

HIV Communication for MSM, SWs, and Peer Educators in Jamaica



Action Media Findings and Communication Brief

March 2011



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Educators in Jamaica**

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Findings and Communication Brief
March 2011, C-Change**

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Disclaimer

The contents and opinions expressed in this document are the responsibility of the author and the C-Change Project and do not necessarily reflect the views of USAID or the United States Government.

A Sad Loss



Ashawn 'Charm' Williams, a transgendered sex worker, participated in the Action Media sessions in November 2010. He made insightful contributions in the workshops and provided humor and laughter to all. The challenges and dangers of sex work, including transgendered sex work, in Jamaica were highlighted in the workshop and 'Charm' deepened these understandings from sharing perspectives from his work. Sadly, a few weeks following the workshops, on December 3, 2010, 'Charm' was found stabbed to death on Half-Way-Tree Road in St Andrew.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
C-CHANGE	Communication for Change
CDC	Centers for Disease Control
CVC	Caribbean Vulnerable Communities Coalition
FGD	Focus Group Discussion
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
JASL	Jamaica AIDS Support for Life
JFLAG	Jamaica Forum for Lesbians, All Sexuals, and Gays
JN Plus	Jamaica Network of Seropositives
JYAN	Jamaica Youth Advocacy Network
MARP	Most-at-Risk Population
MCP	Multiple Concurrent Partnership
MMS	Multimedia Messaging Service (on mobile telephones)
MoH	Ministry of Health
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PSA	Public Service Announcement
SBCC	Social and Behavior Change Communications
SMS	Short Message Service (on mobile telephones)
STI	Sexually Transmitted Infection
SW	Sex Worker
SWAJ	Sex Worker's Association of Jamaica
U.S.	United States
UHWI	University Hospital of the West Indies
UNAIDS	The Joint United Nations Programme on AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
UWI	University of the West Indies
VCT	Voluntary Counseling and Testing
WFW	Women for Women

Background

Communication for Change (C-Change) is a United States Agency for International Development (USAID)-funded project to improve the effectiveness and sustainability of social and behavior change communication (SBCC) activities and programs as an integral part of development efforts in health, environmental conservation, and civil society strengthening. C-Change works with global, regional, and local partners to apply communication approaches to change individual behaviors and social norms, supported by evidence-based strategies, state-of-the-art capacity strengthening, and operations and evaluation research.

C-Change is providing technical assistance to support and strengthen existing HIV prevention efforts with organizations and agencies with the goal of improving the quality and reach of programs with most-at-risk populations (MARPs). A consultation of communication and prevention needs held in Jamaica by USAID and C-Change reinforced the need to address MARP populations, including sex workers (SWs) and men who have sex with men (MSM) – as well as the peer educators who serve them. The HIV epidemic in Jamaica is both generalized and concentrated, with an adult HIV prevalence of 1.6% and rates as high as 31.8% among MSM, 4.9% among SWs, and 3.3% among prison inmates. It is estimated that only half of people living with HIV (PLHIV) know their personal HIV status¹. MSM and SWs are marginalized in Jamaican society and face widespread stigma and discrimination, including violence.

The current strategy for working with SW and MSM related to HIV prevention in Jamaica is primarily through outreach activities, supplemented in part by the availability of a limited number of safe spaces. Male and female condoms and lubricants (which are harder to come by) are available to most SWs and MSM. Younger SW and MSM appear to be more vulnerable to HIV/sexually transmitted infections (STI) infections, and it is believed that only a small proportion of these populations are being reached by existing programs. MSM who are non-gay identified or wealthier, are noted to be harder to reach, as well as SWs working in massage parlors.

A need for a comprehensive toolkit (training and SBCC materials) for peer educators serving MSM and SWs has been identified, particularly with a focus on non-print based SBCC materials that are tailored for these populations and that address psychosocial and mental health needs. Print materials that may identify an individual as MSM or a SW can be dangerous given the wide-spread stigma, discrimination, and violence faced by these groups. Using social media as a channel for reaching MSM and SW has been identified as a way to address their needs while maintaining confidentiality and privacy.

C-Change is contributing to a coordinated comprehensive program for MARP populations by employing multiple complementary approaches for technical assistance, including participatory development of SBCC materials. The commissioning of a series of Action Media Workshops for SWs and MSM form part of this initiative. The workshops aim to move beyond knowledge of information related to HIV, towards engaging priority audiences contextually so that they make meaning of HIV information in their own way.

¹ UNAIDS (2008). Report on the global AIDS epidemic: 2008. Geneva: UNAIDS and AED trip report findings, Hastings and team, May 2010.

Action Media Workshops with SWs, MSM, and Peer Educators

Towards developing SBCC materials for HIV prevention with SW and MSM, a series of participatory communication development workshops were held from November 1 – 17, 2010 in Kingston, Jamaica. The workshops employed the Action Media methodology and were conducted with groups of 15 – 20 SWs, MSM, and peer educators. The workshops were facilitated by a C-Change communication specialist consultant.

The overall objectives of conducting Action Media Workshops were to develop SBCC resources that contribute to the reduction of HIV among MSM and SW and that could be integrated into existing programming with these priority populations. The purpose of the Action Media workshops was to support the conceptual development of these SBCC materials. Within the workshops, contextual challenges, gaps, and needs in relation to health were also explored.



The 'Action Media' methodology was developed in the mid-1990s in South Africa in response to approaches to health promotion that approached communities as 'target audiences,' to whom messages and imperatives about health should be directed. Such approaches overlooked important aspects of the relationship between knowledge and context and failed to adequately draw in systems of meaning from affected communities. The methodology uses a formative research approach to explore communication needs and integrate audience perspectives into emerging products and concepts, including content and mediums. Action Media allows for integration of audience perspectives through a process of deep reflection around critical issues that affect their lives, while at the same time assimilating linguistic and cultural view perspectives.

The Action Media methodology generates a variety of outcomes:

- ❑ Participants learn critical thinking skills and obtain an awareness about health and other issues that affect their lives.
- ❑ Researchers and communication practitioners are able to extract qualitative data relevant to broader research and planning activities. A deeper, longer series of discussion groups that include participant-led discussions elicit a body of information that is relevant for understanding contextual issues and designing interventions.
- ❑ Participants can use their language of choice, including slang and codes specific to their social group; thereby making them freer to make and share meaning. Where appropriate, discussions are digitally recorded (and can be translated later).
- ❑ Small group sessions include documenting ideas. This information forms the basis of emerging content and products.
- ❑ The products that emerge are deeply contextualized in terms of imagery, language, and potential utility. Audience perspectives are fundamentally integrated.
- ❑ A core group of informed individuals is created to the benefit of the immediate peer group and community.

In support of the Action Media process, C-Change recruited participants for the workshops by requesting that partner organizations (listed in the acknowledgement section) familiar with the SW, MSM, and peer educator community identify one-or-two participants to attend the workshop. In order to reach beyond the pool of participants typically recruited for consultations and workshops, each of the participants identified was requested to refer a peer who would also attend the workshop.

C-Change conducted Action Media workshops for two days with each participant group (MSM, SW, and peer educators). One week later, each audience group attended an additional session for concept testing material/media concepts derived from their first Action Media workshop. Concept testing is the use of qualitative methods to gather intended audiences' responses to products or ideas. Participants represented a range of sexual orientations, practices, and socioeconomic groups. All lived in or near Kingston, Jamaica. Peer educators represented Ministry of Health (MOH) programs as well as those implemented by civil society organizations. In addition to the participants and the facilitators, a graphic design artist attended all sessions in order to visually capture concepts that emerged from the discussions and to develop prototypes for concept testing with participants.

Sessions with Sex Workers

Introductory Session

The Action Media Workshop held with SWs began with an introductory discussion and an overview of session objectives and ground rules. By way of introduction, participants worked in teams of two to draw pictures of each other, learn each others' names, and to discover one unusual fact about their team member. Participants then took turns introducing their partners to the larger group.

