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CENTRO DE ORIENTACION E INVESTIGACION INTEGRAL, INC.
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Caribbean Vulnerable Communities Coalition

PANCAP

The CVC/COIN Vulnerabilised Groups Project
Focus Right, Focus Rights

Focus Right

Diversity and Commonality - a look at Female and Transgender sex workers in three Caribbean Countries

The Caribbean Vulnerabilised Groups Project is a five-year regional project which responds to HIV and AIDS among Caribbean sex workers, men who have sex with men, socially excluded youth, and people who use drugs.

The Caribbean Vulnerable Communities Coalition (CVC) and El Centro de Orientación e Investigación Integral (COIN) have come together to implement the project as sub-recipients of a Pan Caribbean Partnership against HIV and AIDS (PANCAP) Grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

For more information, please visit our website at www.focusright.org

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The Caribbean Community and Common Market (CARICOM) was approved as the principal recipient of the PANCAP R9 Global Fund grant for the amount of $35 million US dollars. Both the Centre for Integrated Training and Research (COIN, in Spanish) and the Caribbean Vulnerable Communities Coalition (CVC) have been instrumental in drafting the GlobalFund PANCAP proposal for at-risk and vulnerable populations. COIN was nominated as the sub-recipient for this component of the grant, for which it coordinated this series of baseline studies prior to project implementation.

Limitations in current HIV statistical data make it difficult to provide an accurate and conclusive picture of infection trends for high-risk groups in the Caribbean. Sporadic and geographically-focused studies with specific populations shed some light on epidemiological patterns, suggesting some groups have risk behaviours that lead to higher seroprevalence than that of the population at large.

The vulnerable groups component of the Global Fund grant aims to develop outreach program models for the main vulnerable groups through four population-based projects addressing men who have sex with men, local and migrant female commercial sex workers, inmates, drug users and marginalized youth. Each of these projects includes a monitoring and evaluation component intended to establish a project baseline, facilitate evidence-based programming and measure progress and impact throughout project implementation.

This report presents a triangulation of research results from both the qualitative and quantitative studies that were conducted to provide a baseline for the project. Triangulation was defined by Denzin[1] (1978) as "the combination of methodologies in the study of the same phenomenon." The primary objective of the triangulation exercise is to validate the information that has been collected by combining both of these methodologies.

Other objectives of the triangulation exercise include:

1. Identifying and compensating for the weaknesses of a given methodology. For the quantitative methodology, this involves minimizing errors in measurement, sampling, and procedure. For the qualitative methodology, the aim is to reduce difficulties with result generalization and inference.
2. Obtaining results that are greater in depth and breadth through the use of mixed methods. One method quantifies while the other describes and explains the phenomenon at hand.
3. Attaining greater certainty in research results on the issue under study.
4. Developing a holistic perspective in the analysis of the topic.

1 Denzin, N.The research act: A theoretical introduction to sociological methods. McGraw-Hill.New York, 1978.

This particular report triangulates the results from both quantitative and qualitative studies conducted among transgender sex workers in the Dominican Republic, female Hispanic migrant sex workers in Trinidad, and female sex workers who are street-based or working in clubs in Jamaica.

The following chapters provide background information and describe the methodology that was used in both studies.

Chapter I.

Background

Demographics of the Female Sex Workers

Approximately 22,000 individuals were involved in transactional sex in Jamaica according to an estimate from 2005. Estimates from 2007 put this figure at some 100,000 individuals for the Dominican Republic.[2] No estimates are available for Trinidad and Tobago. Given the legal restrictions and social pressure associated with sex work in these countries, extreme caution must be exercised with these estimates as margins of error can be high. These estimates are provided only as an approximation of the possible population size of the groups under study.

Individuals engaged in sex work in the Caribbean belong to heterogeneous groups; the majority are independent, work part time, and work in various settings.[3] Frequently, they are economic providers for large families.[4] Sex workers include women, men, and transgender persons. There are also large numbers of adolescents, girls and boys coerced into the sex trade. Female sex workers in the Caribbean are diverse, including go-go dancers, informal female sex workers, and many women who have migrated from other Caribbean islands or from Central America. Male sex workers are less common, their clients are either male or female tourists or locals[5]; they are known by terms such as "rent-a-dread" in Jamaica and "sanky pankies" or beach boys in the Dominican Republic.[6]

Female sex workers 'ages ranged from 20 to 40 years old (International Organization for Migration, 2004; Campbell & Campbell, 2001[7]; AID ink, 2007). However, other studies show that sex workers in the Dominican Republic and Jamaica may begin at an earlier age. According to a 2008 study conducted by COPRESIDA in the Dominican Republic,[8] 36% of female sex workers were between15 and 19 years old. In Jamaica,[9]they may initiate before age 20.

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2 AID ink. (2007). ***A Caribbean Sub-Regional Analysis on sex work and HIV.*** Horizontal Technical Coorporation Group.

3 PANCAP. (2009). ***Prostitution, sex work and transactional sex in the English-, dutch- and French-speaking Caribbean. A literature review of definitions, laws and research.***

4 International Organisation for Migration. (2004). ***HIV/AIDS and mobile populations in the Caribbean: a baseline assessment.***

5 Padilla, Mark. (2007) Caribbean Pleasure Industry: Tourism, Sexuality, and AIDS in the Dominican Republic

6 AID ink. (2007). ***A Caribbean Sub-Regional Analysis on sex work and HIV.*** Horizontal Technical Coorporation Group; PANCAP (2009).

7 Campbell, P.& Campbell, A. (2001). ***HIV/AIDS prevention for commercial sex workers in Jamaica: An exploratory study and needs assessment.***

8 COPRESIDA. (2008). ***Encuesta de comportamiento con vinculación serológica.***

9 Bailey, A. E. (2008). Determinants of risk behaviour in Jamaica-a qualitative approach. ***West Indian Medical Journal*** , 57(5):405.

Female sex workers generally have a low level of schooling. In the Dominican Republic, the majority had not completed secondary education (60%).[10]In Jamaica, education levels are similarly low, though this does not differ significantly from that of the population at large (Bayley, 2008; PANCAP, 2009).

Migration is a common phenomenon in sex work. Many female sex workers migrate to other countries to improve their economic standing and keep their work hidden from friends and family back home (AID Ink, 2007). Higher income countries such as Barbados and Trinidad are common destination countries within the Caribbean, whereas countries of origin include Guyana and the Dominican Republic. Migrant women often enter the destination countries as tourists and stay on indefinitely (International Organization for Migration, 2004).

Just as female sex workers are not homogeneous, neither are their clients. In Jamaica clients include tourists, businessmen, taxi drivers, cruise ship crew members, and bankers, among others (Campbell 2001). The extent to which these clients use protection is unknown (PANCAP, 2009).

The types of places where sex workers attract their clients are quite diverse in the three study countries. According to prior studies (Campbell, 1999; Hasbún, 2009[11]; CAFRA 2004; AID Ink, 2007; Kempadoo, 2010[12]),the most commonly cited are:

- Hotels, guest houses, bars, discotheques and clubs. In Jamaica and the Dominican Republic, female sex workers pay fees to operate out of settings where they can attract clients. In other settings, sex workers are not subjected to fees as they attract clients to the premises (e.g., bars where sex workers increase alcohol consumption). In Jamaica, the Dominican Republic, and Trinidad, some female sex workers check-into all-inclusive hotels to gain access to tourists.
- Designated streets or heavily transited routes. In the Dominican Republic, there are specifically designated streets for sex work, such as La Feria, George Washington Avenue, and the renowned Duarte Avenue where women congregate to work, or areas like the beach in Boca Chica.
- Dockyards, where cargo ship crew members disembark. In Jamaica, there are rooms to rent near these areas for commercial sexual encounters.
- Escort services beyond the eye of the law in Trinidad and Jamaica, characterized for being discreet, upmarket and catering to a more sophisticated clientele.

10 COPRESIDA (2008)

11 Hasbún, J. Estudio cualitativo acerca de explotación sexual en menores de edad en República Dominicana. UNICEF. 2009.

12 Kempadoo, K. (2009). Caribbean sexualities-Mapping the field. ***Caribbean review of gender studies***, issue 3.

"Exotic" dance clubs are a cover for sex work, especially in Jamaica and Trinidad. This is true of the massage parlours in Jamaica, although these girls are reportedly more educated.[13]

- In the adult or pornographic movie industry in Trinidad,[14] and in Jamaica where there are reports of live shows.

Factors Leading Individuals to Engage in Sex Work

According to existing research from the three study countries, economic factors are the most frequently identified motive for entering sex work (Cohen, 2006; Dunn, 2001; Hope Enterprises Limited, 2008; AID Ink, 2007), including to support family members (PANCAP, 2009; Campbell, 2001) and to supplement existing income (International Organization for Migration, 2004; AID Ink, 2007). Other reasons identified include materialism/ consumerism (Cohen, 2006[15]; PANCAP, 2009) and higher earnings from sex work than from other available jobs (AID ink, 2007). Researchers have also identified lack of formal education, and limited job opportunities, particularly for women.

There is a perception that commercial sex work has increased in the Caribbean over the past few years with the expansion in tourism. In Jamaica, for example, sex work reportedly increases significantly during the months of August through December (high season for tourism) (Panos Caribbean, 2010).

Basic Needs of Female Sex Workers

Several studies in the Caribbean identified access to non-discriminatory health services as the most pressing need among female sex workers (Kempadoo, 2010; AID ink, 2007), including HIV/AIDS prevention services (Panos Caribbean, 2010),drug rehabilitation,[16] and condom distribution (Kempadoo, 2010; AID Ink, 2007). In addition, STI testing and psychological support should be provided for female sex workers and their families (Campbell P., 2001; Dunn, 2001; AID ink, 2007). Efforts should be made to extend these services to migrant sex workers as well.

The role of the State is to protect and defend the rights of female sex workers from abuse on the part of immigration officials, the police and citizens at large (Dunn, 2001; Kempadoo, 2010; AID ink, 2007).

13 Dunn, L. L. (2001). ***Situation of children in prostitution: A rapid assessment.*** International Labour organisation (IPEC).
14 IDEM.
15 Cohen, J. (2006). The sun.The sand. The sex. ***Science magazine*** , Vol 313.
16 Allen. (2006). Sexually transmitted Infection Service use and risk factors for HIV Infection among Female sex workers in Georgetown, Guyana.

Laws Associated with Sex Work

In the Dominican Republic, sex work is not illegal, although sex workers are often persecuted by the police (AID Ink, 2007). In Jamaica, both exercising and promoting sex work is illegal. However, the laws are not enforced consistently and seem to be used as arbitrary mechanisms for harassing and extorting sex workers (Panos Caribbean, 2010; Kempadoo, 2010). In Trinidad and Tobago, sex work is illegal.

HIV Prevalence among Female Sex Workers

Current datashow that HIV prevalence is higher among female sex workers than in the general population. In the Dominican Republic, HIV prevalence among female sex workers in 2008 was estimated to be 4.6%.[17] Rates ranged from 3.3% in Santo Domingo to 8.4% in Barahona (COPRESIDA, 2008). In Jamaica, prevalence was estimated at 4.9% in 2009 (USAID), lower than the 9% rate reported by the Ministry of Health in 2004.[18] Earlier estimates, including the IOM study, reported prevalence as high as 20% for 2004. There are no estimates or HIV prevalence data available for transgendersex workers in the Dominican Republic.

Economic hardship has been identified as a risk variable for female sex workers in the Dominican Republic,with poorer sex workers being more likely to be infected with HIV than their better-off peers (AID ink, 2007). According to the study, high-risk female sex workers were more likely to have a history of cocaine and alcohol use, and having sex for drugs. They were also more likely to engage in group sex, without changing condoms between sexual partners.

Risk Behaviors among Female Sex Workers

Due to the nature of their work, sex workers often engage in risky activities that make them more vulnerable to HIV infection. Multiple partners and inconsistent condom use are two of the most frequently reported risk factors (AID ink, 2007; Bailey, 2008). In the Dominican Republic, more than 55% of female sex workers reported having sexual relations with eleven different partners during the past month (International Organization for Migration, 2004).

Studies show that female sex workers have greater difficulty negotiating condom use with local clients than with foreigners.[19]Inconsistent condom use differs by region in the

17 ENDESA. (2009). Dominican Republic.
18 Ministry of Health. (2005). *National HIV/STD Prevention and Control Programme Facts and Figures HIV/ AIDS Epidemic Update 2004.*
19 Townsend, C. (2003). *Mobility, migration, tourism and networking.*International AIDS Alliance.

Dominican Republic, ranging from 33% to 80% depending on the location (COPRESIDA, 2008). 40% of female sex workers reported not using condoms with "trusted partners. "The same Dominican study showed that female sex workers had limited knowledge and were often influenced by the appearance of their clients when deciding whether to use a condom.

Drug use among female sex workers in the Caribbean is a double-edged sword. It may enable them to escape the drudgery of sex work, but in the process they can become addicted and have to do more sex work to finance their habit. Furthermore, sexual relations under the influence of drugs can result in greater risk-taking through negligence and forgetting about safe sex practices (AID ink, 2007). According to the 2008 COPRESIDA study, between 20% and 50% of female sex workers in the Dominican Republic used drugs, mostly crack.

Structural Vulnerability Factors for Female Sex Workers

In the Caribbean, migration for sex work is one of many factors increasing the vulnerability of female sex workers. Migration implies loss of family support, difficulties accessing different services, and increased stigma and discrimination in the case of sex work (Caribbean Health Research Council, 2008; AID ink, 2007; PANCAP, 2009). Discrimination against foreign sex workers is considered worse than that experienced by sex workers living with HIV (AID ink, 2007).

Here it is important to take into consideration the trend of feminization of migration, that is, the increased numbers of women who are migrating independently as family providers (Pérez Orozco et al, 2008).[20] Zlotnik (2003), as cited by Cortés (2005),[21]stresses that Latin America and the Caribbean is the first region in the world to reach an equal number of male and female migrants in what previously had been a male-dominated phenomenon.

Martínez (2003) and Villa & Martínez (2002), cited by Cortés (2005), described intra regional migration between anglophone countries of the Caribbean community as a rather intense circulation of persons. Migrants represent 4% of the total population, and the main destination countries are the Bahamas, Barbados, U.S. Virgin Islands, Jamaica, and Trinidad and Tobago.

20 Pérez Orozco, Amaia, Denise Paiewonsky and Mar García Domínguez. 2008. ***Crossing Borders II: Migration and Development from a Gender Perspective***. UN INSTRAW (now part of UN WOMEN): Santo Domingo, Dominican Republic.

