

Promoting sex worker-led research in Namibia



Matthew Greenall and Abel Shinana

In late 2011 we (Matt Greenall, a consultant, and Abel Shinana, a sex-worker leader) tried out a new approach to research on HIV and sex work in Namibia, to test three ideas. First, we believed that to be effective HIV programming must understand and address the specific contexts affecting sex workers. Second, we thought that simply asking sex workers questions about HIV is not the best starting point. Third, we believed that sex workers themselves are in the best position to describe their own social contexts. We also wanted to show that research can be about more than extracting information and delivering it to donors and policymakers. We involved sex workers themselves in the research so they could use the process and the findings in their own communities.

Teamwork in Community Research

With support from the UN Population Fund and UNAIDS, we assembled a team of 17 sex workers from five different towns in Namibia. We selected the team from members of sex-worker associations or HIV-education projects. Many of the 17 were HIV-positive, and all felt AIDS was a major issue in their lives.

When we started to discuss how to talk to sex workers about AIDS, the team decided that the best way would be to talk about broader issues. The team decided to focus on three points: how sex workers are treated in the community and by authorities, safety at work and health. We worked together to develop guidelines for topics to discuss with sex workers and a plan for conducting the research in each town. We practiced how to facilitate and document discussions. The team then held 29 focus groups attended by

212 sex workers in the five towns. Afterwards we got together to interpret, critique and draw conclusions from each others' work.

Themes from Our Research

Sex workers in all five towns identified violence – rape, beatings and extortion by law enforcement, security workers and clients – as one of their main problems and main fears. Moreover they complained that the police abuse their power and do not respond to sex workers' complaints: This is not surprising given the quasi-illegal status of sex work in Namibia.

The police will never help unless... they can have sex with us first. Then they promise that they will help us later.
(Sex worker in Oshikango)

But the profiles of sex workers varied in each town, with big differences in age, gender identities and proportions of migrants from other countries. In discussing health care, participants often identified specific clinics or health-care workers that were friendlier or less friendly to sex workers. Participants were well informed about treatments for sexually-transmitted infections (STIs) and HIV and knew when cases were not being treated appropriately. Participants also talked about the limited impact that HIV and vocational training or 'rehabilitation' programmes had on their lives. They described these programmes as being judgemental and ineffective at providing alternatives to sex work.

Sex workers got rehabilitated by the Ministry of Health but most of them went back to sex work after the training.
(Sex worker in Windhoek)

Participants in the focus groups made practical suggestions on what could be

Abel Shinana, Photo Tomas Zapata

done about the problems they faced. They recommended working with the local authorities to influence how law-enforcement officers were behaving. For instance, in one town sex workers had begun a dialogue with members of the local council in order to increase their awareness about the issues. Many study participants said that sex workers should gather information on violence and on discrimination by health-care workers. Our research project illustrated how sex workers already organise themselves to respond to problems, although they seldom receive any political or financial support to do so, whether from AIDS programmes, the government or human-rights organisations.

How Our Research is Different

Research on HIV and sex work often attempts to describe how sex workers are affected, how this can be linked to their knowledge about HIV, how often they use condoms and whether they use services for HIV testing and STI treatment. These studies aim to produce data that represent the overall situation in a whole city or a whole country and often aim to describe trends over time. This approach assumes that sex workers are an easily identifiable and non-mobile group that can be counted and monitored. Methods in these studies make assumptions about how and why sex workers have sex and rely on self-reported data from sex workers about their attitudes and safe-sex behaviours. Such studies can give a broad picture but are not practically

useful to local sex-worker groups or service providers, because they do not describe the specifics of local contexts, such as where and why violence occurs, or which health-care workers provide good quality and respectful services to sex workers. They examine sex work solely through the lens of HIV.

The approach we used is less about getting generalisable data for a whole country and more about supporting local groups of sex workers to identify problems affecting them and solutions in their own neighbourhoods and towns. We are convinced that if programmes designed to support sex workers are really going to be helpful, it is essential that the abstract, generalised pictures given by national HIV studies are complemented by more detailed information about local factors that communities can act on directly.

Our aim was to show that programming can take a more qualitative, nuanced approach, focused on specific local factors that affect sex workers. Our approach was justified by the results. As well as documenting the realities of sex workers in the five towns involved, the team showed that sex workers can take the lead in research. After the team presented their findings to a national meeting on sex work and HIV in Windhoek in November 2011, the donors agreed to provide further funding to sex-worker-led organisations, particularly to systematically monitor and document problems related to violence and access to health care. Members of the research team also met with the UN Special Rapporteur on Human Rights and Poverty Reduction, who responded positively to their arguments for the decriminalisation of prostitution in Namibia.

The bigger question is whether initiatives like these can influence and therefore improve existing large-scale HIV programmes. Will we convince these programmes to reorient their approaches? Three members of the team of 17 facilitators died within six months after our research project ended, which shows how fragile the community of sex-worker leaders is in Namibia. This article is dedicated to them: Abel, Annetty and Priscillar.

About the authors

Matthew Greenall is a public-health consultant. Abel Shinana was the coordinator of the African Sex Worker Alliance Namibia. They worked together to design, facilitate and write up the work described in this article.