Mapping a 'Day in the Life'

To gain more insight into the lives of SWs, participants were asked to draw a map that illustrated a typical day for them. The participants worked in groups without facilitators for this exercise and then reported back to the larger group. From the discussions came the following:

- ❑ Each SW's day began at various times in the morning.
- ❑ A number of female SWs had children and other dependents to take care of, as well as other responsibilities.
- ❑ A few SWs were in relationships.
- ❑ Daily challenges included: being discreet about work activities, taking children to school, and maintaining personal relationships. One participant spoke about the importance of being open with her male partner, noting that it was not always easy to talk about her sex work activities without conflict occurring.
- ❑ Sex work typically takes place from 6pm onwards and extends throughout the night (sometimes up to 20 hours).
- ❑ Venues for sex work included: hotels, motels, guest houses, and high-end hotels in Jamaica as well as the Bahamas and Barbados. New Kingston (streets and "hip strip"), the waterfront, abandoned buildings, parking lots, massage parlors, and go-go and strip clubs were also mentioned.



Challenges of Sex Work

From the sessions, challenges SWs faced as a result of their work included:

- ❑ Addressing economic needs;
- ❑ Disclosing to family, friends, and children about their work;
- ❑ Finding safe spaces to reveal their identity;
- ❑ Experiencing abuse, stigma, and discrimination;
- ❑ Being labeled as HIV carriers and demons; and
- ❑ Emotional stress and burn-out.

Security and personal safety were concentric with concerns about HIV risk among the participants. Safety-related risks identified included:

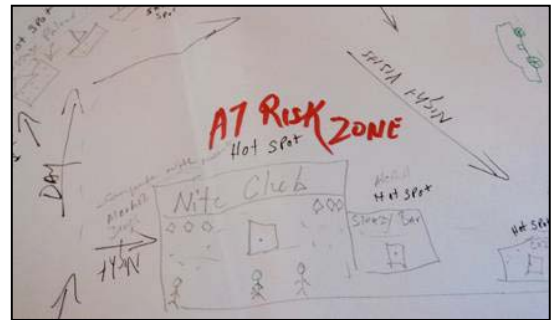
- ❑ Experiences of physical violence;
- ❑ Robbery, including the loss of personal items, such as mobile phones, passports and cash;
- ❑ Exploitation and manipulation by clients and by police;
- ❑ Trafficking;
- ❑ Harassment (“judgment come down”) by police, security, and others;
- ❑ Being used for money laundering and drug trafficking (often coerced);
- ❑ Going to hotels for sex and undressing when a client did not know the SW was male; and
- ❑ Traveling with a client to have sex, which could result in being beaten or killed. In Bahamas clubs, it was noted that owners require HIV tests.

HIV Risks

Participants also examined their risks related to HIV. Those identified included being forced to have sex without a condom, clients pulling off condoms during sexual acts, and purposeful damage of condoms. In addition, clients sometimes offered money to SWs for sex without condoms – “they may offer J\$5,000 to go bareback, but J\$5,000 can’t treat HIV.” It was noted that MSM SWs need lubricant as well as condoms.

Strategies mentioned for staying healthy included:

- ❑ Taking personal responsibility for one’s own actions;
- ❑ The principle of ‘self protection’ – the best person to make yourself safe is you - protect yourself as no one will protect you;
- ❑ Consistent condom use with clients and adopting the policy – ‘no condom, no sex’;
- ❑ Making sure that men do not pull off the condom – put it on yourself. Provide your own condoms so that you know it has not purposely been damaged;
- ❑ Using female condoms – the ring can be removed – especially for anal sex. Female condoms can be used covertly by females, and inserted several hours before sex;
- ❑ Some SWs had been taught to check for STIs on a client’s penis, but this was seldom practical. Others noted – ‘check penis for sores’, ‘squeeze for ‘smell’;
- ❑ According to the participants, the SW principle of HIV prevention is that big money for unprotected sex raises red flags and no amount of money can lure individuals into unprotected sex. If a client wants to have unprotected sex then he/she has HIV or an STI that he/she wants to pass on;
- ❑ Getting an HIV test – knowing one’s status influences healthy sex behaviors and practices;
- ❑ Avoiding drug use;
- ❑ Avoid sharing of used needles or getting tattoos, etc.; and
- ❑ Using dental dams for oral sex.



Motivations and strategies to prevent HIV included:

- ❑ Educating yourself about HIV and AIDS and ensuring that you use proper protection methods, such as condoms and dental dams for penetrative and oral sex;
- ❑ Don't use two condoms at a time. Always use good quality condoms;
- ❑ Educating your client about this infectious disease [HIV]. You can also introduce them to brochures. However, it can be very dangerous at times, which is why it is good to educate yourself;
- ❑ Sometimes there are peer counselors to whom you can refer your clients. Some health workers may be prepared to work with SWs;
- ❑ Knowing your status;
- ❑ Being motivated by your family responsibilities;
- ❑ Being a peer influencer; and
- ❑ Staying in good health.

Security Risks

Strategies for protection against risks to personal security included:

- ❑ Trying to keep out of trouble (i.e. when you see trouble in your environment, move away);
- ❑ Passing information to other sex workers about problems;
- ❑ Using secret codes with other sex workers to warn them you are in trouble;
- ❑ Keeping off the streets;
- ❑ Being confident and aware. Following your instincts;
- ❑ Carrying pepper spray and pocket knife;
- ❑ Keeping away from gangs;
- ❑ Letting friends know your whereabouts;
- ❑ Running away (if in trouble);
- ❑ Memorizing license plate, car make, and color (on behalf of SWs friends);
- ❑ Working in well-lit areas;
- ❑ Avoiding alcohol/drugs (although some alcohol intake helps with getting 'in the mood');
- ❑ Avoiding suspicious clients;
- ❑ Working near security. Making friends with security;
- ❑ Staying in your workspace (don't go to clients home or other places);
- ❑ Having the police on speed dial on your cell phone;
- ❑ Finding ways to conceal money (passport, other personal items). Finding ways to keep money safe;
- ❑ Practicing self control (don't get into trouble by pushing for trouble); and
- ❑ Pushing violent clients away.

Questions Related to HIV

Participants worked in groups to identify questions they had about HIV. These included:

- ❑ Why does it take so long before symptoms show up?
- ❑ Why doesn't the virus affect animals?

- ❑ Why are sex workers and MSM labeled as carriers?
- ❑ Is HIV a man-made disease?

The group was encouraged to provide insights into these questions and answers were developed collectively.

Content Concepts

Participants were asked to select health-related communication materials from other countries that were made available as examples for the workshop. These selections were then critically discussed.

An STI manual was liked because it showed images of STIs, while MSM SWs identified with a local leaflet featuring 'Rude Bwoy'. A cube, developed by C-Change to encourage community conversations was also liked, as was a 'youth passport' used under the HCP Ethiopia project. Some posters and materials were not considered useful for individuals who could not read.



Participants noted that word of mouth was the best method of communicating on these types of topics.

Small group sessions were conducted for participants to come up with concepts for posters and slogans. The purpose of this exercise was to stimulate creative thinking around communication concepts. The 'most liked' concept that emerged from the discussions was the slogan 'always sexy, always wise' – used to imply condom use. Although the word 'condom-wise' was not stated, it was implicit.

Other ideas for communication with SW that emerged included:

- ❑ Larger cubes that could be hung in massage parlors and clubs, possibly linked to lights or mirror balls. Pictures could also be used on the cubes.
- ❑ Screen savers and wallpapers for mobile phones.
- ❑ Having cell phone providers include messages as part of SMS and MMS. Messages could also be sent and received with HIV content.
- ❑ Using actual sex workers as part of the content was suggested, but not uniformly agreed to.
- ❑ It was noted that it was not always good to use 'lingo' particular to MSM and SWs, as this was not always understood by people outside the group.

Focus Group with Female SWs (FSW)

Following the Action Media sessions with SW, it was noted that the diversity of the group required more time for discussion and that insufficient information had been obtained from female sex workers (FSWs). A

focus group discussion (FGD) with FSWs was held to follow up on emerging issues. Eight participants attended the two-hour session.

All FGD participants noted that the Action Media sessions had improved their understanding of HIV. Some participants noted incorporating new practices as a result of the workshop (e.g., use of the female condom). During the session, participants were asked about how they learned of HIV. Most FSWs said they were children when they first learned of someone contracting HIV. Some participants also recalled experiences of knowing people, including relatives and older adults, who had died from the virus. Several women reported that they encountered HIV in the FSWs community. FSWs also received information on HIV from Jamaica AIDS Support for Life (JASL) and the Ministry of Health, as well as through advertising.