21 Cortés, Patricia. Mujeres Migrantes de América Latina y el Caribe: Derechos Humanos, Mitos y Duras Realidades. Población y Desarrollo. CEPAL, 2005.

Another important factor is the illegality (AID ink, 2007) of sex work in Jamaica and Trinidad and Tobago. This hinders the application of protective legislation for sex workers because, according to the law, they "should not exist."

Stigma and Discrimination

Kempadoo (1996) pointed out that female sex workers in the Caribbean were subject to moral rejection and their work was considered "abnormal"behavior. This societal rejection can affect self-esteem and result in sex workers not protecting themselves properly from HIV. Xenophobia,coupled with their irregular migration status, doubly stigmatize this population. Stigma is not only directed against sex workers, but extends to the areas where they work, organisations that work with them, and even to their children. Sex workers' fear of being stigmatized forces them to lead a double life to avoid being discovered and thus isolated and outcast by the community. In 2004, Human Rights Watch reported cases of sex workers being threatened and forced to leave their homes and their belongings.[22]

Studies by Kempadoo and Human Rights Watch indicate that sex workers are often disrespected and are treated as if they were people with no dignity. As a result, they are frequently victims of verbal abuse by their clients and the community, and harassed by the police. They endure hostilities from their partners and family members. These attitudes make their daily lives quite challenging. They face difficulties trying to report crimes and offenses to the police, opening a bank account, and accessing other basic public services. They are denied medical care by some health care providers or mistreated by others. The studies also reported confidentiality violations regarding their HIV test results.

According to Human Rights Watch, these violations prevent sex workers from accessing prevention information, condoms, and health care in general, especially when the health problems they suffer reveal their line of work. These experiences are similar to those of people living with HIV/AIDS.

This climate of stigma and discrimination makes it difficult for organizations to work with female sex workers and carry out interventions. Human Rights Watch reports even document arrests being made of project educators, on the account of the illegality of sex work.

Kempadoo (2010)maintains that since most of the programmatic activities that are carried out with sex work are HIV/AIDS-related, this has further stigmatized sex workers as vectors of disease.

22 Human Rights Watch. (2004). Hated to death. ***Human rights Watch*** , Vol 16 N.6.

Chapter II

Methodology

1. Quantitative Study Methodology

Sampling

The target populations of the quantitative study were:

- Female Hispanic migrant sex workers in Port of Spain and Chaguanas in Trinidad
- Female sex workers who are street-based or working in clubs in Kingston, Jamaica
- Transgender female sex workers in Santo Domingo and Santiago in the Dominican Republic

There was no sampling frame available that could provide precise data on the total number of female sex workers making up the universe under study in each country. In the absence of this data, sample size was determined based on estimates with a 95% confidence level and an expected prevalence of 10%.

Among the transgender population in the Dominican Republic, 90 transgender and transvestite women were surveyed: 30 in Santiago and 60 in Santo Domingo. All were confirmed sex workers.

For the female sex workers in Trinidad, specifically in Chaguanas and Port of Spain, 61 Hispanic migrant sex workers were interviewed, but one of the questionnaires was declared null and void due to incoherence in the respondent's answers.

In Kingston, Jamaica, 53 female sex workers who were street-based or work in exotic dance clubs (go-go dancers) were interviewed.

Research Methods

A survey questionnaire was developed for each country and type of sex worker. Questionnaires included the variables and indicators necessary for the general PANCAP Project, as well as other important indicators for each country (see annexes).

Respondents in all three countries were recruited through key informants who are or had been working with social organizations related to the sub-populations under study, as well as through snowball sampling. The research team was not involved in the identification of

study participants in order to ensure that the selection process was not compromised by convenience or other subjective criteria of the research team.

2. Qualitative Study Methodology

For the qualitative study, in-depth interviews and focus groups were conducted with each of the abovementioned groups. The qualitative approach enabled the research team to describe and analyse sex workers' perceptions, attitudes, life stories and processes on the following topics:

Box 1: Topics covered in the Qualitative Study

I. Knowledge and educational intervention experience on HIV/AIDS
II. Sexual practices
III. Knowledge, attitudes, and condom use
IV. Access to sexual health care services
V. Stigma and discrimination
VI. Relationships with co-workers and other actors

Three different interview guides were developed (see annexes) for the abovementioned target groups: one for female Hispanic migrant sex workers in Trinidad; one for transgender women sex workers in the Dominican Republic; and another for female sex workers who are street-based or work in clubs in Jamaica. The first two guides were in Spanish, whereas the third was written in English.

Some of the questions were adapted according to country context and the population at hand; however, each instrument covered all of the topics from box 1.

Field Work in Trinidad

In Trinidad, a focus group was held with Hispanic migrant women engaged in commercial sex work in the country. A male intermediary who was trusted by the women was hired to recruit the participants, and the session was held at his home in Chaguanas. The focus group had a total of 6 participants, lasted approximately 56 minutes, and was recorded in digital audio with the participants' authorization. In addition, each participant was asked for her oral consent to participate in the focus group prior to the session. All participants were Colombian or Dominican women over 18. A stipend was provided to cover their transportation costs.

To complement the focus group, four in-depth interviews were carried out with Dominican women currently in the Dominican Republic who had returned from Trinidad, where they were engaged in sex work. Three were contacted through COIN's Prevention and Assistance for Female Sex Trafficking Program, which helped them return to their country of origin. The fourth, who was referred to the study by a co-worker, had returned to the DR on their own. The male intermediary who had recruited the focus group participants in Trinidad was also interviewed.

Field work was carried out in August and September 2011, by the principal investigator and an interviewer recruited in Trinidad by the project.

Field Work in the Dominican Republic

Two focus groups were held with transsexuals and transvestites who were actively engaged in sex work. One of the sessions took place in Santo Domingo, where CONTRAVETD[23] recruited a total of 14 participants. The session was facilitated by the principal investigator, lasted 1 hour and 5 minutes, and was recorded with prior authorization and oral consent of all the participants. The other session was held in the city of Santiago with 6 participants, also recruited by CONTRAVETD in that city. The session was also recorded with participants' prior authorization and consent. It lasted 50 minutes and was conducted by two members of the research team. Field work in the DR was carried out during the month of September 2011.

Field Work in Jamaica

Two focus groups were held with female sex workers: one with club-based sex workers and another with street-based sex workers. Participants were recruited through key informants, who were hired by the project to help identify and facilitate access to the target population.

A facilitator with extensive experience interviewing sex workers was hired to lead the focus groups. The focus group with club-based sex workers lasted 1 hour and 15 minutes,

while the focus group with street-based sex workers lasted slightly longer (1 hour and 30 minutes). Both sessions were recorded using digital audio, following participants' prior authorization and oral consent.

23 Since 2004, CONTRAVETD (The Community of Trans-Transvestite Dominican Sex Workers) has been the only organization in the DR working to reduce stigma and discrimination and marginalization of transgender and transvestites engaged in sex work.

Participants in all three countries were recruited through key informants who are or had been working with social organizations that support sex workers. The research team was not involved in the identification of study participants in order to ensure that the selection process was not compromised by convenience or any other subjective criteria of the research team.

Chapter III

Results from Trinidad

This chapter presents the research results from both the quantitative and qualitative studies based on information shared by Hispanic migrant women currently or previously engaged in sex work in Trinidad. Responses are analysed separately according to study topic.

1. Socio-Demographic Variables

Quantitative study participants in Trinidad had an average age of 28.5 years. Participants were approximately one-third Dominicans, one-third Venezuelans, and one-third Colombians, with only a few participants each of other nationalities such as Haitian, Mexican, or Peruvian.

Table 1
Nationality of female sex worker survey participants
(Female Hispanic sex workers in Trinidad) COIN, 2012

Nationality	F	%
Colombians	17	28.3
Venezuelans	18	30.0
Dominicans	19	31.7
Haitians	2	3.3
Mexicans	2	3.3
Peruvians	1	1.7
Other	1	1.7
Total	**60**	**100.0**

In terms of time in country, 45% of survey participants had been living in Trinidad from four months to a year, whereas 23% said they had been living there for more than a year, but less than two. Only 15% reported having lived in Trinidad for one to three months.

Regarding educational attainment, the most common level of schooling among survey participants was secondary education (58%). Only 21% had finished secondary school, while almost 30% reported having only primary education. Fully 100% of respondents indicated that their primary source of income was sex work.

2. Alcohol and Drug Use

In terms of alcohol consumption, 70% of survey respondents indicated they had consumed 5 or more alcoholic drinks over a 4-hour period in the past month, suggesting there are relatively high levels of regular intoxication among this population. The remaining 30% indicated they had not engaged in this practice in the past month.

Only 12% of respondents reported consuming alcohol on a daily basis, while 32% said they only drink alcohol on the weekends, and 30% say they consume alcohol if the drinks are free. 26% said they do not drink alcohol at all.

Among survey respondents, 50% said that sometimes alcohol cheers them up, while 23% said it always cheers them up. Just over a quarter of respondents (26%) said that alcohol neither cheers them up nor helps them in any way.

The most frequently used drugs in the past three months were marijuana and cocaine. Only 27% used these kinds of drugs, whereas 73% reported never having used drugs (see table 2).

Table 2
Drug use in past 3 months among
female Hispanic sex workers in Trinidad. COIN, 2012.

Drug	F	%
Marijuana/weed	11	18.3
Cocaine	4	6.7
Has never used drugs	44	73.3
Marijuana and cocaine	1	1.7
Total	**60**	**100.0**

Among those who had used drugs in the past three months, 44% reported doing so alone, 19% with clients, and 37% both with clients and alone. None of the survey respondents had used any injectable drugs in the past six months.

The topic of alcohol consumption and substance use was only covered in the quantitative study.

3. Knowledge of HIV/AIDS

All survey respondents said they had heard of HIV/AIDS. However, 70% indicated they had not received any educational intervention on the subject in the 6 months prior to the survey.

The qualitative study showed that the most frequent source of information on HIV/AIDS among Hispanic sex workers was school (in their own countries), through educational talks facilitated by specialists at their schools. Participants mentioned that the talks were few and far between and tended to last no longer than 1 hour. Interviewees said that they did understand most of the topics covered in the talks because they were given in their own language and used simple terminology. They also pointed out that because the talks were brief, many of their questions had gone unanswered: "They had their talk prepared and they would come to the school to give it, but there was not enough time to ask many questions even though you had many things to ask" (Colombian sex worker).

In terms of participants' knowledge of HIV/AIDS, survey results show that all of them know that it is sexually transmitted. However, significant numbers of participants continue to hold erroneous beliefs on modes of transmission (see table 3).

Table 3
Erroneous beliefs regarding HIV transmission among female Hispanic sex workers in Trinidad. COIN, 2012

Beliefs	F 60	%
A person can be infected through mosquito bites.	43	71.7
A person can be infected by sharing food. Not sure.	16 21	26.7 35.0
HIV can only be transmitted anally. Not sure.	13 6	21.7 10.0
You can get HIV by using a public bathroom. Not sure.	8 35	13.3 58.3

The qualitative study found that all sex worker participants' knowledge of HIV was quite basic. They knew that HIV is primarily transmitted sexually and were familiar with most means of protection. However, as in the quantitative study, participants did share some erroneous beliefs such as transmission through using public bathrooms. Opinions were

divided on the subject, with some participants agreeing, others disagreeing, and still others unsure whether it was a valid mode of transmission or not.

Regarding the belief about mosquito bites as a mode of HIV transmission, one participant said: “I really don’t know if it is or it isn’t” (Colombian sex worker). Participants said that the topic was not addressed in the talks they had received, but they had heard it from others on the streets.

4. Knowledge of STIs

Almost all (95%) of the female Hispanic migrant sex workers surveyed said they had received some information on STIs. 15% of respondents indicated they had had abnormal vaginal discharge in the past 12 months, and 8% indicated they had had genital sores during that same period of time.

In the qualitative focus groups, participants recalled having received talks on STIs. Those who had received talks from a Trinidad-based NGO particularly remembered the photographs showing symptoms and signs of sexually transmitted infections because “they were terrible and shocking.” However, participants agreed that it was good to receive that information because that way they did not forget there are also other diseases. “You can listen to the information on STIs, but sometimes you don’t understand it very well. With the photos, you understand it better” (Colombian sex worker).

Participants also reported that the NGO had not visited the businesses where they work for the last six to eight months. They remembered the name of the organisation because they had given the women-shirts with their name and logo. Focus group participants said they missed the staff that used to visit them because they used to provide free HIV testing and condoms. This experience was reported only by the Hispanic women who were still working in Trinidad. The Dominican women returnees who were interviewed in the Dominican Republic did not recall receiving any talks from this organization. One explanation could be that the returnees were not very visible at the establishments where they worked due to their irregular migration status. Alternatively, it could have been because they usually arrived at the establishments around 8:00 PM, whereas the NGO interventions were usually conducted during morning and afternoon hours.

Survey results show that only 18% of respondents had received educational interventions on STIs in the previous 6 months. In other words, even though almost all respondents had heard of STIs, they had not received any specific information recently, indicating that they had not been beneficiaries of any educational project that could speak to them about STIs during that period of time.

5. Information Exposure

According to the survey results, 12% of respondents had received information on sex trafficking of women in the past 6 months. This percentage is quite insignificant, considering that the respondents are women who have travelled abroad to engage in commercial sex work. In the qualitative study, interviewees had heard about trafficking of women because it is something very near to their experience. Participants said they had heard of it on television or through other media, but no one had ever given them a talk or presentation on the subject.

On the topic of gender-based violence, the survey results show that only 3% of respondents had received any messages or information in the past 6 months. Some of the qualitative study participants knew what violence against women was, but did not associate it with gender-based violence, indicating that the term was new to them. Those who had received information on violence against women said they learned about it through school. None of the qualitative study participants had ever received information on human rights.

6. Sexual Practices

Respondents' average age at sexual initiation was 14.4 years old, whereas the average age of initiation in commercial sex work was around 20 years old. Qualitative study participants' average age of initiation in commercial sex work was slightly younger (18 years). According to the survey results, respondents' average number of sexual partners (of all types) in the past month was 16.

Survey results also showed that respondents had an average of one regular or stable partner over the last year. The average number of clients with whom they had exchanged sex for money in the past month was 15. Respondents indicated they had an average of less than one casual sexual partner in the past month. Only 10% of respondents reported having had sex with partners of the same sex.