Contact: mgreenall@gmail.com for the full report on this research

在纳米比亚推动由性工作者主导的研究

Matthew Greenall 和 Abel Shinana

2011年底，我们（Matt Greenall 是一名顾问，Abel Shinana 是一名性工作活动家）尝试用一种新的方法来研究纳米比亚的艾滋病问题和性工作，并检验三个假设。我们认为：第一，有效的艾滋病项目必须要理解性工作者所处的特殊环境，解决他们所面临的问题；第二，仅仅向性工作者提艾滋病并不是最好的切入方式；第三，性工作者最了解自己的社会处境。我们也希望证明，研究并不只是收集信息提供给资助方和政策制定者。我们让性工作者参与研究的过程，这样他们可以在自己的社区中充分利用这项研究以及研究的结果来发挥作用。

社区研究中的团队协作

在联合国人口基金会和联合国艾滋病规划署的支持下，我们在纳米比亚建立了一个由17名性工作者组成的工作小组，成员来自五个不同的镇。我们从性工作者组织或艾滋病项目中挑选小组成员。在这17人中，很多人是艾滋病感染者，他们认为艾滋病是他们生活中的一个重要问题。

我们开始商量如何与性工作者讨论艾滋病问题，工作小组认为，最好的方式是谈论更宽泛的问题，以此作为切入。他们决定主要关注三个问题：政府和社区如何对待性工作者，职业安全和健康问题。我们一起设计访谈题目和访谈规则，并制定了每个镇的研究计划。我们练习如何主持和记录讨论。工作小组在五个镇举办了29个小组讨论，共有212名性工作者参加。然后我们一起对这些工作进行了回顾、思考和评估。

研究的主题

五个镇的性工作者认为，来自执法者、安保人员和顾客暴力，如强奸、殴打和勒索，是他们面临的主要问题之一。此外，他们称警察滥用权力，对性工作者的报案不予处理——考虑到在纳米比亚性工作者的非法地位，这并不让人感到惊奇。

警察绝对不会帮忙……除非他们先和我们发生性关系。然后他们就会承诺说以后会帮助我们。”

（一名来自Oshikango的性工作者）

但是每个镇的性工作者都有不同的背景，他们的年龄、性别身份和国籍有很大差异。在讨论到看病的问题时，被访者往往提到哪个具体的诊所或医护人员对性工作者友好或者不友好。这些被访者对性病和艾滋病及其治疗有充分的了解，所以如果医生没有对他们提供适当的治疗，他们自己会知道。参加者还提到，所谓的职业培训或“康复”项目对他们生活产生的影响非常有限。他们说这些项目带有偏见，根本无法让他们脱离性行业。

“卫生部对性工作者开展康复培训，但大部分性工作者在培训后又回到了性行业。”

（一名来自Windhoek的性工作者）

被访者就艾滋病项目提出了切实的建议。他们建议与地方政府一起合作，改变执法人员的行为。例如在一个镇，性工作者开始与地方议员议会进行对话，以提高议员们对一些问题的认识和了解。他们说性工作者应当收集关于医护人员暴力和歧视的信息。我们的研究表明，性工作者们已经知道如何组织起来，解决自己所面的问题。但他们往往很少能够获得来自艾滋病项目、政府，或者是其他人权机构的政治或经济支持。

我们的研究有何不同

关于艾滋病和性工作的研究通常试图描述性工作者如何受艾滋病的影响，性工作者的艾滋病知识、安全套使用、艾滋病检测和性病治疗服务的使用状况。这些研究试图获得代表整个城市或国家情况的数据，以描述疫情或问题的发展趋势。这种方法假设性工作者是一个很容易识别的、不流动的群体，可以对这一人群进行计算和观察。这些研究也试图描述性工作者性行为的原因及方

式，并且主要依靠性工作者对自己的态度和安全性行为的描述。这些研究能够为我们提供一个整体的图景，但实际上并不能为性工作者组织或服务提供方所用。因为这些研究不讨论地方的具体情况，如为什么发生暴力，在哪里发生，或哪个医护人员提供友好的尊重性工作者的服务。他们只从艾滋病的视角来观察性工作者。

我们的研究并不是为了收集展示国家整体状况的数据，而是支持地方性工作者发现他们在社区和城镇中所面的问题，寻找解决的方法。我们认为，如果希望所开展的项目能够真正性工作者提供帮助和支持，那就要在了解国家整体情况的基础之上，更加详细地了解影响地方社区的因素。

我们的目标是要表明，项目设计可以采取一种更加定性的、细致的方法，关

注影响性工作者的具体因素。我们的研究结果证实了研究方法的有效性。除了记录五个镇的性工作者状况，我们所成立的工作小组还说明了性工作者可以在研究中起领导作用。2011年11月，小组在一个国家层面的性工作和艾滋病会议上展示了研究结果，特别是我们如何系统性地监督和记录暴力和医疗问题。小组成员也与联合国健康权特别报告员和贫困问题特别报告员进行会面，他们都对纳米比亚性工作者去罪化的倡议给予了积极的回应。

而另外一个更大的问题，是这样研究是否能影响和改进已有的艾滋病防治项目。我们是否能够说服这些项目调整来他们的方法？在这个17人的工作小组中，有3人在研究项目结束6个月之内相继去世，这显示了纳米比亚的性工作领导者是多么地脆弱。本文献给：Abel、Annety 和 Priscillar。

关于作者

Matthew Greenall是一名公共卫生顾问。Abel Shinana是非洲纳米比亚性工作者联盟的协调员。他们一起设计和开展了本文所介绍的研究。

如欲获得本项研究的报告，请联系：
mgreenall@gmail.com。

Abel Shinana of African Sex Worker Alliance and Anna Jonker plan how to conduct the assessment in her home town, Kalkrand. Photo Tomas Zapata

来自非洲性工作者联盟的Abel Shinana 和 Anna Jonker, 讨论如何在他们的家乡开展评估工作。