Motivating factors to protect oneself from HIV included:

- ❑ Seeing discrimination against people with HIV (and not wanting to be HIV positive as a result). Also mentioned was the physical appearance of PLHIV – where weight loss and skin problems were visible. A number of participants mentioned they avoided dieting and being thin so not to be falsely seen as being HIV positive;
- ❑ Caring for children and being a parent. Fathers were typically absent and the women felt they were the best person to care for their children;
- ❑ Caring for oneself - “I am important to me,” and also proving to those who associated sex workers as being HIV positive that this was an incorrect belief;
- ❑ A number of participants said they used condoms because they did not like the feeling of semen and ejaculation in their bodies;
- ❑ Getting tested for HIV was not a pleasant experience as it involved anxiety waiting for results;
- ❑ Some felt remorse for taking risks and worried when condoms burst – but were relieved when they tested negative for HIV. All women were strongly committed to condom use and convincing clients to use condoms; and
- ❑ STI and other health testing was also important.

Clients made HIV prevention difficult in the following ways:

- ❑ Some SWs allowed men to have unprotected sex, which affected ‘business’ among SWs who refused to do this. Younger and inexperienced SWs were often lured by ‘big money’. Despite this, men who offered bigger sums were treated with suspicion – as ‘they may have HIV already’;
- ❑ Some clients were fatalistic about HIV, and therefore not concerned about condoms;
- ❑ Some clients believed that FSWs who spoke knowledgably about HIV must be HIV positive to know so much;
- ❑ Clients sometimes removed condoms during sex, and having sex in the dark was considered risky because it was difficult to check if the condom was on. Adding lubricant also made it difficult to tell if the condom was being used; and
- ❑ Some clients claimed to be ‘clean’ while others said using a condom made it impossible to have an erection.

Protection in such circumstances required strategies such as:

- ❑ Using female condoms – as this could often be done covertly (although some mentioned using male and female condoms together for extra protection);
- ❑ Using their own condoms, to avoid poor quality or damaged condoms produced by clients; and
- ❑ Sexually stimulating clients who said condoms made it impossible to get an erection.

All participants were adamant they would refuse to have sex without a condom, even with long-term clients. The general opinion was that younger, less experienced, and more naïve SWs were less likely to use condoms, and more easily swayed by money over HIV prevention. It was thought that this group could, however, easily be reached by more experienced SWs. Most participants reported they did not use condoms with non-paying partners with whom they were in a long-term relationship with.

Slogans

The group worked independently to develop condom use-related slogans:

- ❑ ‘Do you know what I have? A condom is the only thing to keep us safe from each other!’
- ❑ ‘Mi smart, mi sexy, mi always have mi condom’
- ❑ ‘Save your life with a condom’
- ❑ ‘Safe sex is always on our minds’
- ❑ ‘Sex is nice, sex is sweet, but be careful how you do it.’

Mediums

The women believed that Patois was good for word of mouth, but harder to read. Therefore, English was preferred for written communication. The following suggestions were made:

- ❑ Using signage on buses, taxis, or during news broadcasts;
- ❑ Using billboards or print advertising;
- ❑ Posters and other items in clubs and massage parlors;
- ❑ Using influential persons (e.g. Reggae/dancehall artist, Vybz Cartel) to speak out or incorporate messages;
- ❑ Use SMS, screen savers, and other mobile phone communication, as well as computers.

Sessions with MSM

Introductory Session

As with the SW participants, the Action Media Workshop with MSM was initiated with an introductory discussion that included an overview of session objectives and ground rules. Similar to the SW workshops, participants worked in teams of two to draw images of each other as an introduction.

Mapping a 'Day in the Life'

While in small groups, participants were asked to draw a map to illustrate 'a day in the life' of MSM in Jamaica. The results of these discussions were then reported back to the main group. Information derived from these discussions included:

- ❑ Typical activities for MSM included going to school or work, spending time online, searching Facebook, and talking to partners on Skype or the phone;
- ❑ Safe zones were considered schools, the university, Devon House, Sovereign Centre, and Church (Sunshine Cathedral);
- ❑ Spanish Town and Downtown Kingston were considered danger zones, as people were noted to be hostile towards MSM;
- ❑ Stigma directed towards MSM was more likely to affect poorer MSM;
- ❑ There was a lack of encouragement to carry condoms, for example at parties;
- ❑ There were no MSM specific programs from MOH; and
- ❑ Buying lubricant created associations with being MSM, and thus people felt discouraged from using safe lubricants.



Challenges of Faced by MSM

A general discussion explored the challenges faced by MSM in Jamaica. These included:

- ❑ Few safe spaces and lack of freedom to be/express themselves as MSM;
- ❑ Fear of abuse;
- ❑ Difficulties with identity – there were not enough images to show how MSM expressed their identity and many resorted to various persona (e.g. masculine, churchy) to disguise their orientation;
- ❑ Sensationalist representation of MSM in media;
- ❑ Lack of empowerment of lower income MSM;
- ❑ Being branded as MSM by virtue of the spaces and places they visited or socialized – e.g., JASL;
- ❑ Challenges with family acceptance leads to marginalization (although a number of participants talked about disclosure to their family (especially mothers) and noted acceptance and support from family members);
- ❑ Limited access to health services; and
- ❑ Religion was noted to be important and finding churches that were non-discriminatory was valued.

HIV Risks

HIV risks were discussed. Key issues included:

- ❑ Not knowing one's status;
- ❑ Not using condoms;
- ❑ Having unprotected oral sex;
- ❑ Exposure to needles (e.g., tattoos);
- ❑ Improper use of sex toys; and
- ❑ Lack of education and discrimination.

Communication Issues

Participants worked in groups to identify questions they had about HIV. These included:

- ❑ Can HIV positive sperm donors transmit the virus to an HIV negative surrogate mother?
- ❑ Can two negative partners have sex without a condom?
- ❑ Is HIV a man-made disease?
- ❑ Why are HIV rates higher among MSM?
- ❑ How dangerous is rimming (oral-genital contact)?
- ❑ Why are women more affected by HIV?
- ❑ Why do people who are HIV positive practice unsafe sex?

The groups were encouraged to provide insight to these questions and answers were developed collectively.

Content Concepts

Discussion around MSM/HIV communication in Jamaica revealed that MSM believed there were insufficient materials/resources for them on these topics. In most cases, information provided was not specific to MSM, reported participants. Materials were also not perceived as innovative.

Participants were asked to select communication materials that appealed to them from Jamaica and other countries, made available for the Action Media Workshop by the facilitators. These selections were then discussed critically:

- ❑ A Jamaican STI brochure showed a picture that implied male and female sex partners, including MSM. This was appreciated by participants as indicating some acceptance of MSM;
- ❑ A brochure on HIV testing showed that healthy-looking people could be infected with HIV;
- ❑ The C-Change cube was eye-catching and seen as more creative than a book and encouraged thinking. The colors were also noted to be appealing;
- ❑ A manual for sex workers in Ethiopia had useful/appealing information and explanatory pictures;
- ❑ The 'Rude Bwoy' leaflet showed real-life exploitation of young girls for sex and multiple partners;
- ❑ An Ethiopian youth passport taught about morals and provided additional detailed information;
- ❑ One STI brochure was not thought to have sufficient images of STIs;

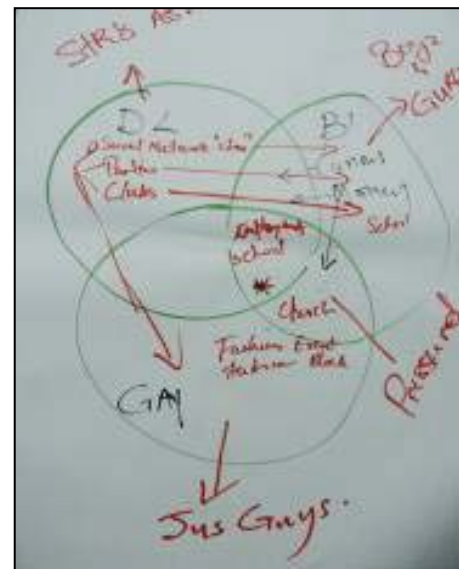
- ❑ A comic-format booklet – ‘heart to heart’ – was appealing to youth; and
- ❑ Other booklets were considered too complex, but some of the content contained good tips.

When it came to local advertising, participants mentioned jingles, jokes, and humor added appeal, as did music. They also suggested the need for shock elements in HIV advertising specific to MSM as most current advertising is ‘watered down’.