More than half of respondents (53%) said they had consumed alcohol or used drugs last time they had sex with a client. In the qualitative study, some participants claimed that alcohol was "like a tool of the trade," and that it was normal to drink while they were working. Still others insisted that alcohol was not helpful in their work, because clients "are very smart and want to get you drunk so they can take advantage of you." In the qualitative study reported drug use was minimal (almost none reported using drugs last time they were with a client) and only one reported having smoked marijuana.

Most of the sex workers surveyed indicated that they exercise sex work in businesses (47%). 27% said that they attract clients on the street in addition to working in an establishment, while 18% said that clients contact them at home through the internet or on the phone. All of the qualitative study participants worked out of establishments and some worked secretly at home or with private clients.

12% of survey respondents indicated that they had accepted being paid with drugs, while 88% rejected this practice.

7. Knowledge, Attitudes, and Condom Use

Slightly more than two-thirds of survey respondents (67%) reported having had a regular partner in the past year, among whom only 32% always used condoms with their regular or stable partner. This indicates that two-thirds of respondents do not always use condoms with their regular partners. Only 37% of respondents said they had used a condom in the last sexual encounter with their regular partner, which coincides with the assumption that condoms are seldom used with this type of partner.

This is consistent with the qualitative study results, which revealed inconsistent condom use with both regular partners and clients. Only one focus group participant said she uses condoms with her regular partner. The rest did not use condoms. The main reason for not doing so was their perception that their partners would refuse. Some said that their regular partners were tested for HIV, which they found comforting since their partners did not use condoms with them.

The Colombian woman who always uses condoms with her regular partner shared that she didn't used to use them with her regular partner in Colombia because "there is not too much disease, but here in Trinidad there is a lot and one must be careful. Here, AIDS is as common as eating a plate of rice." She added that if her partner refused to use a condom, "I would make up a story to convince him. I would tell him that a client's condom had broken." The sex workers perceive negotiating condom use as difficult, and seem to be unaware of effective negotiation techniques beyond lying about a broken condom with a client, an argument which indicates that their ability to negotiate condom use focuses on protecting their partners rather than themselves.

Results from both studies show that all survey participants and interviewees always use condoms with their clients.

One-third of survey respondents reported having had at least one casual partner in the past year, among whom 80% said they had used condoms during last sex with this type

of partner. 65% of respondents said they always use condoms with casual partners, while the remaining 35% said they use them almost always. In casual sexual encounters, 60% of respondents who had this type of sex used alcohol or other drugs beforehand.

Qualitative study participants said they had very few casual partners because they "were in this for the money and not for the sex." Whereas 80% of quantitative study participants reported using a condom last time they had sex with a casual partner, all of the qualitative study participants said they had done so.

All survey respondents reported knowing where to obtain male condoms. However, only 3% reported ever having used a female condom and only a third of the female sex workers surveyed knew where they could obtain them. Sex workers who participated in the qualitative study said it is easy for them to get male condoms and that they are inexpensive: three condoms cost 7 tt at any local pharmacy. They can also get them through the business where they work because they are included in the sex workers' fees. No interviewee in the qualitative study had ever used female condoms.

According to the survey results, 43% of sex workers had experienced condom breakage, with the most frequent reason being that the partner's penis was too big (40.7%). Some qualitative study participants had had negative experiences using condoms. For instance, one of the Colombians said: "Once a condom broke on me. The first thing I did was wash and then I gave myself a douche and I was very scared. I had heard you should urinate and taste the urine and if it tasted like urine then there was nothing wrong. I tasted it and it did taste like urine. I also took a lot of Ampicillin (self-medicated) and went to get tested for HIV. "This is yet another example of a myth held by this population – the "urine test" to know whether or not they have a disease.

Another participant summarized her experience with condoms as follows: "If you are careful, the condom won't break. But if you let the man put it on, he will do whatever he wants and it can break or he could pierce a hole in it." According to the survey results, 62% of the Hispanic sex workers said they put the condom on the penis themselves.

Only 27% of respondents indicated they had been taught how to use a condom correctly. In the focus group, all of the participants practiced placing a condom on a wooden dildo. Most of them failed to check the expiration date or if the package had the correct amount of air inside upon touching it. They simply opened it and placed the condom on without any problem. They put the condom on correctly, but did not take the proper precautions while opening the package because "they were never taught that." They said that the men remove the condom themselves and all they do is hand them a napkin or a tissue so they

don't get their hands dirty. The survey results show that only 22% of the women remove the condom themselves.

More than one-third of survey respondents (35%) agreed that it was correct to use more than two condoms at once. A Colombian focus group participant said that she uses two condoms per sexual relation (with penetration) when the client's penis was "very big." While the rest of the participants said they only used one condom, they all agreed with their co-worker about taking precautions because "here in Trinidad there are many men with big penises and one must be careful that the condom doesn't break" (Dominican sex worker). They did not perceive anything wrong with using two condoms at once.

8. Access to Health Care Services

When asked whether it was easy or difficult to access existing health care services without taking into account the cost, more than half of respondents (53%) indicated that it was difficult, as seen in table 4 below.

Table 4
Perception of ease of access to medical care (regardless of cost) among female Hispanic sex workers in Trinidad. COIN, 2012

	F	%
Difficult	32	53.3
Easy	15	25.0
Doesn't know	13	21.7
Total	**60**	**100.0**

Only 8.3% of respondents indicated they knew where to go for HIV/AIDS-related health care services.

Half of respondents reported never having routine check-ups and only accessing services when ill, while 22% said they go for check-ups once a year.

Focus group participants in the qualitative study reported having periodic medical check-ups (every three months). Although they verbally claimed to be going for check-ups, some of them admitted they had not gone for the last six months. They explained that this was because an NGO had been visiting the businesses to do their health check-ups, but when the organization stopped coming, they had failed to resume their regular check-ups.

They preferred to do the check-up with this agency because the tests were free and they trusted them. They felt that they were treated well.

The survey results show that 70% of respondents had had a pap smear, among whom 30% had one done within the last year, while for 22% it had been one or two years. Some of the Hispanic sex worker interviewees said they had had a "*cytology*" or "smear test" (some did not know it as a pap smear or Papanicolaou) with a metal device that hurt them. They also complained that they had used the same speculum for all the women, rather than the disposable plastic kind, which made them fearful that they were at risk of being infected by whatever the other women might have.

Regarding where they go for medical check-ups, 30% of respondents said they go to the same place as their colleagues or where the establishment recommends they go, while 54% said they go elsewhere. 17% said they did not know whether they went to the same health centre or not. Sex workers interviewed in the qualitative study said they currently see private doctors or clinics because "hospitals are filthy." In these centres they feel they are treated well, although they have trouble with the language. One of the women said that she communicated by signing. The survey revealed that only 22% felt comfortable with the services received in health centres, whereas 72% felt uncomfortable. Most (79%) agreed that they face a language barrier that makes it difficult to understand or communicate with health care providers, while only 16% had no problems in that regard.

According to qualitative study participants' accounts, the managers of the establishments where they work are not always aware of the sex workers' health condition, as seen in the case of those who had not been for a medical check-up in six months or more. The women said that if the managers find out they have a disease, not only would they prevent them from working and bar them from the premises, they would also let the other businesses know they were sick. The sex workers were well aware of a communication network among the businesses involved in commercial sex that is used to alert one another when a sex worker is found to have any sexually transmitted infection.

Only 11% of survey respondents felt that their health centre respected their confidentiality. 67% said they did not know whether they do or not, whereas 22% felt that their health centre totally disrespected their confidentiality.

9. HIV Testing

According to the survey results, 68% of sex workers had been tested for HIV, while 32% had never been. Of those who had, more than half had been tested in the past year, and for 35% it had been one to two years ago.

Table 5
Timing of last HIV test among female Hispanic sex workers in Trinidad. COIN, 2012

	F	%
Over the last year	23	53.5
Between 1 and 2 years ago	15	34.9
More than 4 years ago	2	4.7
Doesn't know	3	7.0
Total	**43**	**100.0**

Some of the Colombian sex worker interviewees shared that they had not been tested for HIV in Trinidad, but had when they worked in Colombia. They said the reason for not being tested in Trinidad was fear: "Whenever you get a test, you get scared. This is scary anyway, no matter what your job is."

Those who had been tested in Trinidad said that it costs around 150 tt. They said they normally get tested every six months. However, some shared that time goes by and getting tested slips their mind, particularly the Colombians, which coincides with data from the quantitative study.

Among the survey respondents who had been tested for HIV, 51% reported receiving pre-test counselling last time, while only 7% received post-test counselling. This contrasts with the qualitative study findings, which indicated that none of the women had ever receiving pre- or post-test counselling; they simply get tested, pick up their results, read them, and leave. In the qualitative study, the women also suggested that testing sites should be more hygienic and should have a professional psychologist available to deliver the results or calm them down when they are being tested because they are very scared. They also said that if they test positive, they should receive immediate treatment.

Qualitative study participants shared the case of a Hispanic colleague in Trinidad who committed suicide when she learned she was HIV positive. They said the woman was in such a state of hopelessness that she "did not stop to think that she could be treated. There was no one to counsel her."

Based on their accounts, it is clear that many sex workers are afraid of being tested and getting a positive result. In addition to allaying such fears, they need to learn about new

advancements in available treatment for people living with HIV. Currently their knowledge on this topic is quite limited.

Regarding patient privacy, 12% of respondents felt that the centre where they go for testing respects their confidentiality, whereas 14% said that it does not, and 74% did not know. 40% said they shared their test results with the establishment where they work or with their colleagues, while 60% said they keep this information to themselves.

Among the 32% who had never been tested for HIV, the most frequent reason cited was that no one had suggested it (40%), while 15% expressed that good people don't need to be tested, and another 15% simply had not considered it. In the qualitative study none of the women reported ever having been tested.

10. Perception of Risk for HIV/AIDS

All of the qualitative study participants agreed that working in the commercial sex business put them at high risk for HIV infection. "You don't know what the man may have. If the condom breaks or the man takes it off, we are in danger" (Dominican sex worker).

They find the risk of HIV infection worrisome because it is not part of their life plan: "I came here looking for a better life, not a disease" (Colombian sex worker). They pointed out that they are careful, but some co-workers don't use a condom if the client offers them more money, leaving them unprotected. However, they insisted that they personally do not accept such proposals: "I prefer that he doesn't give me more money and uses a condom" (Colombian sex worker).

11. Stigma and Discrimination

More than half of the survey respondents (58%) said they are called unpleasant names, such as *whore,* in the streets and in the workplace. In the qualitative study, a Colombian sex worker expressed her view on stigma and discrimination as follows: "Here, the majority of the people are racists, especially the Indians (Hindus)."

"We go shopping and when we walk down the street they say, 'Goodbye whore or *adios mami'"* (in Spanish). People recognize them when they hear them speaking Spanish: "Here, if you speak Spanish, you are a whore."

According to the survey results, 35% of respondents have experienced physical violence in the workplace. In the qualitative study, the majority said they are mistreated in their workplace. One of the Colombian participants recounted her nightmare in the business

where she used to work: “The manager of the establishment hit me because he said I was riling up the rest of the women and they don’t like that. Since I lived there and had to pay for room and board, I escaped after three months of working there because they were not letting me go if I didn’t pay my debt.”

The survey results also showed that 22% had suffered physical violence outside their workplaces; another 22% at the hands of their partners, and 50% had been abused by clients.

20% of respondents had been forced to have non-consensual sex. In the qualitative study, sex worker participants said that in order to feel safe, “what we have to do is stop working.”

Table 6
Experiences of stigma and discrimination among female Hispanic sex workers in Trinidad. COIN, 2012

Indicators of stigma and discrimination	F 60	%
Called unpleasant names (60)	35	58.3
Experienced physical violence in the workplace (60)	31	35.0
Experienced physical violence outside the workplace (60)	13	21.7
Experienced physical violence from partner (60)	13	21.7
Experienced physical violence by clients (60)	30	50.0
Forced to have sex (60)	12	20.0

The qualitative study results also showed that the female sex workers’ families know what they do in Trinidad and do not hold it against them. “Our mothers like money too much and they have no problem with that, as long as you give them some [money]” (Colombian sex worker). With their clients they communicate in Spanish and some English, enough to make them understood. Some shared in their interviews that they communicate with clients through hand gestures.

12. Relationships with Co-workers

The survey also revealed physical violence between co-workers for 15% of respondents. 55% of respondents said fights between sex workers were common, and a significant percentage (78%) expressed a lack of trust in their co-workers.

"Some women are easy to get along with and others are not," explained a Colombian focus group participant. "There is a lot of envy because if someone gets more work than the others, they get jealous."

Although the focus group participants said they personally had not experienced physical violence with their colleagues, they did witness a case where a Hispanic woman was injured when a fight broke out because of jealousy. This kind of envy is reported as the main cause of poor interpersonal relationships and rivalry among the women. They felt this should not happen because "we are all in this together, legal or illegal."

According to study participants, verbal or psychological aggression is even more common. "They stop talking to you, they ignore you. They talk badly about you behind your back and then the others tell you. In all the businesses, envy is the main problem."

Focus group participants shared that in the businesses where they work; there are women from Trinidad, Colombia, the Dominican Republic, Peru, and Asia. They have heard of a business where there are Mexicans, but they have not seen them. In their establishments there are mostly Latinas. A Dominican participant shared that a client said the majority used to be Colombian but now there are more Dominicans.

13. Relationships with Authorities

According to the survey results, 25% of respondents have suffered police discrimination at least once. 30% reported having been arrested or detained at least once.

Some of the qualitative study participants had a regular migration status while others did not. They shared that currently the most persecuted sex workers are the Dominicans. Immigration agents seek them out in order to deport them. In fact, a Dominican who had returned from Trinidad shared in her interview that she had tried to contact her colleagues who were still there, but all of them had been deported back to the Dominican Republic.

When immigration officers or the police arrive at the establishments, their only reaction is to run to avoid being caught. "Sometimes they catch us in the businesses. I used to live at an establishment and around six in the morning the police raided the place. They arrested all of us and since we did not have our passports they released us at 4:00 P.M. Apparently, the manager went to immigration and did something to have us all released. Maybe she gave them money" (testimonial from the qualitative study).

Still others have been subject to direct extortion in the form of non-consensual sex. One participant said, "I have a friend who was detained by the police and she had to 'give ass' [have sex] with two policemen so they would let her go."

