act as a group." ❍

THE PEER EDUCATION CURRICULUM

Six afternoon sessions drawing in outside experts, and a weekend away to reflect and consolidate, were the core educational inputs. The sessions were organised once a week between 12.30 and 5.00pm. Topics in each session were:

❶ **The law relating to prostitutes:** addressed by a solicitor and a barrister. A good start showing the value of responding to the women's own experiences.

❷ **Safer injecting/safer sex:** facilitated by staff from Wirral Drugs Service. Safer sex elements received particularly well.

Relaxation and aromatherapy: provided free by two Body Shop staff and greatly enjoyed.

❸ **English Collective of Prostitutes:** two women from the collective helped generate lots of informative discussion.

❹ **Careers:** alternative legitimate opportunities. Doubts expressed about whether 'going legit' was realistic for unstable drug users or those with a criminal record – and whether straight work could generate enough income.

STD clinic: addressed by a clinic worker, this lively session led to the clinic arranging a special session for the group.

❺ **Control and restraint:** how to avoid and get out of trouble. The outside contributor was the only man to have attended the sessions. 'It was great' was the women's reaction.

❻ **Tricks of the trade:** led by a worker from the Scottish Prostitutes Education Project. Again she showed the value of responding to the women's own experiences. Informal, lively, one of the best sessions said the women.

Residential weekend: a day was devoted to assessing the impact of the programme, discussing the future of the group, and peer education; the rest of the time was spent on leisure activities.

FOR MORE INFORMATION

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❑ **AN ASSESSMENT OF THE HEALTHY WOMEN'S PROJECT.** G. Eaton. A report to Mersey Regional Health Authority, May 1993. The evaluation report on the Healthy Women's Project.
Available from Janet Hanslope – see above.

1. Taylor A. "HIV risk behaviours among female prostitute drug injectors in Glasgow." *Addiction*: 1993, 88, p.1561-1564.
2. Eaton G. *An assessment of the Healthy Women's Project.* Report to Mersey RHA, May 1993.
3. *Healthlines*, February 1994, p. 4.
4. Eaton G. op cit.