Reaching MSM

Participants broke back into groups to discuss communication outreach geared towards MSM. They noted that within the MSM community, there are different populations that require specific approaches. Group one categorized MSM subgroups as follows:

- ❑ **‘Down low’ MSM** are individuals who do not see themselves as gay, but have sex with women and men. This group includes professionals, such as pastors or teachers. It was reported that these men typically did not use condoms as they do not consider themselves to be gay. Down low MSM use the internet to find partners and electronic media was reported as probably the best way to reach this group – for example, BGCLIVE.com, AdamforAdam.com.
- ❑ **Bisexual men** typically meet sexual partners (both men and women) at clubs, the beach, school/university, at church, and through internet sites (e.g. downlink.com). Both ‘down low’ and bisexual men attended parties that included heterosexuals and MSM – e.g. carnival, gay parties, school, work, parties, clubs, fashion nights and events, Montego Bay, at the beach, clubs and hip strips in Negril.
- ❑ **Openly gay men** sought male sexual partners at gay parties in Kingston, Montego Bay, and Negril; at parks known to be gay ‘hot spots;’ or through websites. References were made to ‘uptown’ and ‘downtown’. Other places where this group congregated included Devon House, Cuddies, and Sovereign Shopping Centre. Also mentioned were straight parties, gay parties, social events such as ‘Fashion Night Out, ‘Caribbean Fashion Week’, ‘straight clubs and straight parties such as ‘Stoosh’, street dances, studio, and stage shows such as Sting and Sumfest.



Protecting privacy was noted to be important for all types of MSM. SMS was thought to be a good means of reaching MSM as everyone has access to a mobile phone. Word of mouth was also considered useful.

The second small group added to the categories of MSM the following subgroups:

- ❑ **‘Curious/Confused’** who were often hyper-masculine and/or thuggish, using physical power, influence, and status to lure young men. These men reportedly attend parties and sports bars and are ‘tops’ – i.e. ‘will not allow a man behind him,’ although some participants suggested this group

included some 'bottoms,' as this allowed them to 'show they were not aroused by men' and thus were not gay.

- ❑ Other groups included transgender and intersex individuals.

A discussion of factors that put MSM at risk for HIV included the following factors:

- ❑ Unprotected sex (also called 'raw' sex);
- ❑ Having multiple partners;
- ❑ High sexual partner turnover;
- ❑ Having unprotected oral sex;
- ❑ Rough sex ('dagging');
- ❑ Long sex sessions ('long ride'). It was noted that 'long ride' tears the condom and body heat breaks down latex. Such 'long rides' are sometimes enhanced by the use of aphrodisiacs;
- ❑ Rimming – oral/anal contact (also called 'batty wash');
- ❑ Fisting of the anus – especially if finger nails are long and sharp – can cut anal area (also can damage penis);
- ❑ Incorrect use of lubricants, improper lubricants: e.g. use of spit/saliva, cocoa butter lotion, other lotions, shower gels, cooking oil, Oil of Olay, and Vaseline;
- ❑ Perceiving 'tops' practices as safe, because they are not 'receiving' or being penetrated;
- ❑ Double entry – two penises into the same anus at once;
- ❑ Triple entry – two penises and a dildo into the same anus at once;
- ❑ Anal destruction – e.g. placing the cell phone on 'vibrate' mode and inserting into the anus for stimulation;
- ❑ Poor condom usage and breakage through rough sex;
- ❑ Use of two condoms at once;
- ❑ Online networks, e.g. Adam4adam – meeting strangers that you don't know anything about;
- ❑ Not knowing HIV status of self or partner;
- ❑ Poor knowledge of HIV;
- ❑ Attending orgies and using the same condom with different partners;
- ❑ Substance abuse – alcohol, smoking marijuana, etc.;
- ❑ Role definition – 'bottoms' may not purchase condoms because they are not the ones putting the condom on and so they may have unprotected sex because they don't have a condom;
- ❑ Tattoo parties – parties where tattooing takes place. The risk is even greater as the tattoo designer is not working in his usual work environment, which requires hygienic conditions and sterile practices. In cases where there is an overwhelming demand for tattoos, clean needles might run out. There is also increased risk when persons are intoxicated or under the influence of alcohol and do not observe precautions or take safety measures.
- ❑ Slogans of communication campaigns are unclear – e.g. the 'pinch, leave an inch and roll' condom campaign is misunderstood because the word pinch within the Jamaican context involves the use of fingernails and so some persons literally pinch the condom creating a hole;
- ❑ Incorrect usage of the female condom – some will use for anal sex even though it was not designed for that purpose. MSM who identify as females and want to feel more like a women use Femidom; and

- ❑ Kinky sex – for example using wax candle to make dildos.

Slogans

Participants were asked to develop possible slogans for HIV prevention campaigns for use with the MSM community. Suggestions included the following:

- ❑ 'Bring it before you take it'
- ❑ 'One man to u woozie' (promoting faithfulness)
- ❑ 'Strap it b4 you slap it'
- ❑ 'Gravy up di meat' – (promoting lubricant use)
- ❑ 'Your shit, cover it'
- ❑ 'Cover your stump before you hump'
- ❑ 'HIV, love, risky sex?'
- ❑ 'Condoms! Man's best friend'
- ❑ 'Sex wan run, condom can't done'
- ❑ 'Stop HIV, draw fi yu boots'
- ❑ 'Your decision, someone's life' – (promoting knowing your status)
- ❑ 'I know, he knows, she knows'
- ❑ 'I'm bringing safe sex back'
- ❑ 'Before sex get a latex'
- ❑ 'Down Low? Use a condom to go'
- ❑ 'Be a Sweetie, wrap your meatie'
- ❑ 'Quality, not quantity' – (promoting one partner)
- ❑ 'Grab your tube, use your lube'
- ❑ 'Curious but cautious'
- ❑ 'Graduate with A'S not AIDS'



Slogans were considered useful to reinforce prevention by word of mouth channels as well as through popularization via various mediums. It was thought that many slogans could be disseminated without being overtly identified as messages specific to MSM. Dissemination approaches included:

- ❑ Electronic files;
- ❑ Facebook (although noting privacy issues were a problem. Tagging is a problem);
- ❑ Key rings;
- ❑ Flyers;
- ❑ MSM websites and dating sites;
- ❑ Stickers

Access to Resources

A group discussion explored access to resources for MSM. The following came out of this discussion:

- ❑ It was thought that condoms are easily accessed and very strong if used correctly. Condoms were also accessed or purchased without embarrassment, although a few participants indicated they did not purchase condoms. Others purchased condoms on behalf of friends.
- ❑ It was reported to be very difficult to buy lubricant. A few participants developed strategies for this, such as suggesting they had an older female partner or a girlfriend who was 'dry.'
- ❑ MSM who were more feminine were more likely to perceive discrimination when buying condoms.
- ❑ There was discussion of sheepskin condoms for latex allergy, but it was noted that these do not protect against HIV.
- ❑ The group discussed access to health services as a challenge.

Sessions with Peer Educators

Introductory Session

Sessions were conducted between 1:00 p.m. and 5:00 p.m. over two days and the format was similar to that of sessions with SWs and MSM.

Mapping a 'Day in the Life'

Participants were asked to draw maps to illustrate 'a day in the life' of peer educators in Jamaica. Participants worked together in three discussion groups without direct facilitation and then reported back to the larger group. Findings from these discussions follow:

- ❑ A typical day will begin at the health centre/clinic/office where tasks are assigned for the day. Voluntary counseling and testing (VCT), referrals, sensitization, education, STI counseling, and antenatal counseling were frequently listed tasks.
- ❑ Educators go to hot spots for interventions, such as:
 - Football fields – where there are not enough peer educators to manage the crowd. People in this type of setting generally do not disclose their status and so the message delivered here is usually related to general HIV prevention.
 - Church – sex frequently occurs but people ignore this, which makes delivering messages difficult.
 - Schools – morals of the Dean and Jamaica's laws are limiting in terms of the activities conducted. For example, despite high HIV statistics among youth, condoms cannot be distributed and educators' messages are restricted to abstinence. Interventions are also conducted at the "green field hotel" (in the bushes).
 - Party interventions - traditional and non-traditional/community parties. At these venues, peer educators usually compete with alcohol, loud music, and drunkenness. This is also the situation for night clubs interventions.
 - Massage parlors – owners will deny sex occurs here. Male masseurs exist but are well hidden.
 - Rural communities – female farmers depend on men to assist with harvesting and are sometimes raped in the fields, however, reports are not usually filed.
 - Garrison communities – community leaders (Dons) will send to homes for young girls to use as sex partners. Parents are unable to decline out of fear of violence.
 - Beaches – hot spots, especially in tourist areas such as Montego Bay and Ocho Rios. Usually "beach boys" carry condoms. Sex often occurs at the beach.