On account of the situation described above, two of the qualitative study participants decided to marry men from Trinidad who act as intermediaries or pimps. One of the women was Colombian and the other Dominican. According to the returnees interviewed in the Dominican Republic, women who marry intermediaries often become intermediaries themselves, even if they continue exercising sex work. "It's a business. They get married and obtain their citizenship, but it's a give and take. They have to recruit other women who are usually tricked into the business and then they become very abusive of us." In other words, this participant is saying that the abused may become abusers upon changing their migration status.

Two factors in particular increase the stigma and vulnerability of Hispanic sex workers in Trinidad: the illegality of commercial sex work (prohibitionist approach) and sex workers' irregular migration status. This coincides with findings from the Caribbean Health Research Council (2008), AID ink (2007), and PANCAP (2009) as well. If their migration status is irregular, they can be persecuted by immigration officials (who orchestrate raids), and also by the police for breaking the law.

If they have managed to regularize their migration status in Trinidad, they may still face police persecution for engaging in the illegal activity of sex work.

14. Migration, Trafficking and Living Conditions

According to the survey results, 58% of respondents had a regular migration status in Trinidad at the time; whereas 42% lacked a positive migration status. The most frequent way to regularize one's status in Trinidad is by marrying a local (63% of those with a regular migration status had acquired it this way). Some of the qualitative study participants also mentioned this practice, as indicated above. 20% of survey respondents said they had all their documentation and 11% said they had a visa.

In terms of their relationship with the establishment where they work, 70% of respondents described it as fair, 20% bad, and 10% good.

At the time of the survey, 45% of respondents lived at the business, while 23% shared a separate place with other co-workers. Only 17% reported living alone and 10% with a partner.

Women Trafficking

This issue was discussed during the focus group and more in depth with the Dominican returnees.

According to the Hispanic women who were still working in Trinidad, none of them had been deceived about what they would be doing in Trinidad. “I travelled from Colombia well aware that I would be working as a whore, though I was deceived on how much I was going to make.”

“Every woman who leaves Santo Domingo knows she is going to work as a whore. When they return they say they didn’t know, but it’s not like that. They told me. But they also told me that I was going to make a lot of money. It’s very different when you get here.”

One of the Dominican returnees from Trinidad said that other returnees who had received assistance from rescue programs for trafficked women had lied to these programs, since they did indeed know what kind of work they were going to do in Trinidad. She admitted that they “had promised all of them castles of gold” with all the money they were going to make. However, three of the Dominican returnees did report being misled regarding the type of work they were going to do.

Trafficked to Trinidad: Maria’s Story

“I was totally deceived, along with several others. Actually, my sister was the one they offered the job, but she was working at the time so I went instead. They told me I was going to work in a beauty salon doing acrylic nails or that I would be cooking in a restaurant. I sent a photograph and a photocopy of my passport to a lady who was the intermediary in Trinidad. She sent an invitation letter so I could travel saying that I was going to visit my sister who was very ill. They told me to bring a thousand dollars to show that I had money. An immigration officer was told about my arrival and had a piece of paper with my name on it. They gave me a month. The intermediary picked me up and that is when she told me what kind of work I was going to do. I told her that was not what we had agreed. She told me that was what it was. She took me to a house where there were two women from my village, and this calmed me down. They had gone through the same thing.

For the trip I had to pay the intermediary three thousand five hundred dollars. I had to pay ten thousand pesos to the woman who made the contact in the Dominican Republic and an additional two thousand pesos for the documents. When I arrived in Trinidad I had one thousand dollars that the intermediary took, as well as my passport. I had borrowed that money because I was going to return it right away. They took me to a house where I had to pay two hundred dollars a week. I was completely in debt.

My working schedule was from 8:00 P.M. to 3:00 A.M. We had a taxi driver who picked us up at the house and drove us to the establishment and then brought us back to

the house when we finished working. If you went out into the streets, you had to pay 50 dollars. I had to pay the intermediary for the trip and the house on Sundays and Wednesdays. She came to the house to pick up the money. If you picked a fight with her, she would even take your clothes."

(Testimony from the qualitative study)

Recommendations for Trinidad

1. The intervention schedules with business-based sex workers should be considered carefully. While the most feasible times to conduct programmatic work with the sex workers in each establishment are in the morning or the afternoon so as not to interfere with their work, it is important to consider that some women live elsewhere and only arrive there at night to work. According to the quantitative study, 84% of respondents work in some kind of sex establishment; consequently, during the regular working hours of the project these women might be left out of project interventions. So, it is recommended that project staff consult with the managers of the establishments as to the best days and times to convene the women, so that all can benefit from project activities.

2. While educational interventions necessarily include verbal content, it is recommended that this be complemented by audio visual methods, such as videos, photographs or drawings, in order to facilitate participants' comprehension of the material. This is especially important due to their generally low level of formal education.

3. Educational talks or other programmatic presentations should include sufficient time for beneficiaries to ask questions and express concerns. They should include a section on myths and misconceptions about HIV, such as transmission through mosquito bites or using public bathrooms. Participants' knowledge of HIV/AIDS revealed many misconceptions about HIV transmission, ranging from 13% to 72% with mistaken ideas and beliefs. These erroneous beliefs must be eliminated.

4. Although there is no indication that the population of female Hispanic sex workers in Trinidad is seriously affected by alcohol or drug abuse, a significant percentage does drink alcohol as a stimulant and approximately one-fifth of respondents use marihuana and/or cocaine. These facts should be considered when designing project interventions, as drug and alcohol use could lead to loss of control in the

negotiation of sexual services, not only regarding condom use but also in terms of overall protection of their safety and well-being.

5. Less than one-third of respondents use condoms with their regular partners. This, together with the fact that only 10% of respondents live with their regular partners, indicates that there could be a risk of infection due to unprotected sex with regular partners. Participants' negotiation skills with regular partners are quite poor, as shown in the qualitative study. This topic should be a primary component in any training offered by the project. Beneficiaries should be given examples of methods and valid arguments to negotiate condom use with these partners to reduce the risks associated with unprotected sex.

6. Condom use with casual partners should also be promoted, given that35% of respondents reported inconsistent condom use.

7. Include clarification on the myth that two condoms per penetration are more effective than one. Address participants' concerns about condom use for large penises and violent sex.

8. Sex workers' right to refuse to have unprotected sex with clients should be reinforced. They should be warned about potential false arguments that clients may use to weaken their position against unprotected sex, such as the argument that some of their co-workers have unprotected sex.

9. Women working in commercial sex should be taught to check the condom package and to make certain the condom is actually removed after sex. They should understand that it is very important not only to put the condom on correctly but also to monitor quality by examining the expiration date, packaging, and making sure the condom is not broken when removing it.

10. Women working in commercial sex should watch their health in order to prevent or catch infections in a timely fashion. They should be convinced of the importance of going voluntarily for their medical check-ups. These check-ups should be their priority, not the responsibility of the sex establishment managers.

11. This population should be informed about the benefits of the female condom. Use of the female condom should be promoted, at least on a trial basis. Very few of the respondents reported ever using or being aware of the female condom.

12. Another issue to address regarding condom use is the need to use them even if the partner appears to be healthy (one-fifth of respondents had doubts in this regard).

13. This population should receive information about STIs on a continuous basis.

14. Both studies revealed that sex workers tend to lack knowledge and trust toward health care services. A high percentage of respondents reported communication difficulties due to the language barrier. The project must consider this situation carefully in order to design an intervention that increases their access to health services and frequency of use.

15. The previous recommendation also applies to HIV testing.

16. Many Hispanic sex workers characterise their work environment as violent and distrustful. Relations are often strained between sex workers and others in their entourage (intermediaries, business owners, bar tenders, bouncers etc.). Programmers should aim to reduce tensions and create more harmonious and less violent working conditions.

17. Relationships between Hispanic sex workers and their co-workers are reportedly also hostile and marked by distrust. They all report that fights are caused by jealousy when some attract more clients than others. This issue should be handled by raising their awareness so they learn to accept when clients freely choose another co-worker and to avoid stealing clients from one another. This kind of orientation is important to reduce tensions and to promote a less aggressive and more protective working environment.

18. If possible, the project should identify and train health care providers with Spanish-speaking staff to provide medical check-ups for the Hispanic sex workers.

19. All HIV testing should include pre- and post-test counseling. The sex workers clearly expressed fear before, during, and after testing. There should be trained staff available to reassure and guide them.

20. Gender-based violence, human rights, and most importantly, human trafficking for sex work have not been addressed with this population. Yet this exact population is at high risk of being trafficked or experiencing gender-based violence or other human rights violations. It is especially important to cover these topics among a population made triply vulnerable from their gender, migration status, and illegality of their work. So, these topics should be cross-cutting throughout project interventions.

Chapter IV

Results from the Dominican Republic

This chapter presents the research results from both the quantitative and qualitative studies based on information shared by transgender sex workers in the Dominican Republic. Responses are analysed separately according to study topic, and the chapter concludes with a series of recommendations for project interventions in the country.

1. Socio-Demographic Variables

The average age of transgender and transvestite sex workers surveyed in the Dominican Republic was 22.7 years old. In the qualitative study, focus group participants' ages ranged from17 to 45 years old.

The average educational attainment of survey participants was secondary education (68%). 34% had finished secondary school and close to 23% reported only completing primary school.

78% of respondents reported that their main source of income is sex work, while 16% said that their families also give them money.

2. Alcohol and Drug Use

In terms of alcohol consumption, 80% of survey respondents indicated they had consumed 5 or more alcoholic drinks over a 4-hour period in the past month, suggesting there are relatively high levels of regular intoxication among this population. The remaining 20% had not engaged in this practice in the past month.

Only 12.2% of respondents reported consuming alcohol on a daily basis, while 43% said they only drink alcohol when they are working, and 12% said they consume alcohol if the drinks are free. 7.8% said they do not drink alcohol at all.

Among survey respondents, 58% said that alcohol always cheers them up; while 17% said it cheers them up sometimes. Just over a quarter of respondents (26%) said that alcohol neither cheers them up nor helps them in any way. The previous data seem to indicate that alcohol use is closely linked to sex work.

The most frequently used drugs in the past three months were cocaine (7%), marijuana (3%) and the combination of both (2%). These figures indicate that only 2% of the trans

population surveyed had used any drugs in the past three months; 87% reported they never had used drugs, as seen in table 7 below.

Table 7
Drug use in past 3 months among transgender and Transvestite sex workers in the DR. COIN, 2012

Type of Drug	F	%
Crack (rock)	1	1.1
Marijuana	3	3.3
Cocaine	6	6.7
Has never used drugs	78	86.7
Marihuana, crack and cocaine	2	2.2
Total	**90**	**100.0**

Of the 12% of respondents who had used some type of drug in the past three months, half (50%) reported using with clients and 25% with friends or family members. None of the respondents had used any injectable drugs in the past six months.

When drug use was discussed in the focus group sessions, some transgender participants admitted using drugs like marijuana and cocaine with their clients "but with precaution so they don't start getting any of those perverted ideas. Clients who use [drugs] are the ones who ask you to do more things, including having sex without condoms."

3. Knowledge of HIV/AIDS

All quantitative study participants said they had heard of HIV/AIDS. More than half (58%) had received educational interventions on the subject in the past 6 months.

The qualitative study showed that the most frequent sources of information on HIV/AIDS among the transgender population were school, COIN, ASA[24] and TRANSA[25]. Most participants said they had received sporadic talks during the second year of high school.

24 Amigos Siempre Amigos is one of the oldest support groups for gay men in the Dominican Republic. Since 2005, RevASA has expanded ASA's work through a volunteer network comprised of 1,500 members who are trained in health and human rights. Volunteers raise the visibility of Lesbian, Gay, Bisexual and Transgender (LGBT) people in the country and are involved in organising the country's yearly gay pride parade, annual human rights discussions, and an LGBT film festival.

25 Trans Siempre Amigas is an organization of transsexuals, transvestites and transgenders – see http://transsadominicana1.blogspot.com/

They said the talks were fine, but the school guidance counsellor spoke too fast and the language was often too technical for them to understand.

Transgender focus group participants in Santo Domingo said they had received talks given by COIN, where they were taught how to use a condom and received general information on HIV/AIDS. TRANSA has also given them talks (one of the educators from TRANSA was in the focus group and outlined the issues that were addressed. This educator probably had more knowledge than the rest, but she also had some doubts and confusion).

Trans focus group participants in Santiago said they had received a talk on HIV from ASA. They indicated it was very useful and they understood everything fine. In fact, study participants in Santiago seemed to have more knowledge on the issue than those in Santo Domingo. The lectures given by ASA are tailored for men who have sex with men, but the transgender said they felt good "because we are among friends."

During the focus group in Santo Domingo, some participants said what they liked most from the talks was the information that "even if you have HIV, there are drugs that can keep you alive." In other words, they no longer associate HIV with death. Participants said they preferred talks with videos so they can understand better. "And it's more entertaining than just sitting and listening to the facilitator talk."

Regarding knowledge of HIV/AIDS, respondents appear to hold significant misconceptions regarding modes of transmission, ranging from 18% to 78%, as shown in tables 8 to 12. This last percentage (78%) refers to respondents who believe HIV can be transmitted through oral sex.

Table 8
Can a person become infected though a mosquito bite?
Transgender and transvestite sex workers in the DR. COIN, 2012

	F	%
No	61	67.8
Yes	19	21.1
Doesn't know	10	11.1
Total	**90**	**100.0**

Table 9
Can a person become infected by sharing food with someone who is infected?
Transgender and transvestite sex workers in the DR. COIN, 2012

	F	%
No	66	73.3
Yes	16	17.8
Doesn't know	8	8.9
Total	**90**	**100.0**

Table 10
HIVis only transmitted anally.
Transgender and transvestite sex workers in the DR. COIN, 2012

	F	%
No	42	46.7
Yes	43	47.8
Doesn't know	5	5.6
Total	**90**	**100.0**

Table 11
You can become infected with HIV by using public bathrooms.
Transgender and transvestite sex workers in the DR. COIN, 2012

	F	%
No	57	63.3
Yes	25	27.8
Doesn't know	8	8.9
Total	**90**	**100.0**

Table 12
You can become infected with HIV though oral sex.
Transgender and transvestite sex workers in the DR. COIN, 2012

	F	%
No	14	15.6
Yes	70	77.8
Doesn't know	6	6.7
Total	**90**	**100.0**

The qualitative study results coincided in this regard. All participants were familiar with the most frequent modes of HIV transmission and the means of protection. However, both in Santo Domingo and Santiago, transgender participants shared several doubts and confusions, which are summarized in the following box.

Doubts and confusion regarding HIV among the transgender population

Is HIV transmitted through oral sex?
What is the difference between HIV and AIDS?
How can people living with HIV look so healthy, as if they had nothing?
Does normal delivery prevent the transmission from the mother to the baby?

The focus groups revealed further confusion regarding modes of transmission, particularly in the session in Santo Domingo. One participant from the capital thought you can get HIV through contact with fresh semen ejaculated in a public bathroom. Others, both in Santiago and Santo Domingo, mentioned a risk of HIV infection through having a dentist work on "a molar, "but they could not explain how. They also mentioned wounds on the lips and mouth, but they were not very clear on whether this was a mode of transmission or not.

4. Knowledge of STIs

According to the survey results, 34% of respondents had received educational interventions on STIs in the past 6 months. That is, while all respondents had received some information on the issue, most had not been exposed to any intervention recently, which might mean they were not beneficiaries of any educational project that would have provided information on STIs.

12% of respondents reported having abnormal genital discharge in the past 12 months and 9% had had a genital sore during the same period. 79% indicated they had not experienced any STI symptoms, while 21% acknowledged having them.

5. Information Exposure

The survey results show that 23% of respondents had been exposed to information on sex trafficking of women in the past 6 months, while 19% had received some information on gender-based violence and 16% on human rights.

Some qualitative study participants confused gender-based violence with human rights. One expressed that "if you are under age you have no rights except legal representation." Some said they had received information on gender-based violence, but then expressed doubt as to whether they had or not. They had been told about sex trafficking of women by COIN just "on the surface" (superficially). Focus group participants' comments suggest that they have had limited exposure to these issues.

Other issues on which qualitative study participants would like to receive orientation include:

- How to reveal they are trans
- How to speak to their families so they understand and accept it. This coincides with Rodríguez Alegre (1996), whose findings suggest that the family and good communications are very important for transgender persons.
- What to do when they are abused in the streets or by the media (they mentioned a program which is openly hostile towards them).

6. Sexual Practices

Survey respondents' average age at sexual initiation was 13 years, and the average age of initiation in commercial sex work was 16. Respondents had an average of 9 different sexual partners in the past month, ranging from a minimum of 0 to a maximum of 49. In the qualitative study, the trans participants said they had become sexually active between12 and 13 years old (which coincides with the quantitative study) and had entered commercial sex work at earlier ages, around 14 and 15. In many cases, participants shared that they had been coerced into their first sexual experience.

According to the survey results, respondents had an average of 1.74 regular or stable partners in the past year. The average number of clients with whom they had exchanged sex for money in the past month was 6 to 7 clients. In addition, respondents had an average of 2.7 casual partners in the past month. The qualitative study also showed that participants had an average of less than 10 clients in the past month. Many of the transgender interviewees explained that they do not work every day.

Regular Partners

More than three-fourths of survey respondents (78%) had had a regular partner over the last year, and of that group, 60% said they use condoms with this type of partner. This indicates that more than a third of respondents do not use condoms consistently with their regular partners, as seen in table 13. About two-thirds (67%) said they used a condom in their last sexual relation with their regular or stable partner.

Some of the qualitative study participants reported using condoms with their regular partner. "I have been with my partner for 5 years and always use one." But the most frequent response was that they do not use them. "But if I've been with him for three years, I don't have to use one." Another participant narrated the process of stopping condom use with a regular partner: "No one, whether transgender, homo, or whatever uses a condom with their trusted partner. One week of lovemaking and everybody stops using them." This confirms Rodríguez Alegre's (1996) finding, which pointed out that when affectionate feelings are involved, trans sex workers stop using condoms so as not to exhibit distrust or lack of love toward their partners.

35% of the transgender and transvestite sex workers surveyed said they had used alcohol or drugs last time they had sex with their regular partner.

Table 13
Sexual practices with regular or stable partners among
Transgender and transvestite sex workers in the DR. COIN, 2012.

Regular or stable partners	F	%
Had a regular partner in the past year (90)	70	77.8
Always used a condom with regular partner in the past year (72)	43	59.7
Almost always used a condom with regular partner in the past year (72)	7	9.7
Sometimes used a condom with regular partner in the past year (72)	16	22.2
Never used a condom with regular partner in the past year (72)	6	8.3
Used a condom last time they had sex with a regular partner (71)	48	67.6
Did not use a condom by suggestion of the respondent (51)	51	100.0
Did not use a condom because they don't use them with regular partner (23)	19	82.6
Used alcohol or any type of drugs just before or during last sex with a regular partner, 72)	25	34.7

Casual Partners

Almost all survey respondents (90%) reported having at least one casual sexual partner in the past year, and of this group, 91% reported had used condoms last time they had sex. 85% reported always using a condom with this type of partner.

During their last casual sexual encounter, 57% of the same group had used alcohol or any type of drug before engaging.

In the qualitative study, participants shared that transgender tend to have frequent sex with casual partners just for the fun of it, "because sometimes you meet these good-looking guys and you have sex with them for free just for the pleasure."

Commercial Partners or Clients

By definition, 100% of commercial sex worker survey participants had had commercial partners or clients in the past year (this was a criterion for participation in the study); and 94% reported using condoms the last time they had sex with a client. Less than half of respondents (43%) reported using alcohol or drugs last time they had sex with a client. In the qualitative study, all participants reported using condoms during last sex with a client. When asked on what occasion or situation they did not use condoms with clients, they responded that clients often ask not to use them, but they refuse to have unprotected sex: "There are clients who I turn down because they don't want to use a condom." Some participants indicated that younger sex workers might not be using condoms with all their clients. Apparently, some older clients claim that using a condom impairs their erection, and so they seek out the younger ones, not only for their bodies but also their inexperience, to convince them to have unprotected sex.

At the end of the session, one of the focus group participants expressed that if the client is attractive and she wants to have sex with him and he refuses to use a condom, she has unprotected sex. Some participants agreed with this statement while others disagreed. This could indicate that some have unprotected sex when seduced by the client's physical appearance.

The majority of the transgender sex worker survey respondents are street-based (69%) while 20% said clients contact them at home through the internet or phone calls. Very few respondents work in businesses (5.5%). Only 5% accepted being paid with drugs, while 94% rejected this practice.

Table 14
Sexual practices with commercial partners or clients among transgender and transvestite sex workers in the DR. COIN, 2012

Commercial partners/sample(n)	F	%
Had clients in the last year (90)	90	100.0
Used a condom last time they had sex with clients (90)	85	94.4
Condom use was suggested by the respondent (85)	80	94.4
Used alcohol or any type of drug just before or during last sex with client (90)	39	43.3
Engages in sex work in establishments (90)	3	3.3
Engages in sex work on the streets (90)	62	68.9
Engages in sex work in establishments and on the streets (90)	2	2.2
Engages in sex work from home (internet and telephone calls) (90)	18	20.0
Sometimes clients pay them with drugs (90)	5	5.6
Does not accept clients' paying them in drugs (90)	85	94.4

The last time they had sex with any type of partner, 88% of the trans survey respondents reported using a condom. 89% said they use condoms even if the partner looks healthy, suggesting that 11% may not be using condoms based on the partner's physical appearance.

7. Knowledge, Attitudes and Condom Use

In terms of condom accessibility, 90% of respondents reported knowing where to obtain male condoms. More than two-thirds of the trans sex workers (72%) said they had been taught how to use condoms correctly. In the qualitative study, transgender interviewees shared that TRANSA and ASA had taught them how to use condoms. These two organizations give them condoms for free: "The condoms distributed by ASA are very good and they are always available."

All of the focus group participants knew about condoms and used them with their clients. "That is our protection," said one. "It's a tool of the trade," said another. "The condom is a lifesaver in an open sea." They said they use durable condoms such as Durex brand for anal penetration to avoid worrying about breakage. "There are condoms that are no good, if they are exposed to sun, they break." One participant in Santiago said she does

not use Pantè brand condoms because they break: “It heats up and breaks.” Another participant complained that the condoms taste bitter when performing oral sex. Overall, they exhibited some negative attitudes toward certain types of condoms, but not toward condom use in general.

89% of survey respondents said they provide the condoms, and the same percentage said they are the ones who put the condom on their partners. 68% remove the condom from their partners. Trans interviewees in the qualitative study indicated that normally they bring the condoms, except when they go to a love motel where they are included with the room rental. They said they check the expiration date and look the condom over if the client provides it. They also check the expiration date on the condoms provided by the love motels because sometimes they are expired.

Only 11% of survey respondents reported never using lubricants, while 47% always use them and 42% sometimes do. In the qualitative study, some trans participants said they used lubricants for anal sex. They considered the Pantè brand lubricant very good.

78% of respondents had experienced condom breakage, with the most frequent cause was that it was put on incorrectly (31.7%). This data coincides with findings from the qualitative study: several participants shared negative experiences of condoms rupturing or becoming stuck inside their anus. They explained that condoms can break because they are too thick, too dry, have expired, lost lubrication, or during violent penetration.

More than two-thirds of respondents (74%) reported difficulties negotiating condom use. They indicated this was most difficult with regular partners (48%) and local clients (39%).

More than one-third of respondents (38%) considered it correct to use two condoms at once per penetration. Similar results were found in the qualitative study: normally, they use one condom per penetration. However, one participant shared that she used to use two condoms at once for greater protection, and two others said they continue to use two condoms to protect themselves during penetration. “If I see something weird, I use two.” They use one condom for anal penetration and one for oral sex, normally a flavoured one. One participant from Santiago said that if the penetration lasts more than 10 minutes, the condom has to be changed because “it doesn’t hold that long.”

Table 15
Knowledge, attitudes and condom use among transgender and transvestite sex workers in the DR. COIN, 2012

Commercial partners/sample(n)	F	%
Has been taught to use a condom correctly (90)	65	72.2
Respondent provides the condoms(90)	80	88.9
Respondent puts the condom on partner (90)	80	88.9
Respondent removes the condom from partner (90)	61	67.8
Always uses lubricants (90)	42	46.7
Sometimes uses lubricants (90)	38	42.2
Never uses lubricants (90)	10	11.1
Thinks that if you ask your partner to use a condom, you don't trust him/her (90)	16	17.8
Has had difficulties negotiating condom use (90)	67	74.4
Negotiating condom use is more difficult with a regular partner (90)	43	47.8
Negotiating condom use is more difficult with local clients (90)	35	38.9
Has experienced condom breakage(90)	70	77.8
Condom broke because it had expired(70)	19	21.1
Condom broke because it was put on incorrectly (70)	28	31.1
Using two condoms at once during sex is correct (90)	34	37.8
Uses condoms with partners who look healthy (90)	80	88.9

8. Feminization Process

Only 3.3% of survey respondents had been injected with hormones to physically alter their bodies to appear more feminine. Of this group, 67% had been injected by another trans person without medical training.

Another practice among 5.6% of respondents involves taking oral contraception to offset male hormones. Of this proportion, 20% reported it had been successful, while 40% said it was unsuccessful, and 40% said they did not know.

10% of respondents had injected silicone in their bodies, among whom 62% had this done by another trans person lacking any professional training. 25% had their silicone injected by a physician.

83% of survey respondents said they would like to have surgery, while 14% said they did not want it, either because they did not have the money for it (41%) or because they felt they did not need it (41%).

Very few qualitative study participants acknowledged having gone to a physician to monitor their feminization process.

In the Santo Domingo focus group, one participant was particularly well-known by the others because she does oil and silicone injections for other trans even though she is not a medical doctor. She proceeded to describe part of her work.

This participant shared that since many transgender don't like to go to the doctor, she has become skilled in injecting substances such as mineral oils and silicone. She has lumps on her chest where breasts would go. This practice concurs with Rodríguez Alegre (1996), who said transgender often put themselves in the hands of more experienced peers in order to begin their physical feminization process, which consists of a process of trial and error for augmentation of their breasts and buttocks. Nevertheless, very few participants reported having had such injections – the majority use wigs, dresses, and mannerisms in order to appear feminine. One of the participants said she was afraid of injections because she did not want anything to go wrong. She went on to say that she dreamed about being able to have plastic surgery one day, which she considered much safer.

The group in Santo Domingo mentioned that one of their friends had died during the feminization process, which she had initiated with a renowned Dominican surgeon who has been sued on several occasions for malpractice. Again, this reveals the limited access of this population to reliable and competent medical professionals, both because of the high costs involved and the uncertainty of which surgeon would be willing to do the operation. In practice, it appears that permanent physical alteration is out of reach for this population.

In Santiago, the transgender focus group participants shared that they had attempted to take hormones orally, but they were afraid because "that makes people crazy." They also said that the silicone and oil injections "spread through the body and rot." Surgery is out of the question due to their lack of financial resources. They dream of looking like the singers they hold up as icons, such as Thalía, Shakira and Beyoncé, as found in similar studies in other countries.

Some participants said they prefer to walk the streets as men when they are not working. "With this heat, you can't walk around wearing a wig all the time." Also, they worry that imperfections in their makeup are more visible in the daytime. Other participants said they always try to dress like women because "I am a woman day and night."

9. Access to Health Care Services

When asked whether it was easy or difficult to access existing health care services without taking into account the cost, almost two-thirds of respondents (71%) indicated that it was easy, as shown in table 16 below. Almost one-third of respondents said it was difficult.

Table 16
Perception of ease of access to health care services (regardless of cost) among transgender and transvestite sex workers in the DR. COIN, 2012

	F	%
Difficult	26	28.3
Easy	64	71.1
Total	**90**	**100.0**

Only one qualitative study participant in Santo Domingo reported having no problems accessing a public hospital because "I have an aunt who works there and she protects me." The other participants shared negative accounts of attempting to access hospital services, including the following:

- "The nurses begin to criticize a homosexual the minute he walks in."
- "One doctor did oral sex on me."
- "You notice the rejection."
- "Hospitals are full of rookies; the professionals never provide consultation there."
- "They make jokes when a homosexual comes in."
- "I had a car accident and when I went to the hospital the concierge told me that [it hadn't been an accident, but rather that] I had been beaten by a man."
- "If you go to the hospital you spend an entire day there [waiting to be attended]."

67% of survey respondents indicated that they know where to go for HIV/AIDS-related health services.

Almost one-third of respondents (31%) indicated that they do not go for routine check-ups (only when they feel sick). Some 25% reportedly went for check-up every 2 or 3 months, while 21% go once a year.