- ❑ Conduct targeted workshops within communities – one-to-two times per month.
- ❑ Then they go home or return to the office, which can also be dangerous.

Difficulties and challenges for peer educators include the following:

- ❑ Violence occurring at some intervention sites;
- ❑ Subject to being arrested by the police;
- ❑ Low uptake of information – workshops are planned but participants will not attend. Stipends given as incentive to attend workshops are too low, especially for those persons living outside of Kingston. This further contributes to low attendance at workshops;
- ❑ Migration within the populations makes it hard to track persons or to effect change because behavior change is a process; and
- ❑ No collaboration within the community – except in Montego Bay and Ocho Rios where sex workers are more closely knit.



Peer educators reported that they are taught more on HIV prevention than the clinical aspects of HIV, which are also important to know when conducting interventions with more informed persons. Peer educators reported being aware that information can be found on the internet, but when in the field, they report this as a barrier to communicating.

Challenges Facing Peer Educators in Jamaica

Challenges facing peer educators were discussed by the group and the following points were raised:



- ❑ It is assumed that persons who are gay have HIV. One peer educator reported that a community member told him that 80% of gay persons have HIV;
- ❑ Discrimination drives MSM and SWs underground;
- ❑ Low-literacy creates communication barriers and creates problems for reasoning and understanding;
- ❑ Materials need to be directly useful for MSM/SWs and directed towards them; and
- ❑ People working with these groups need

to be sensitized and trained. There are also a lack of peer educators.

Challenges Facing SWs and MSM in Jamaica

The peer educators were also asked to discuss their insights into challenges facing MARPs they work with. Findings highlighted in this discussion included the following:

- ❑ Homelessness is common among MSM who are rejected by their families and community as a result of disclosure;
- ❑ Confidentiality is a problem among nurses, doctors, and police officers who know when a person is an MSM or SW. This knowledge is sometimes disclosed to others;
- ❑ Laws and legislation, as well as political leadership, (e.g. the Prime Minister) foster and perpetuate discrimination;
- ❑ Effeminate males are assumed to be gay and subject to discrimination. 'Butch' females are also assumed to be gay and face discrimination;
- ❑ Family values are intolerant of MSM and lead to marginalization; and
- ❑ Christian beliefs are often mobilized to reinforce discrimination and there is no acknowledgement of MSM within the church (e.g. pastors).

Communication Issues

Participants worked in groups to identify communication tools and strategies that would aid their work with MARPS and motivate people in preventing HIV. Suggestions included:

- ❑ Laminated posters – tape used to mount posters strip the paint from walls and posters may be damaged or lost. Lamination and better mounting systems will help to ensure longer lasting communication;
- ❑ Real life stories and videos;
- ❑ Shock advertising;
- ❑ Music (especially involving local artists);
- ❑ Persons of influence in the society should show support;
- ❑ Packaging condoms and lubricant together would remove the stigma associated with purchasing lubricant. More attractive packaging for both condoms and lubricant. Easy access to condoms was also important – i.e. being able to buy them yourself instead of asking the cashier for them;
- ❑ Social networking – mainly for MSM – would help interpersonal communication;
- ❑ Sensitizing staff members at health centers;
- ❑ Being kept up-to-date on recent statistics (it was noted that these could be obtained from the MOH website);
- ❑ Networking pages on internet;
- ❑ Advertising on supermarket receipts, bus passes, phone cards;
- ❑ Bumper stickers;
- ❑ Language training –being able to speak a second language or sign language will increase coverage of interventions. There are exotic clubs in Jamaica where dancers are Spanish and unable to communicate in English. The deaf community is also excluded because of language barriers;
- ❑ More creative and attractive posters and brochures; and
- ❑ Targeted material.

The following communication gaps were noted:

- ❑ Lack of targeted messages;
- ❑ Lack of teaching aids;

- ❑ Lack of communication materials for the disabled community (e.g. Braille material);
- ❑ Lack of functional working space for outreach meetings – workers may have to meet under trees;
- ❑ Lack of use of material available online, such content available through you tube – as well as an overall low use of technology;
- ❑ Lack of psychosocial support for peer educators – they may also be seriously bothered by some situations they encounter; and
- ❑ Negative stigma associated with seeing a counselor – people assume you are crazy.

Approaches to facilitating HIV prevention with SW and MSM were reported by the peer educators and included the following suggestions:

- ❑ Giving testimonies;
- ❑ Using something of value to allow for better identification with the message;
- ❑ Role plays;
- ❑ Use of role models in society;
- ❑ Embellishing the truth to get messages across (e.g. giving examples of people experiencing similar challenges or disclosing personal challenges that resonate with audience);
- ❑ Sharing other people’s stories;
- ❑ Referrals and follow ups to other agencies;
- ❑ Stage shows;
- ❑ Telethons to raise money for interventions;
- ❑ Marquees; and
- ❑ Using girl guides or cadets in schools to teach young people – and incorporating this in school clubs.

Use of Resources and Job Aids

The peer educators held discussions on the types of resources and job aids that are (or would be) useful for them in working with MARP populations. Dildos were mentioned as always useful for condom demonstrations, but not always available. STI charts were also reported to be helpful. Working with groups where participants felt comfortable opening up with their peers and sharing experiences aided their work. For some educators, access to Oraquick HIV testing kits allowed for easy and rapid HIV testing. Pamphlets were considered less useful than other materials/tools as they were often thrown away and out of date. Participants expressed utility in having access to parish-level HIV statistics and it was noted that these figures were available online.



As with the SW and MSM participants, peer educators were shown examples of communication materials used in Jamaica and in other countries and asked to comment. Their impressions are provided below:

- ❑ ‘Rude Bwoy’ pamphlet – it was thought that the male on the cover was eye catching and attractive.

- ❑ ‘I think I am Gay, Now What?’ – participants liked this booklet because it defined gayness as a feeling and not about who you have sex with, which is a struggle for down-low persons. The booklet also used testimonials to expound on various issues and addressed topics such as, ‘Am I normal?’. It was thought that this was a question gay persons frequently ask themselves. The booklet continues to talk about HIV prevention, which was reportedly very important for this population.
- ❑ ‘Heart to Heart’ – the illustration of a woman on the cover caught the eye of participants because she appeared to be crying. It was thought that this material would do well in interventions because it talks about a young girl with an older man. The material was also thought to be attractively laid out.
- ❑ Living Positive – the material tells how HIV is contracted and what it does to the body. The material also explains the importance of not sharing items (e.g. nail clippers) that come in contact with blood.
- ❑ Do you know your HIV status? – the document was thought to have a colorful cover and to be eye catching. Peer educators believed the material would encourage people (and their partners) to know their status.
- ❑ Ethiopian SW Manual – peer educators felt that it provided too much information and needed slang and street talk. The title, Smart Journey, was not thought to give the impression that it was about sex work. Participants thought the material was had a boring appearance and was not interesting as a guide.
- ❑ STI Brochure – information is very graphic, which was considered a plus. The brochure also explained how you get STIs, but it was thought it should be more detailed.
- ❑ Youth Passport – family oriented document that reminds people that knowledge starts at home. Participants commented that the passport should use more shocking pictures. It was perceived as a working guide - not just a booklet that relayed information. Wording in the booklet was considered good. It was thought the document should have more pictures of kids.
- ❑ Real Big Man Use Condoms – it was thought that the material’s message hits home and that the colorful girl on the cover was appealing. Peer educators could relate to the story because in the past, they also were exposed to risky behavior.

Participants worked in groups to identify aids that would help them in their work. These included:

- ❑ Care packages containing male condoms, dental dams, finger cots, Femidom, lubricant, and sanitary napkins. This could also extend to hygiene packages – sanitizers, tissue etc. It was noted that branded condoms are usually associated with quality.
- ❑ Cling Wrap instead of dental dam – some complain that the dam is too small and cling wrap attaches more closely to the area. This increases sensitivity and frees the hands for movement.
- ❑ Phone cards to be able to reach stakeholders.
- ❑ ‘Warning’ key rings that can be used to alert someone when in danger.
- ❑ Dance costumes that would send a message about safe sex – can be used by MSM who do drag performances, can also be used at specific times, such as during safer sex week (as they may not be welcome every day).
- ❑ Mobile clinics can be used to conduct pap smears and offer other general health services. For example, a mobile night clinic that could issue pain tablets or provide other medical assistance for people afraid to go to the public clinics, especially for MSM who are more active at night. Peer educators thought that they need to take services to MARPs because they may not be eager to attend a clinic session during the day or after a long night at work.

- ❑ Transportation - especially for interventions at night and also to provide privacy for testing.
- ❑ OraQuick HIV tests, for people who don't like to be pricked or to see blood.
- ❑ Tents, tables, chairs for people to be comfortable during testing and counseling. Use of music to attract participants to booths.
- ❑ Motorized public service announcements (PSAs) - maybe with jingles to get attention.
- ❑ Developing allies in interventions, e.g., police officers.

Other strategies mentioned included networking for call boys or call girls – networks could teach them how to protect themselves when choosing clients online. It was also thought that trustworthy people could be trained in the clubs to assist sex workers and talk with them about coping mechanisms. Peer educators believed it was necessary to have well trained staff who know how to speak to these populations



Communication Issues

It was noted that communication should mainly be conducted or made available in spaces where SWs/MSM socialized or worked. The following topical areas were highlighted for inclusion:

- ❑ Anal and vaginal care – most MSM are not aware how to care for their anuses. Some may use douche, but the alkalinity of douches is dangerous. Cake icing bags can also be used once a spout is removed. MSM must be taught not to use soda bottles. Some SWs will use Pepsi to get rid of condom smells in the vagina.
- ❑ Pap smears – SWs are appreciative of this free service, especially with the increase in cervical cancer.
- ❑ Piles (hemorrhoids) – MSM and SWs will have this problem after an extended period of oral/anal contact.
- ❑ SWs/MSM and the law – many MARPS do not know their rights or how to handle prosecution by the police. Beach boys and girls in the clubs can also be charged for soliciting sex. This represents a gap for peer educators because they are also not aware of the rights of sex workers and cannot educate the population. The right to confidentiality needs to be enforced.
- ❑ Drugs and alcohol – some sex workers need to be intoxicated or high on drugs in order to have sex. This compromises their safety because they are unable to protect themselves.
- ❑ Promotion of HIV testing – with emphasis on peace of mind from knowing your status. Free pre- and post counseling is important as counseling is not always done at free testing sites and events.
- ❑ Communication about Antiretroviral therapy (ART) medication, and that access to medicine is free.

Peer educators noted that slogans and campaigns in Jamaica have been misinterpreted in the past. The Ministry of Health's living positive campaign with UN Volunteer Ainsley Reid was one example cited. Participants said that the ad with Ainsley, who has lived with HIV for many years and appears healthy, gave the impression that having HIV will make "me" attractive too.

Communication Concepts

Participants worked in groups to develop slogans to be used with service providers. The following concepts emerged:

- ❑ 'Get the facts, before you teach people crap' (for peer educators);
- ❑ 'No Bash no-one, Do you job!' (for health care workers);

The following slogans emerged for use with MSM and sex workers:

- ❑ 'Sex Nice, Think Twice'
- ❑ 'Condom doesn't mean cheating, it means protecting!'
- ❑ 'Your condom or mine?' (for male and female condom use)
- ❑ 'When in doubt, bail out'
- ❑ 'Pop it, lock it, stick it' (promoting condom use)
- ❑ 'Check di pack, before you tek di cock' (check the condoms/date before use)
- ❑ 'Think twice even if the price is nice' (targeting SWs for condom use)
- ❑ 'Ladies of the night always ride right!'
- ❑ 'Whether you lick it or stick it, make sure you protect it!'
- ❑ 'No Raw Baw Baw' ("raw baw baw" is a slang term used in the MSM community to describe sex without a condom)
- ❑ 'Wrap it, before you give it'.
- ❑ 1 man to your whoozie (stick to one partner)
- ❑ Gravy up the meat (lubricant use)
- ❑ Grab yuh tube and use yuh lube.....Lubricate

The following jingles were developed:

- ❑ *You love di ride, wah bout you life, use a condom to protect your life*
- ❑ *(To the tune of Jingle Bells)*
Sex is nice, people be wise, use a condom every time.
Oh what fun it is to ride, but what about your life, HEY!
- ❑ *I'm having sex with condom 'cos bare back stop run,*
So bring you lube come, cause sex nah done.
Mi using mi condom and every ting nice,
Protect myself and mi partner fi life.

Communication Resources and Mediums

The following communication formats were highlighted by peer educators as potentially effective for use with MSM and SW:

- ❑ Buntings for party interventions;
- ❑ DVDs or video clips for MSM - showing condom negotiation;
- ❑ Feather banners – to affect the environment;
- ❑ Wrist bands with messages reminding of condom use – glow in the dark for clubs;
- ❑ Neon-colored ID strings to hold phones, keys etc;

- ❑ Wheel to explain the HIV window period clearly – previously used and was very effective, very colorful, and user-friendly for low-literacy groups;
- ❑ Targeted flyers focusing on risk;
- ❑ Getting stakeholders, private-sector companies involved – worked well in tourist areas with Sandals Hotel Group, but has to be a trade off;
- ❑ Giveaways – e.g. gift baskets for people who bring in the most friends to be tested. Gift Certificates to get services such as manicures;
- ❑ Pens, key rings, and mouse pads with messages;
- ❑ T-shirts with messages (provided these did not identify people as MSM/SWs);
- ❑ Tote bags to carry personal items-useful for sex workers;
- ❑ Unusual water bottles – partner with Wysinco to create water bottles in the shape of penis for sex workers;
- ❑ Sunglasses and beach gear for persons in massage parlors and on the beach; and
- ❑ Invite insurance companies to empowerment workshops – many SWs are interested in health insurance for themselves and their families. It was noted that ‘homosexuality’ was a criterion under health issues on an insurance form.

Concept Testing of Emerging Ideas

Concept testing sessions were held with each group over the course of three separate short workshops. A PowerPoint presentation, (see Appendix 2) provided an overview of experiences and findings with all three groups, including emerging concepts and ideas.

Prototypes Developed for Concept Tests with Participants

The collage displays a variety of prototypes: water bottles with 'Be Wise Condomise' and 'Always Sexy Always Wise' slogans; condoms with 'Before Sex Get a latex!' and 'Always Sexy Always Wise'; cards with 'Be a sweetie Wrap your Meemie.' and 'Graduate with A's Not AIDS'; a blue balloon with 'Sex is Nice Sex is Sweet! BUT Be Careful how you Dweet!'; a circular sign with 'BE WISE CONDOMISE'; a sign with 'Sex Nice... THINK TWICE!'; a poster with 'IF YUH ACTIVE... BE PROACTIVE!'; a poster with 'CONTENTS may Just SAVE YOUR LIFE!'; a poster with 'I'm Bringing Safe Sex Back... Yess!'; a poster with 'H.I.V doesn't Have a Face Protect Yourself!'; a poster with 'Protect what you love. Protect who you love.'; a poster with 'Bring it... Before you take it!'; a poster with 'Grab yuh tube, use yuh lube'; a poster with 'Which one are you? SAFE INSURE RISKY.'; a poster with 'your decision SOMEONE'S LIFE know your status'; a poster with 'Always Ride Right!'; a poster with 'No Condom? That could be A GRAVE MISTAKE'; and a poster with 'Be Sexy BE SAFE.'.

Prototypes of Slogans **Prototypes of Formats**

After the Action Media workshops, C-Change and the graphic artist synthesized the slogans and developed creatives for the concept test with the different groups

****Note: Some images were taken from the web or from other already developed communication materials for the purpose of this workshop and use in the material prototypes. These images should not be used outside of the workshop setting without permission.**

Slogans

Each group (SW, MSM, peer educators) was provided with an opportunity to review and rank the slogans generated during the workshop by participants, the facilitators, and the graphic design artist.

The slogans most liked among SWs were:

- 'Always sexy, always wise'
- 'Condom doesn't mean cheating, it means protecting'
- 'Your condom or mine?'
- 'Prevent HIV, draw fi yu boots'
- Graduate with A's, not AIDS.