Table 17
Frequency of medical check-ups among transgender and transvestite sex workers in the DR. COIN, 2012

	F	%
Never		
Every 2 months	2	2.2
Every 3 months	21	23.3
Quarterly	12	13.3
Once a year	19	21.1
When they get sick	28	31.1
Total	**90**	**100.0**

19% of respondents visit the same health centre as their colleagues, whereas 66% said they go elsewhere. 15% were not sure if they go to same health centre or not.

Transgender participants in the qualitative study who do go for medical check-ups said they prefer private clinics because they are treated better and the staff is more educated. “You don’t see the mocking and harassment in private clinics.” Their general check-ups only include HIV and STI testing.

Some focus group participants said they do not use health services because they feel ashamed: “I am embarrassed to go for a check-up. I am embarrassed to be a trans.” Another participant concurred: “Many of us die of a disease because we don’t go the doctor for fear of rejection and gossip.” For the participants it is difficult to find a physician who is nice and treats them well, so most of them self-medicate or ask one of their peers what to do when they become ill.

84% of respondents had gone for a medical check-up in the past year. However, this check-up may only refer to testing for HIV or syphilis, as seen in the qualitative study. Approximately 15% of the trans survey respondents had been checked more than a year ago.

Table 18
Last medical check-up among transgender and Transvestite sex workers in the DR. COIN, 2012.

	F	%
In the past year	76	84.4
Between 1 and 2 years ago	12	13.3
Doesn't know	2	2.2
Total	**90**	**100.0**

78% reported feeling comfortable with the services received; 20% was not comfortable and 28% said they were treated differently than other people, in a negative way. Based on the accounts of the focus group participants, the treatment they receive in the hospitals is not professional and far from being ethical. This malpractice discourages transgender people from accessing the free health services to which they are entitled as citizens.

68% of the transgender sex workers surveyed felt that the health centre they attend respects their confidentiality, while 29% felt that it does not.

10. HIV Testing

The survey results showed that 86% of respondents have been tested for HIV, while14% have never been tested. Of the group that has been tested, more than two-thirds (77%) had done so in the past year and 23% between one to four years ago.

Table19
Timing of Last HIV test among transgender and transvestite sex workers in the DR. COIN, 2012

	F	%
In the past year	61	77.2
One or two years ago	16	20.3
Between 2 and 4 years ago	2	2.5
Total	**79**	**100.0**

Among the survey respondents who had been tested for HIV, 79.7% reported receiving pre-test counselling and 54% post-test counselling. 44% felt that the health center where they had been tested respects their confidentiality, while 56% felt that it does not.

Some of the qualitative study participants had been tested through TRANSA, where they did receive pre-test counselling. The rest of the participants were tested in other institutions where they did not receive any pre- or post-test counseling. In Santo Domingo, they pay around 500 pesos and give their real names. The focus group participants in Santiago said they pay around 250 pesos to be tested in a hospital and around 350 pesos in a private clinic.

Of the 23% of respondents who had never been tested for HIV, the most frequent reason was that they felt they had not been at risk (36%), while 27% indicated they were afraid of learning of positive results. In the qualitative study, some participants shared that they had never been tested for fear of finding out they are infected.

One focus group participant shared her experience of being tested for the first time: "I became thin with anguish, I was so nervous and there was no one to calm me down." Another participant said she was frightened when she saw the look on the face of the person handing out the test results. She thought the result must be bad because the person appeared to be in a bad mood.

With the exception of centres associated with social welfare institutions, there is no evidence that the health centres provide pre- and post-test counselling to this population. These centres do not even seem to respect the protocol for proper patient care. For example, having an unfriendly demeanour while handing out HIV test results is a protocol violation.

11. Perception of Risk for HIV/AIDS

In the qualitative study, transgender participants expressed that they feel at high risk of contracting HIV or other STIs because of their sex work and anal sex. "We have a high risk because we are prostitutes,"[26] said one participant.

Some focus group participants in Santiago reported living in a neighbourhood with high rates of HIV/AIDS, which they found worrisome. Another participant from Santiago shared that "when you are out in the street and you see a guy that's hot (good looking), you

26 It must be noted that the transgender persons in Santo Domingo always referred to themselves as females, while in Santiago they referred to themselves as males, although they self-identified as transgender. One of the participants considered himself homosexual because he felt it was synonym for transgender and transvestite.

forget about using a condom." In other words, some of them admit that they don't use protection under certain circumstances.

12. Stigma and Discrimination

Almost half of survey respondents (42%) reported that they are called nasty names on the street and at work, such as *pájaro* (queer) or *escopeta* (shotgun). In the qualitative study, verbal abuse was the most frequently mentioned type of discrimination. The majority had been told things such as: "Someone brings me a shotgun to kill this bird (queer, homo)" or "Too bad these are not [former dictator] Trujillo's times so we can shoot homos." Some participants say they responded with other insults such as, "Go find yourself a *bugarrón*[27] or a donkey to fuck you in the ass." Others shared that they have confronted their aggressors by taking off their wigs to show them they are men and can defend themselves. "When they insult us, my self-esteem goes up and down at once. I don't know what to do in those cases."

In terms of physical violence, 33% of survey respondents had been victims of abuse in their work place; 36% while walking the streets; 21% by their partner; and 42% (the highest rate) at the hands of clients. In the qualitative study, participants offered examples of the types of violence they suffer on the streets. "They treat us like garbage," said one participant, who suffered a rock being hurled at her foot. She did not fight back when this happened because she was wounded and also felt she was unable to defend herself from the "group of ignorant people" that hurt her. "This is the only country in the world that is still so uninformed about us," she lamented.

Regarding protection from abusive clients, focus group participants said that they use strategies to escape the situation or threaten the aggressor saying that their co-workers wrote down their license plate number and will go to the police if they don't come back soon (which is only a scare tactic, since they neither take down tag numbers nor go to the police to report anything). They are totally unprotected when they work. One participant shared, "A client abandoned me in the bushes because he didn't want to use a condom."

Focus group participants shared that people throw objects, such as fruit, at them on the street. In Santo Domingo, they reported that a colleague was stripped naked on the street and beaten with a hose in front of everybody. No one did anything to protect her. Another was kicked off a bus, and got hurt as she fell into the street.

27 Bugarrón refers to a male sex worker who identifies as heterosexual and is purportedly the insertive partner.

It is evident from these testimonials that transgender sex workers' reactions vary according to the level of danger in the situation at hand. If they are alone and a group of men attacks them, they try not to respond. "I ignore them if there are a lot of them." If they are in a group, they feel safe enough to react more violently and protect each other. For example, one of them shared that she had broken the windows of a car from which people were shouting offensive words, and another punched a man who was insulting her.

A participant in Santiago shared the following: "If I had the chance, I would demand my rights before the Senate and the President as a transgender and as a homosexual. We have the same rights as everybody else, and we also vote in the elections."

Regarding sexual abuse, almost one-third or 32% of survey respondents reported having been coerced into non-consensual sex. None of the qualitative study participants reported sexual abuse, except for one who shared that a man had torn her anus through violent penetration when she was still underage. It is likely that participants did not feel comfortable sharing experiences of sexual abuse in a group setting. Methodologically, focus groups are not the best tool for obtaining this type of sensitive information.

The issue of stigma and discrimination came up time and again in both focus groups. Only one participant in the Santo Domingo session said she had never been physically or verbally assaulted. All of the rest, both in Santiago and in Santo Domingo, described episodes involving considerable stigma and discrimination against them.

The indicators of physical violence reported by this population are disturbingly high.

Table 20
Stigma and discrimination against transgender and Transvestite sex workers in the DR. COIN, 2012

Indicators of stigma and discrimination	F	%
They are called nasty names (90)	38	42.2
Have suffered physical violence in the workplace (90)	30	33.3
Have suffered physical violence walking on the street(90)	32	35.6
Have suffered physical violence by partner (90)	19	21.1
Have suffered physical violence by clients (90)	37	42.5
Have been coerced into having sex (90)	29	32.2

According to the survey results, 80% of respondents felt they were discriminated against more for being trans than for being a sex worker. 81% said that if they were born again, they would like to be born a woman.

When asked in the qualitative study what type of work they could do, some said: “Many doors are closed to us. We don’t have opportunities. “They can be artists, decorators, and cooks, or do *drag shows* and makeup or choreography. However, although many can perform these tasks, being hired is quite unlikely.

Most of the transgender focus group participants worked on the streets (by the Paya traffic circle and the overpass in Santiago; in La Feria in Santo Domingo), because the sex work establishments will not hire them. They say that many of the most well-known establishments do not even allow them inside. Two participants said they had worked in a gay bar, but as part of a show rather than as a sex worker.

In Santiago, they have a volleyball team of transgender and homosexuals, which is often turned down “for being who they are” when they try to borrow the courts.

They are denied access to most bars and restaurants “because they think we are wild savages who will disturb the peace.” Another one said that some transgender are noisy and misbehaved and unfortunately they all have to pay the price of not being allowed in anywhere. All of these findings confirm those of Amaro (2010). Transgender sex workers suffer discrimination that is at least twofold: for doing sex work and for being transgender.

13. Relationships with Co-workers

According to the survey results regarding relationships with co-workers, 41% reported having experienced physical violence amongst themselves. 73% of respondents said fighting among the sex workers was common, and 86% said they did not trust their co-workers.

A qualitative study participant described her relationships with the other trans sex workers as follows: “We yank each other’s hair [fight], but we share everything.” In other words, while there is rivalry among them, they feel that there is also camaraderie.

Focus group participants in Santo Domingo also described their relationships with peers as characterized by duality: “We are friends and rivals.” They say a lot of ego is involved in sex work. “There is jealousy of the pretty ones. That comes from low self-esteem. I butter myself up so the venom slides right off me.” They also report fighting over turf: “Some of them think they own the spots and that they are above the rest of us.”

Another source of tension found in the qualitative study is the problems between trans and biological female sex workers when they work the streets near them because they "are treacherous and they steal the clients." "We hate them, they are poisonous." Another participant said that you can't compare a biological female sex worker with a transgender sex worker because "we do many things that they don't do." Another participant said she gets along with the female sex workers on the street.

14. Relationships with Authorities

71% of respondents reported being discriminated against by the police at least once. 80% had ever been arrested or detained and 36% acknowledged exchanging sexual favours with the police to avoid arrest.

The topic seemed to strike a nerve among focus group participants, provoking outbursts such as:

- "They are all rapists and thieves!"
- "They should all die. I hope all policemen disappear."
- "They arrest you so that you do things to them for free."
- "They take the money we make from working. They arrest us and then release us two days later without a cent."
- "Some policemen also blackmail the clients and ask them for money when they find them negotiating with us."
- "We perform oral sex on the policemen on the Conde Street so they won't arrest us."
- "If there is a group of criminals and a group of homosexuals, the police would rather chase the homosexuals and leave the criminals alone."
- "They treat us with violence."
- "In order for me to feel safe, there can't be any policemen around. If we are being abused or mugged, they do nothing to protect us."

All of these statements were made by focus group participants in both Santo Domingo and Santiago. They perceive the police as an evil worse than their abusive clients, and feel victimized by the police. In Santiago, several transgender went to a TV program to denounce the aggressions they face at the hands of the police and citizens at large. However, they refuse to visit the public prosecutor's office to press charges, expressing scepticism as to their access to justice: "And you think they will listen to us?"

One participant shared the following experience: "When I went to the public prosecutor's office to place a complaint of robbery, they didn't do anything. To get the police to do something, you have to give them money."

All of the participants say they carry their identity cards (as men) with them because if they don't, the police will arrest them. "The police are always looking for an excuse to arrest you, while they let the criminals go on a rampage all over the country."

Recommendations for the Dominican Republic

1. Provide information on different gay, transgender and other men who have sex with men GTH identities so that transgender and transvestites can choose the identity they feel defines them or best suits them. The survey revealed that they tend to perceive themselves as homosexual because that is how others call them. Many qualitative study participants used the terms homosexual and trans interchangeably. In addition, especially in Santiago, there appears to be certain reluctance to refer to themselves as women, or to use the feminine gender.

2. Verbal information directed toward this population should be delivered using the simplest language possible. According to one participant, messages should be delivered "without sophisticated words, so we understand better."

3. Information provided by the project should include the list of questions/concerns in this report, in addition to topics such as how to inform the family about one's trans sexuality. This is a very important topic for the population at hand.

4. Information on consistent condom use should be offered in a comprehensive fashion, including the importance of using condoms with all partners, with no exceptions for clients they find physically attractive. It is possible that such partners are the most risky.

5. Other topics that should be covered include: avoiding alcohol and drug use so as not to lose control over the negotiation of services being offered; avoiding the use of lubricants that are contraindicated for the condom; and putting on a condom properly to avoid breakage or slippage.

6. Knowledge on HIV/AIDS and STI transmission pathways should be expanded upon and explained in fuller detail. Confusions (myths or inaccurate information) should be clarified.

7. The thematic content of the project should include negotiation tactics on male condom use, especially with regular partners.

8. Erroneous beliefs should be dispelled, such as the idea that it is correct to use more than one condom at once per sexual encounter (38%), based on the false perception that if one breaks, the other will provide protection. Another topic that should be explained is condoms' degree of resistance during anal penetration. This is a topic of great concern among the target population.

9. Appropriate scientific information on the feminization process should be provided to project beneficiaries. Their current knowledge on the subject is quite low, and the study participants who had taken a few steps toward transitioning frequently placed their trust in a colleague who lacked adequate preparation to administer the process. Feminization procedures such as hormone administration and injections, with all of their advantages and disadvantages, should be thoroughly explained.

10. Educational interventions on STIs should be offered to this population.

11. Access to health care services for the trans population is quite limited, among other reasons, in order to avoid being rejected or mocked by medical personnel. The project should raise awareness not only among nurses and doctors, but also among health centre operational personnel, such as hospital maintenance staff and stretcher attendants.

12. The trans population should be encouraged to go for regular medical check-ups, not only tests or laboratory analysis.

13. The project should identify and develop methods to encourage the trans population to go for HIV testing more frequently. Pre- and post-test counselling is absolutely necessary for this to happen.

14. The issues of gender-based violence, human rights, and sex trafficking of women should be cross-cutting topics in all educational interventions.

15. Another topic that should be discussed in some way is how to defend oneself when attacked on the street. Participants should be able to analyse certain strategies in which the response is moderate and restrained, while clearly showing the difference between a civilized response that can be used to peacefully reproach the aggression to which they are being subjected. Self-esteem is a topic that should be covered in conjunction with these scenarios, so that being insulted does not make them feel inferior.