Among MSM, popular choices were:

- ❑ 'Grab your tube, use your lube'
- ❑ 'Your condom or mine'
- ❑ 'When in doubt, bail out'
- ❑ 'Sex is nice, sex is Sweet, but be careful how you do it'
- ❑ 'Gravy up da meat'
- ❑ 'Sex wan run, condom can't done'
- ❑ 'No raw baw baw'
- ❑ 'Whether you lick it or stick it, make sure you protect it'

Among peer educators, popular choices were:

- ❑ 'No bash no-one. Do your job'
- ❑ 'Condom doesn't mean cheating, it means protecting'
- ❑ 'When in doubt, bail out'
- ❑ 'Check di pack, before you tek di cock'
- ❑ 'Before sex, get a latex'
- ❑ 'Think twice, even if the price is nice'
- ❑ 'Be a sweetie, wrap your meatie'

It was noted that some slogans were ambiguous and understood by SWs and MSM groups differently. For example, 'Down low, use a condom to go', was read by female sex workers as 'use a condom for oral sex,' whereas among MSM, this was thought to refer to men who were 'down low' and not gay-identified.

Screen Savers and Stickers

From the Action Media workshop findings, the graphic design artist executed a series of draft designs for the participants to comment on (with a focus on material type, color, and imagery used). This included designs for stickers, screen savers, and other items. Participants felt that the tone of slogans and messages developed during the workshops were not 'preachy' – instead they served as good reminders of particular actions to be promoted. It was believed that the print material developed in the workshop for concept testing conveyed information in a way relevant to all persons at risk, but could also be broadened for use with the general public without association with MSM or sex work. Some concepts developed during the workshops were seen as potentially problematic – for example, a reference to a 'grave mistake,' might result in discrimination towards PLHIV as it reinforced the association between AIDS and death.

Participants in viewing the designs created at the workshop noted that there was not a consistent style in the examples provided and some fonts and colors were not liked. Participants specifically pointed to poorly contrasting colors and mixed fonts as something they did not like. Alternatively, designs that used colors suggestive of a rainbow 'gay' flag were considered appealing. An image showing shoes coupled with the slogan, 'bring it before you take it' was noted to be too open for interpretation and left uncertainty in

participants' minds about what was being promoted. Similarly, the image paired with the slogan, 'ladies of the night, always ride right' was considered misleading as participants were not sure if this was referring to a call girl service, getting into a car, or did 'ride right' mean satisfying the client. Adding a condom to the image was suggested as a way to reinforce the direction of the message.

The slogan – 'I'm bringing safe sex back' was disliked by some participants who noted that safe sex was never lost. Another slogan – 'if yah active, be proactive' used a word that was considered too difficult to understand. Redundancy was noted in 'grab yuh tube, use yuh lube' execution. Facial expressions and appearances depicted in the images were also carefully considered by workshop participants. For example, in the MSM variant of 'which one are you' – the image of the 'safe' person was seen as being quite unsafe because of his lascivious expression.

Utility item concepts, such as beer coasters, mouse pads, etc., were well-liked and variations of them were considered appropriate. SWs particularly liked the water bottles. Screen savers were uniformly appreciated and participants experimented with them on their cell phones.

Additional Slogans

Following the discussion of the graphic designer's design executions, participants broke into groups to develop additional slogans. For SWs, the following emerged:

- ❑ 'No girl, don't be shy, tell your guy no bareback ride'
- ❑ 'No glove, no ride'
- ❑ 'Condom can save your life, use it even with your wife'
- ❑ 'Think of your sex life'
- ❑ 'Be honest with your partner about your status'

MSM developed the following slogans, with a focus on human rights:

- ❑ 'Fi mi rights, fi yu rights. My body, my life, my business'
- ❑ 'Mi a yu, yu a mi, I chose man, respect is due'
- ❑ 'My choice.....Accept, respect, protect!'
- ❑ 'All rights for all people'
- ❑ 'Do I not breathe the same air? I have a right to be me'
- ❑ 'Equality for all gender, identity, and sexual orientation'
- ❑ 'My safety, my life'
- ❑ 'Let me be myself.....equal rights and justice' (a comment was made that persons who are homophobic tend to use justice to discriminate against gay persons)
- ❑ 'We look different, but one thing is the same we all bleed red'
- ❑ 'I am gay with rights like everyone else'
- ❑ 'The gay people you hate may be the gay people you love'
- ❑ 'No h8.....we must tolerate and respect'
- ❑ 'Sexual diversity is a part of human life'

- ❑ 'If you prick us, do we not bleed? If you tickle us do we not laugh? So why are we treated differently?' (derived from Shakespeare – Merchant of Venice)
- ❑ 'A mother's love has no boundaries, so why restrain mine?'
- ❑ 'If love is wrong then what is right?'
- ❑ 'I'm not borrowing yours, don't worry what I'm doing with mine'

Peer educators developed the following:

- ❑ JINGLE – 'Gimme mi condom now, gimme me female condom, female condom stronger so you can work much longer now'
- ❑ 'Don't have yours? I've got mine!' – (show female with her condom)
- ❑ 'It's my right, me a do it.....help protect me' – (refers to providing sexually active children with condoms)
- ❑ 'Just because you have it, don't mean spread it, you will re-get it!' (refers to re-infection)
- ❑ 'Are you in control?' (show image of both Femidom and male condom)
- ❑ 'My right....my choice' – (shows female with male condom in one hand and female condom in the other)
- ❑ 'Make that move right now baby!' (shows female with both condoms, can also address the issue of power imbalance in negotiating condom use)
- ❑ 'Better safe than sorry, condoms you fi always use and carry'
- ❑ 'Bring you ting, fi di one night ting'
- ❑ 'A nuh joke ting, safe sex a di in ting' (safe sex is in)
- ❑ 'One world, many people, human rights for all' – (for all populations)
- ❑ 'Risk is out, safe sex is in!'
- ❑ 'Protect di ting, don't throw caution to the wind'
- ❑ 'We are all at risk!'
- ❑ 'Know your rights!'
- ❑ 'No condom, no love!'

Participant Evaluation

Participants worked in small groups to discuss their likes and dislikes related to the workshop process and were encouraged to make additional suggestions. SWs reported that the workshops were fun, informative, and participants were friendly. They believed that the facilitators were tolerant, patient with the group, and worked well-together. The snacks at the workshop were also appreciated. Some dislikes reported by SWs were participant interruptions, speaking out of turn, rude behavior, and vulgarity. Participants were interested in working together and assisting with future dissemination activities.

MSM reported enjoying group activities and open dialog. They also appreciated the summary power point presentation. The social environment was liked as was the fact that participants were attentive to each others' opinions. MSM reported that the facilitators were clear and participants felt relaxed with the C-Change team. The venue was also thought to be in a good, central, and safe location. Some MSM participants thought that there could have been more diversity among participants and more multimedia presentations. They also thought that some documents could have been provided on C-Change or for further reading. MSM participants noted that discussions sometimes went off topic during sessions. They did not like the coffee and snacks and reported that the room was too cold.

Peer educators liked that the levels of participation, diversity, and interaction between participants in the workshops were strong. They felt that the topics discussed were interesting and noted that the Action Media approach was new. Participants reported the facilitators were open-minded and that they liked learning about diverse risk populations. The inclusion of grassroots' perspectives in communication development was appreciated. By being taken out of their comfort zones, they were able to gain a deeper understanding of some of the topics covered. Peer educators felt that the catering and room set up could have been improved. They also felt that there was too much participant movement, which was at times distracting.

Conclusions and Recommendations

The Action Media workshops with SWs, MSM, and peer educators allowed C-Change to gain information related to its priority audiences' perspectives on HIV, their vulnerability to the virus, and their communication preferences. The workshop also allowed SWs and MSM to play an instrumental role in the creation of future media directed to them by moving past information needs and engaging participants contextually to make meaning of HIV information in their own way. The Action Media methodology worked well with each participant group and participants appreciated the opportunity for open discussion and interaction on issues that directly affect them. Focus areas for communication coming out of the workshop went beyond condom promotion to include personal safety and knowledge of legal rights.

Contextual Challenges

During the course of the workshop, a series of contextual challenges were raised related to SWs' vulnerability to HIV and personal security and safety. SWs reported exposure to physical violence, robbery, exploitation, manipulation, and harassment with travel to other countries only increasing their vulnerability. Maintaining one's personal safety was seen as an additional challenge for male SWs, given wide-spread discriminatory attitudes and violence towards this group – particularly those ambiguous about their sex (e.g. cross-dressers). Strategies for addressing safety concerns were explored during the workshop with SWs and a range of actions they could take were brainstormed.