16. Relations between the trans population and authorities, especially the police, are quite poor due to the abuse that the trans population says is perpetrated against them. The project should include interventions with the police that are assigned to areas where they work, such as La Feria and the CondeStreet in Santo Domingo. In Santiago, these areas include the Paya traffic circle and the overpasses.

17. Awareness raising activities should also be conducted with staff of the public prosecutor's offices, given that the trans population reports being ignored and having their rights as citizens violated.

Chapter V

Results from Jamaica

This chapter presents the research results from both the quantitative and qualitative studies based on information shared by male and female sex workers who are street-based or work in clubs in Jamaica. Responses are analysed separately according to study topic, and the chapter concludes with a series of recommendations for project interventions in the country.

1. Socio-Demographic Variables

The average age of sex workers surveyed in Jamaica was 21.3 years old, indicating a very young sample overall. Almost all respondents had been born in Jamaica (97%).

The average educational attainment of survey participants was secondary education, with 94% of respondents having completed at least some grades. Only 5.7% had more basic education levels.

In terms of housing arrangements, 35.8% of respondents lived alone and 17% with friends as with the mother. 81% reported that their main source of income was sex work. 62% of the survey respondents had children.

The qualitative study did not cover demographic data.

2. Alcohol and Drug Use

In terms of alcohol consumption, 47% of survey respondents indicated they had consumed 5 or more alcoholic drinks over a 4-hour period in the past month, which is an indicator of intoxication. One-third (33%) of respondents reported consuming alcohol on a daily basis, showing high probabilities of alcohol addiction.

However, only 7.5% said they become drunk to the point of unconsciousness.45% indicated that alcohol cheers them up.

According to the data in table 21, 64% of respondents reported using illegal drugs in the last three months, mainly marijuana 38%, which is sometimes used in combination with other substances such as ecstasy, 19%.

36% of respondents reported not having used any type of drugs in the past three months.

Table 21
Drug use in past 3 months among female sex workers in Kingston, Jamaica. COIN, 2012.

	F	%
Marijuana/pot	20	37.7
Cocaine	1	1.9
Ecstasy	3	5.7
Never used drugs	19	35.8
Marijuana and ecstasy	10	18.9
Total	**53**	**100.0**

23% of survey respondents said they use drugs in the company of clients, while also a 23% reported using alone and 19% used with their co-workers. None of the respondents indicated they had used injectable drugs in the past 6 months.

3. Knowledge of HIV/AIDS

All survey respondents reported having heard about HIV/AIDS, and 87% said someone had talked to them about HIV in the past 6 months. Almost all respondents were familiar with the correct transmission pathways; however, there were some misconceptions in this regard as well.

In the qualitative study, go go dancer focus group participants in Kingston demonstrated generally good knowledge of HIV/AIDS, although some gaps were evident. They all knew that the infection is sexually transmitted, but one participant did not know there were other modes of transmission. However, the others were knowledgeable about other modes, including virus transmission through infected needles used in tattooing and piercing, and through wounds.

Club-based sex workers shared in their focus group that they feel satisfied with their level of knowledge on HIV/AIDS. The female street-based sex worker interviewees had heard about HIV/AIDS: “It’s a dangerous disease and that’s why we have to use condoms.” Their sources of information were the television, an organization that offers support services and educational talks, and the Ministry of Health. The Ministry offered them educational sessions every six months. Study participants felt that the Ministry’s interventions were similar to those of other agencies, with the difference that they were more consistent over time.

By way of comparison, it appears that street-based sex workers in Jamaica are better informed than their club-based counterparts. This could be the result of agency and Ministry interventions, which appear to have been consistent and effective.

A small proportion of all sex workers surveyed believed that HIV can be transmitted through mosquito bites (9%). 4% of respondents believed that infection can occur by sharing food with people living with HIV.

Table 22
Can a person become infected from mosquito bites?
Female sex workers in Kingston, Jamaica. COIN 2012

	F	%
No	46	86.8
Yes	5	9.4
I don't know	2	3.8
Total	**53**	**100.0**

Table 23
Can a person become infected by sharing food with someone living with HIV?
Female sex workers in Kingston, Jamaica. COIN 2012

	F	%
No	49	92.5
Yes	2	3.8
I don't know	2	3.8
Total	**53**	**100.0**

Table 24
HIV is only transmitted anally.
Female sex workers in Kingston, Jamaica. COIN 2012.
Does HIV only be transmitted by anal sex?

	F	%
No	51	96.2
Yes	2	3.8
Total	**53**	**100.0**

Table 25
You can get HIV from using a public bathroom.
Female sex workers in Kingston, Jamaica. COIN 2012.

	F	%
No	46	86.8
Yes	3	5.7
I don't know	4	7.5
Total	**53**	**100.0**

Table 26
You can get the HIV infection through oral sex.
Female sex workers in Kingston, Jamaica. COIN 2012.

	F	%
No	7	13.2
Yes	46	86.8
Total	**53**	**100.0**

4. Knowledge of STIs

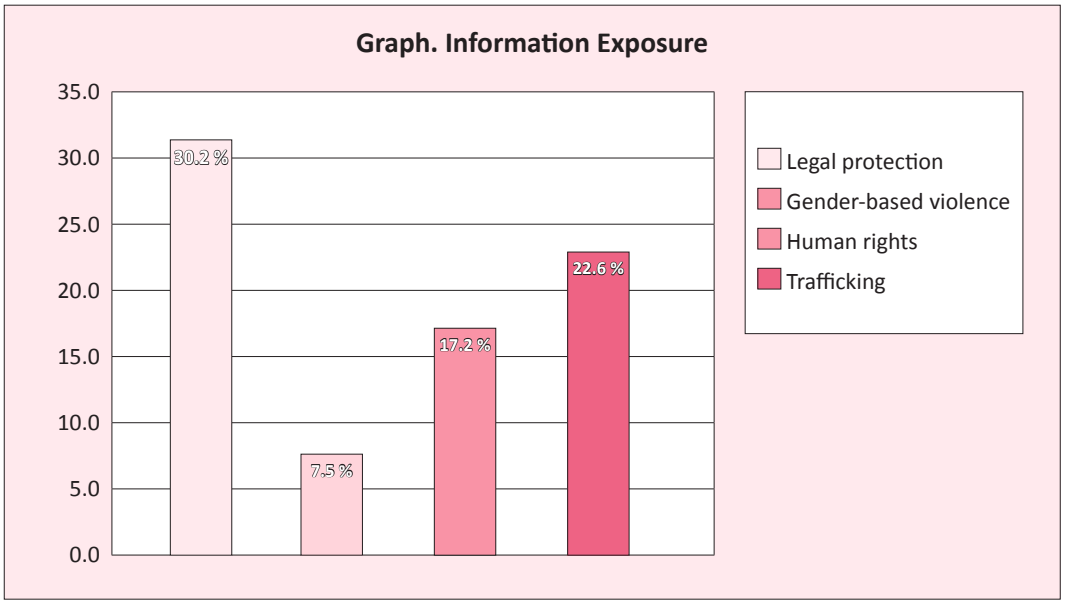
According to the survey results, almost one-quarter (72%) of respondents had heard of STIs. 47% remembered more than four STIs, including HIV. The symptom they recalled the most was itchiness/burning. Some street-based qualitative study participants were able to recognize some STIs, such as gonorrhoea, syphilis and herpes, and added that the last cannot be cured, only treated.

The survey results showed that 17% had experienced abnormal genital discharge in the past 12 months, and 7.5% had had a genital sore. 64% said they had not experienced any STI symptoms, while 30% had sought help for treating an STI.

More than half of survey respondents (55%) reported that someone had talked to them about STIs in the past 6 months. 35% of those who had STI symptoms continued having sex during that period and all of them reported using condoms on those occasions.

5. Information Exposure

Among the different issues at hand, sex worker survey respondents were most knowledgeable about how to obtain legal protection (30%). Only 7.5% had heard about gender-based violence, 22.6% about sex trafficking of women, and 17% about human rights.



The qualitative study found that these issues had not been addressed systematically with either of the two groups of sex workers. For example, the club dancers were unfamiliar with sex trafficking on the island because "nobody had approached them to recruit them." One of the dancers associated the term "trafficking" more with drug trafficking than with human trafficking.

Another dancer shared that she had heard on TV that women from Puerto Rico are traveling to Jamaica to engage in sex work, but she did not understand why since the currency in Jamaica is more devalued than the dollar in Puerto Rico.

However, once the term *trafficking of women* was explained to the street-based sex workers, they were aware of many such cases in Jamaica, although nobody had ever given them a talk on the subject.

Participants were not familiar with the term *gender-based violence;* nonetheless, all of the women knew perfectly well what it meant following a brief explanation, especially since

many had lived through it. Some female street-based sex workers, for example, expressed their familiarity with the issue through statements such as, “I’ve been there already” or “I know what it is from experience.”

6. Sexual Practices

According to the survey results, sex worker respondents’ average age at sexual initiation was 15.1 years old. Their average age of initiation in commercial sex work was 17 years.

Survey respondents had had an average of 8.81 partners in the past month, and an average of 1.75 regular partners in the past year. Their average number of casual partners was less than one (0.53), indicating limited sexual relations with this type of partner in the past month.

In terms of commercial partners, respondents had an average of 7 clients in the past month. Of the total number of sexual partners in the past month, an average of 0.7 partners was of the same sex.

Regular Partners

68% of respondents reported having a regular partner during the past year. Condom use with these partners was inconsistent: 11.1% of those with regular partners reported always using a condom, 16.7% almost always, 36% sometimes, and 36% never used condoms with their regular partner. The most frequent reason offered (56.5%) was that they simply don’t use condoms with their regular partners. In the qualitative study, club-based female sex workers or dancers report they always use a condom with their clients, but not with their regular partners. They use condoms at the beginning of a relationship with regular partners, but after a short period they stop using them because they “feel it’s not necessary.”

36% of respondents had used a condom last time they had sex with a regular partner, meaning that almost two-thirds (64%) did not. 42% reported drinking alcohol or using any type of drugs last time they had sex with a regular partner (see table 27).

Table 27
Sexual practices with regular or stable partners among female sex workers in Kingston, Jamaica. COIN, 2012

Regular or stable partners/sample(n)	F	%
Had a regular partner in the past year (53)	36	67.9
Always used a condom with regular partner in the past year (36)	4	11.1
Almost always used a condom with regular partner in the past year (36)	6	16.7
Sometimes used a condom with regular partner in the past year (36)	13	36.1
Never used a condom with regular partner in the past year. (36)	13	36.1
Used a condom last time they had sex with a regular partner (36)	13	36.1
Condom was used by suggestion of the respondent (13)	4	30.8
Did not use a condom because they don't use them with a regular partner (23)	13	56.5
Used alcohol or drugs just before or during last sex with regular partner(36)	15	41.7

Casual Partners

Table 28 shows detailed information regarding respondents' sexual practices with casual partners in the past year. Less than half reported having sex (47%) with casual partners. Results were similar in the qualitative study.

Of the survey respondents who had casual partners, 64% reported always using a condom with this type of partner, which is actually low for this population. 16% reported using a condom almost always. 36% of respondents gave answers suggesting inconsistent condom use with casual partners. During last sex with a casual partner, 80% had used a condom, while 20% had not. The main reason for not using condoms was that none were available (80%).

72% acknowledged using alcohol or drugs last time they had sex with a casual partner.

Table 28
Sexual practices with casual partners among female sex workers in Kingston, Jamaica COIN, 2012

Casual partners/sample(n)	F	%
Had casual partners in the past year (53)	25	47.2
Always used a condom with casual partners in the past year (25)	16	64.0
Almost always used a condom with casual partners in the past year (25)	4	16.0
Used a condom last time they had sex with a casual partner (25)	20	80.0
Did not use a condom because it was not available (5)	4	80.0
Used alcohol or drugs just before or during last sex with casual partner (25)	18	72.0

Commercial Partners or Clients

According to the survey results, 96% of respondents used a condom last time they had sex with their clients; of this group, 88% said this has been by their suggestion 0.79% reported always using a condom with clients in the past year, 17% almost always, and 4% sometimes. In the qualitative study, all the female sex workers interviewed said they always use condoms with their clients, but not necessarily with their regular partners, as mentioned previously.

According to the survey, 53% of sex workers had used alcohol or drugs last time they had sex with a client. The survey sample consisted mostly of club-based sex workers (66%), followed by 24% street-based sex workers. 47% of street-based respondents reported having sex in public places ("jack ups").

Table 29
Sexual practices with commercial partners or clients among female sex workers in Kingston, Jamaica. COIN 2012

Commercial partners/sample(n)	F	%
Had clients in the past year (53)	53	100.0
Used a condom last time they had sex with a client (53)	51	96.2
Condom use suggested by the respondent (51)	45	88.7
Used alcohol or drugs just before or during last sex with a client (53)	28	52.8
Engages in sex work in establishments(53)	35	66.0
Engages in sex work on the streets (53)	13	24.5
Engages in sex work in establishments and on the streets (53)	3	5.7
Engages in sex work from home (internet and phone calls) (53)	2	3.8

7. Knowledge, Attitudes and Condom Use

All survey respondents, whether street- or club-based, had heard about condoms, and the majority reported knowing how to put them on.

Three-fourths of respondents said someone had taught them to use condoms correctly (75%). In 91% of the cases, respondents provided the condom and also put it on the penis themselves. Only 38% removed it themselves, which precludes the possibility of the sex worker being able to check if the condom had torn. The use of lubricants was inconsistent: 75% reported sometimes using it and 19% never.

39.6% of respondents acknowledged having difficulties negotiating condom use with sexual partners, especially with regular partners (32%).

70% of respondents had experienced condom breakage, most of whom were unable to give a reason as to why this had occurred (48.6%).

In the qualitative study, some of the dancers shared negative experiences with the condom particularly that "it causes irritation and sometimes it gets too hot and breaks, and then the man comes inside me. That's a bad experience." They also said that some clients try to cheat them. They claim they don't have to pay because they didn't ejaculate, and may even refuse to pay when the condom has evidence of their ejaculation. Other clients argue that using a condom makes them lose their erection ("it makes them wood dead"). A club-based focus group participant reported that sometimes she says she has AIDS as a way to get rid of a client who doesn't want to use a condom. Even so, some insist on having unprotected sex.

The female street-based sex workers reported that they don't like the smell of condoms and generally find them unpleasant. One said they "stink" and that is why she uses two per penetration. Another said that once a condom broke inside her vagina because it was "rotten."

Another finding of the qualitative study was that some street-based sex workers didn't know how to use condoms correctly. Like the club-based sex workers, they reported that they stop using condoms when in a relationship with a trusted partner, but they claim to always use them with clients. Some participants expressed suspicion at clients' motives for not wanting to use a condom "because no one in their right mind would come to New Kingston to have sex with a prostitute without a condom. There must be something weird going on when they want to pay more money." They acknowledged that some of their female colleagues do have unprotected sex for more money.

The Ministry of Health and the agency working with street-based sex workers provide free condoms, which they appreciate very much because they don't have to buy them. "It means a lot to me because even with my dildo, I use a condom."

24% of survey respondents thought that it is correct to use more than one condom at once per penetration. Some of the women interviewed in the qualitative study also agreed with this practice. 92% of survey respondents said they use condoms even if the partners look healthy. (See table 30).

Table 30
Knowledge, attitudes and condom use among female sex workers in Kingston, Jamaica. COIN 2012

Commercial partners/sample(n)	F	%
Have been taught to use condoms correctly (53)	40	75.5
Respondent provides the condoms (53)	48	90.6
Respondent puts the condom on partner (53)	48	90.6
Respondent removes the condom from partner (53)	20	37.7
Always uses lubricants (53)	3	5.7
Sometimes uses lubricants (53)	40	75.5
Never uses lubricants (53)	10	18.9
Thinks that if you ask your partner to use a condom, you don't trust him/her (53)	29	54.7
Has had difficulties negotiating condom use (53)	21	39.6
It's more difficult to negotiate condom use with regular partner (53)	17	32.1
It's more difficult to negotiate condom use with local client (53)	10	18.9
Has experienced condom breakage (53)	37	69.8
Condom broke because it had expired (37)	6	16.2
Condom broke because it was put on incorrectly (37)	9	24.3
Using more than one condom at once per penetration is correct (53)	13	24.5
Uses a condom with partners who look healthy (53)	49	94.3

8. Access to Health Care Services

According to the survey results, 91% of respondents know where to seek health services for STIs and HIV. The place where they go for their routine medical check-ups is normally

different than where their other co-workers go (73%), while 26.6% visit the same health centres as their colleagues.

More than one-third of respondents said they only go for medical check-ups when they feel sick, while 21% go every six months. (Seetable 31)

Table 31
Frequency of medical check-ups among female sex workers in Kingston, Jamaica. COIN 2012

	F	%
Never	1	1.9
Every month	5	9.4
Every two months	3	5.7
Every 3 months	7	13.2
Every 6 months	11	20.8
Once a year	9	17.0
When I feel sick	17	32.1
Total	**53**	**100.0**

85% of survey respondents said they do not share the results of their medical check-ups with the business where they work or their co-workers. Qualitative study participants said that the owner of the establishment provided for their medical check-ups and they were grateful for that. They did not feel the owners should know their test results, but did say that they have a good attitude about the need for medical attention.

85% of survey respondents indicated that they felt comfortable with how they were treated by health care providers, and 70% perceived that their confidentiality was respected. This coincides with the qualitative study, in which club-based focus group participants knew of several health centres where they can access services. They reported being treated well by the health care providers and not suffering any discrimination. They knew where to get treatment for STIs. Street-based study participants were also familiar with health centres where they can go for medical check-ups, and they relied mostly on the Ministry of Health and the agency working with them to be able to stay healthy. Female sex worker

interviewees did not have any complaints regarding the treatment received by health care providers.

9. HIV Testing

89% of survey respondents in Jamaica had been tested for HIV, whereas11% had never been. Of the group that had been tested, 85% had done so in the past year and 15% between one and four years ago.

Table 32
Timing of Last HIV test among female sex workers in Kingston, Jamaica. COIN 2012

	F	%
In the last year	40	85.1
1-2 years	4	8.5
Between 2-4 years	1	2.1
More than 4 years	2	4.3
Total	**47**	**100.0**
Missing System	**6**	
Total	**53**	

This coincides with participants' reports of having relatively good access to different health care services. The qualitative study also found club-based sex workers were tested quite frequently at a mobile unit that visits their area. They rated the HIV testing services as good and said they were treated well. All of the focus group participants said they had received a free HIV test. However, one of the participants felt distrustful toward HIV testing because she said "that the results come out positive and then they come out negative." Apparently, she was referring to the ELISA test and the confirmation with the Western Blot. The street-based sex workers indicated that the Ministry of Health frequently visited their working area (New Kingston) and offered voluntary HIV testing. The agency that is supporting them also provides free tests. They indicated that services from both institutions are "appropriate and confidential." The qualitative study yielded no complaints regarding treatment during HIV testing.

96% of survey respondents reported having received their test results. 94% said they received pre-test counselling and 85% post-test counseling. 66% felt that the place where they were tested respected their confidentiality.

Of those who had never been tested for HIV, the most frequent reasons given were not having the time and fear that someone could know the results (50% each one).

10. Stigma and Discrimination

19% of survey respondents in Jamaica had been called discriminatory names. More than one-fourth had been victims of violence in their work place, 32% on the street, and 28% at the hands of their partners.

In the qualitative study, the female club-based interviewees reported that some people treat them with respect while others call the dancers rude names when they walk the streets as a means of public humiliation. Some of the names they are called are: *suck wood gial,go gogial, freak, and dog shit*. They find this situation quite upsetting.

They also shared that they are often accused of stealing when something goes missing. They see clients in general as problematic because they try to bargain down the established rates. “They tell you that you make money all night dancing and even ask you to give them some of the money you make.” “Sometimes they don’t want to pay for the services, claiming that there was no ejaculation, even if it’s not true.” According to these women, clients are not always willing to pay the rate for “additional” services because they assume that the girls have already been tipped for dancing. Based on existing studies, this is typical in establishments that disguise sex work with exotic dancing.

The qualitative study showed that sex workers feel safe working in the clubs. However, they don’t feel safe when they leave the club and go out into the street. They would like to have more security, such as police presence around the club, to avoid being harassed.

Female street-based sex workers faced more serious stigma and discrimination. Verbal aggression from people in the community is continuous, including calling them names such as: *duttygial, bitch, dog shit, big hole*, and *pussy seller*.

23% of survey respondents reported that they had been sexually abused. (See table 33).

Table 33
Stigma and discrimination among female sex workers in Kingston, Jamaica. COIN 2012

Indicators of stigma and discrimination	F	%
They are called nasty names (53)	10	18.9
Have experienced physical violence in the workplace (53)	14	26.4
Have experienced physical violence on the streets(53)	17	32.1
Have experienced physical violence by their partners (53)	15	28.3
Has been forced to have sex (53)	12	22.6

In the qualitative study, sex workers shared that they have suffered violence on many occasions, being forced into vehicles to have non-consensual sex at gun point, and taken out of town without their consent and abandoned in strange places. Many of the participants had jumped out of moving cars to escape abusive clients or to avoid being gang raped. They all agreed that sex work is an extremely dangerous job, not least because of all the abuse and discrimination.

The majority of street-based study participants did not have pimps, with the exception of a few co-workers. One participant shared, “Some women have pimps and end up being killed by them.” They did not believe that pimps can provide them security.

The common denominator in terms of discrimination and stigma faced by both types of sex workers is the experience of discrimination on the street. Both groups are called similarly offensive names, deriving from stigma against sex workers in the community at large.

11. Relationships with Co-workers

According to the survey results, 34% of respondents said fights between work colleagues were common and 67% indicated they did not trust their co-workers.

In the qualitative study, some club dancers said that some of their co-workers didn’t mingle with the rest and fight over the clients. “Some of them despise you if you make more money than them.” They felt these fights could be avoided, but did not offer details as to how.

The street-based participants agreed that sex workers often fight when one tries to steal a client or ends up making more money. They felt that sex worker in-fighting is inevitable: "Nothing can be done to avoid it when there's money involved."

One interviewee who had been a sex worker in Panama shared that in that country the women didn't fight and got along very well. She added that she would like that to be the case in Jamaica.

12. Relationships with Authorities

The survey results show that only 2% had experienced maltreatment or discrimination by the police, and 13% had been arrested or detained.

In the qualitative study, club-based sex workers said they generally get along with the police. The police go to the clubs looking for minors, but they don't bother the women while they are working. Moreover, the club-based women felt grateful to the police for trying to help them. In sum, their relationship with law enforcement agents was reportedly good – problems were more likely to arise with clients.

The appraisal of police relations was markedly different among the street-based sex workers. Qualitative study participants all agreed that they were victims of frequent police abuse: the police demanded free sexual services, terrorized their clients, abused them verbally, and were always at the ready to arrest them and take their money. They preferred to keep their distance from the police because they can "make their life in the streets miserable." Some differentiated between good and bad cops, stressing that the latter hated the women and didn't want to see them on the streets.

One of the sex workers shared an experience in which she verbally confronted a policeman, for which he beat her with his billy club. She said that was very unfair, because she is free to do what she pleases with her vagina.

Another participant shared said that one time she was doing business with a client (a Rasta man) and the policeman frisked him and found a marihuana joint, for which they tried to blackmail her to perform oral sex on both policemen. Luckily, someone from nearby apartment building saw the incident and called the precinct. The news was even published in the papers. After the incident, the sex worker was "terrorized" by the police into dropping the charges. She was unable to work for two months due to the constant harassment to which she was subjected.

Street-based sex workers reported that the police prowl around them asking "You already made some money?", so they can take it from them. This situation upsets the women,

because their hard-earned money is often stolen. They explained that they work the streets precisely because they consider themselves independent agents and do not want their earnings to end up in someone else's hands, as happens to the club-based sex workers. One of the focus group participants who used to work for an escort service said that of the 50 dollars paid by the client, 25 went to the business (50%). This example served to explain why street-based workers prefer operating as free agents without any intermediaries.

Others explained that sometimes they have clients who cannot pay for a room to have sex and so they do it in public areas of the New Kingston district(a practice called jack ups),though very discreetly in the darker areas. They have sex in abandoned houses and dark alleys. They said that the police especially look out for these sexual encounters to make arrests or to extort money from the clients. This type of situation discourages clients from soliciting their services, which can significantly reduce their income.

One participant explained: "We are out in the street every day. What sense would it make for us to complain about the police?" This shows the degree of vulnerability they perceive in terms of complaining about police abuse. They feel that the police see them as a gold mine ("feeding tree"). According to accounts from street-based sex worker participants, the illegality of prostitution in Jamaica is a source of income for the police.

In summary, the situation of the club-based sex workers was completely different from that of the street-based sex workers in terms of police treatment. Club workers perceived the police as "protective," whereas street-based workers considered them "abusers." This difference may be based on the fact that the club workers were protected by establishments which had "a good relationship" with the police.

Recommendations for Jamaica

1. While sex workers in Jamaica have generally high levels of knowledge on the modes of HIV transmission, there are still misconceptions that must be addressed by the project. The non-sexual HIV transmission pathways should be explained, particularly to club-based sex workers.

2. Routine medical check-ups are scarce, so people engaging in sex work should be encouraged to take a more proactive stance toward preventative health in general.

3. Drug use is not infrequent in this population. This must be considered by the project, as drug and alcohol use can lead sex workers to lose control over the negotiation of services being offered, not only regarding condom use but also in terms of protection of their general safety and well-being.

4. Condom use is quite inconsistent with regular partners. This issue should be addressed by the project.

5. Measures should be taken to conduct educational interventions in the establishments where the women work at a convenient time. 65% of respondents worked in some type of sex business. In order to reach street-based sex workers, the project should conduct a mapping of the "hot spots" or streets where they work in order to plan face-to-face interventions targeted toward this population.

6. The interventions or programmatic actions to be implemented in Jamaica must be in line with the actions carried out by the Ministry of Health and the agency that works with commercial sex workers in order to avoid a duplication of efforts. Project actions should complement what is already being done.

7. Gender-based violence and sex trafficking of women should be cross-cutting issues throughout all educational interventions.

8. Adequate information on human rights and where to access legal protection should also be offered to this population.

9. Pertinent information on HIV testing services available in Jamaica should also be included in the project to avoid confusion concerning their reliability.

10. Street-based sex workers are apparently more subject to abuse and humiliation by both the community and the police. Project interventions with police officers in Jamaica should target those patrolling the commercial area of New Kingston, where most of the street-based sex workers operate.

11. The project should raise awareness among the street-based sex workers about having sex in public areas, since this practice makes them more vulnerable. Any arrests made under this circumstance would be legal, both for engaging in commercial sex work, which is illegal in Jamaica, and for having sexual relations in a public place.

Recommendations for All Three Countries

1. An important consideration for the project overall is that an HIV/AIDS prevention project targeted toward commercial sex workers may run the risk of further entrenching certain stigma and discrimination. For example, it could single out sex workers as people living with HIV or lead to the perception that only the sex

workers are at risk of HIV infection. For this reason, it is recommended that, in addition to providing information on HIV/AIDS, the project focus on working with vulnerable people to improve their quality of life in general. This would not be disguising the truth, as the project has planned thematic actions on issues that are not necessarily associated with HIV/AIDS prevention, such as interventions to reduce the rivalry and physical aggression between sex workers; interventions with authorities to improve relations with commercial sex workers; gender-based violence; trafficking of women; human rights and other issues.

2. Regardless of the type of educational intervention, simple, explanatory language should be used to provide information for the target population. This is important to make sure sex workers can understand it regardless of their schooling or verbal capacity.

3. Educational interventions should employ a variety of learning techniques, rather than only verbal information. In all three countries, the respective target populations requested that the information to be provided be accompanied by audio-visuals. Currently, video and socio-drama techniques are neither difficult nor expensive to develop.

4. Sex workers' knowledge on the different HIV transmission pathways (sexual and non-sexual) must be reinforced. Detailed explanations should be offered as to the probability of HIV transmission through wounds and sores, saliva, or having a molar cavity filled. Interventions should also work to dispel myths on HIV transmission through public bathrooms or mosquito bites.

5. Sex workers in all three countries have not received systematic training on the issues of gender-based violence, sex trafficking of women, or human rights. While they have learned a little through the media or their own experience, their knowledge is quite limited, especially as media coverage is often sensationalist and incomplete. The project should provide the necessary information on these issues so that beneficiaries are prepared for situations they may have to confront due to their line of work.

6. Condom use with regular partners must be addressed by the project, given the general trend of inconsistent or non-condom use with trusted partners. Beneficiaries should be trained to negotiate condom use with these partners as well as with clients who are reluctant to use them.