MSM also reported few safe spaces where they could freely express themselves and a lack of MSM role models. Many reported fear of abuse and discrimination and noted experiences of rejection from their families, resulting in homelessness. The effects of stigma and discrimination were believed by participants to be more acutely felt among poorer MSM. Participants also reported that they were identified as MSM by association with the places they frequented, including social support organizations.

Peer educators were also concerned with risks to their personal safety by virtue of their association with SWs and MSM and their work locations. Stories shared by this group highlighted the need for psychosocial support and debriefing. Serving as key informants, the peer educators noted issues faced by SW and MSM from health workers and police – such as disclosure of their orientation or practices to community members. This same type of discrimination was also felt by peer educators due to their association with these populations. Political leadership and support of sexual rights was reported as limited and peer educators highlighted use of Christian beliefs to justify discriminatory behavior, particularly with MSM in Jamaica.

Although both SWs and MSM mentioned alcohol use, and to a much lesser extent drug (mainly marijuana) use, neither were considered by participants to be significant factors in risk related to individuals' personal safety or vulnerability to HIV. These factors were mentioned by peer educators, however, as risk factors.

HIV Prevention

Discussions around HIV knowledge and vulnerabilities yielded the finding that all participants had basic knowledge about HIV. Through the 'day in the life' activity mapping, it was established that SW and MSM activities occur at diverse venues in Jamaica and neighboring islands. Hotels, guest houses, dance clubs,

massage parlors, parking lots, and abandoned buildings are common venues for sex work. MSM-frequented venues extend to private parties, fashion shows, shopping centers, street dances, the beach, and other gatherings.

Barriers and vulnerabilities to HIV for each group were discussed. Among sex workers, those that were younger or considered more naïve were reported to be more vulnerable to men offering large sums of money for 'bareback sex.' Clients were also recognized as sometimes having perverse motivations to damage condoms. Among MSM, non-gay-identified 'down-low' MSM were thought to be more vulnerable to HIV as they were less likely to acknowledge their risk and use condoms. Perceptions among some 'tops' and 'bottoms' related to roles and risk may also lead to uneven condom usage. Among MSM participants, there was also a lack of clarity about the relative risk of some MSM practices – including rough sex, oral sex, and oral-anal contact. Having multiple and concurrent partners (MCP) was noted as a risk factor for MSM as well as high partner turnover.

Peer educators reported that working with massage parlors is difficult as owners deny that sex occurs on the premises and that the migration of MSM and SWs made it hard for them to track clients. They also reported that reaching youth with appropriate information was challenging as the focus with this group is often on abstinence – and condoms are not easily distributed to this group.

SWs shared a variety of **strategies** they had adopted towards protecting themselves from HIV. Use of female condoms covertly is one example. Overall, taking responsibility for preventing HIV infections was considered a priority among SWs – 'Protect yourself as no one will protect you' and 'I am important to me' reported two participants. A different set of strategies were noted as needed for longer term partners – such as being open about one's sex work. With regards to **motivation** to adopt protective practices, SWs cited caring and being present for their children as key in this regard. They also relayed concerns over perceptions of the family and community as it relates to their work and HIV. SWs shared that the lack of emotional attachment they felt towards clients better enabled them to rationalize HIV prevention measures in order to reduce their sexual risk.

Access to enabling products and services: Both SWs and MSM reported that condoms were readily accessible and used by them, though MSM noted a general lack of encouragement to carry condoms (e.g. to parties). MSM also expressed difficulty in accessing lubricant and noted concerns over use of improper substances for this purpose. Both SWs and MSM reported having been tested for HIV, though SWs said that they did so for the most part regularly.

Approaches to Communication

Most MSM and peer educators and some SWs that participated in the workshop reported access to the internet. For MSM, accessing the internet was closely linked to the ability to network with other MSM and increase linkages of sexual networks. SWs reported that they were more likely to communicate via mobile phones, including being contacted by clients telephonically or via short message service (SMS). A core objective of the Action Media Workshops was to explore communication for HIV prevention in conjunction with exploring non-print media. Print media have been problematic for MSM and SWs as their sexual orientation or practices may be revealed as a result of being 'found' with such media.

During the work shop, it was decided that while print media need not play a prominent role for communication with SW and MSM in Jamaica, such media still have a place in communication. Some print media for instance, may convey HIV information in a way that is generic to all persons at risk, thus avoiding identification by association. Participants also highlighted the value of illustrating multiple types of

partnerships, including MSM (e.g. a Jamaican HIV leaflet) in materials. Other printed forms were thought to be applicable for places where MSM and SWs gathered (e.g. stickers that could be placed in bathrooms and other gathering places). Beer coasters for bars or clubs or water bottles with slogans were also thought to be acceptable to SWs. Smaller utility items, such as key holders, mobile phone stickers, pouches, tee shirts, peaks, visors, bags, rulers, and pens could also carry relevant messages. Participants were also drawn to the question cube – a low-literacy support material developed for Southern Africa with the view that a similar material could be adapted and used in clubs, health centers, and other venues. Printed ‘tip sheets,’ may be another way of usefully disseminating findings from the workshop as they relate to personal safety. Such information could also be introduced to those with lower literacy skills through peer educators or by word of mouth.

Although dissemination of HIV information was considered important, both SWs and MSM were found to have a good general understanding of HIV. There appeared to be greater merit in disseminating supportive and motivating statements that reinforce existing prevention practices as well as communicating tips related to physical and sexual safety. Mobile phones were widely used and offer the potential of an effective channel for reaching large numbers of SW and MSM. While working with cell phone companies is one possibility, there is also the potentially stronger possibility of a more targeted means of ‘viral’ dissemination through seeding MSM and SW networks (i.e. through Action Media workshop participants, etc.) with ready-produced mobile phone screen savers, wall papers, and SMS slogans. This approach also has the potential to reach those at the fringe of the MSM and SW communities, such as clients of SW and those on the down-low.

During the workshop, a number of jingles were developed that could be refined into audio clips for dissemination. Participants also mentioned the potential for video clips, including testimonies and stories that could be disseminated in formats similar to You Tube, but also are available on DVD, flash drives, or via other electronic formats. The potential to screen video clips at clubs (with sub-titles) was also mentioned. Another option may be disseminating media created (e.g. screen savers, audio clips, etc.) via existing websites – such as the Pink Report (<http://pinkreportjamaica.wordpress.com>). There are also a number of blog spots and other websites that focus on lesbian and gay issues in Jamaica and the Caribbean (e.g. <http://glbtqjamaica.blogspot.com>; <http://www.jflag.org>) that participants reported accessing.

Peer educators raised the lack of teaching support materials and job aids as barrier in their work. While support materials can include flip charts, they also cited the potential to use items such as video clips and other formats for telling and sharing stories and testimonies. Peer educators also thought the use of role plays and picture codes were useful.

While not explored in great detail during the workshops, channels for message dissemination were highlighted briefly. These include tapping into resource organizations, peer educators, help lines, websites, and word of mouth.

Content and Language

The Action Media Workshops yielded a wide-range of ideas for content related to human rights, personal safety, and HIV prevention. Many of these ideas represent the language and codes specific to SWs and

MSM. It was noted that Jamaican Patois was generally difficult to read, but in the short form of slogans and jingles, the local dialect is emphasized as a preferred language of communication than more formal English. Preferred slogans and message orientations are detailed in the report and should be referenced when selecting 'starting points' for communication development.

Design and Branding

During the workshops, an experimental approach was taken towards understanding participant perspectives on material design. This included sharing and eliciting comments on existing resources as well as reviewing designs produced by a graphic artist over the course of the workshop. It was clear that uniformity of design was important to participants for all materials produced across the various types of media. For print materials such as stickers, coasters, and posters, care should be taken with the choice of typeface and legibility of messages. Combining different typefaces should be avoided.

Although the examples presented in the workshop were drawn from other countries or the internet, any images developed need to be relevant to Jamaican audiences, representative of the Jamaican population, and need to ensure that copyright issues and image rights, are addressed. Some participants of the workshop indicated interest in appearing as models for communication materials that are developed or sharing stories/testimonies for video or audio clips.

Other branding considerations emerging from the discussions included use of sponsoring agencies or funders' logos (e.g. C-Change, USAID, PEPFAR) as these are not readily included for small formats – e.g. mobile phone wallpapers, SMS messages, stickers, etc. but may be more appropriate for larger formats. The ideological appropriateness of using such logos in a context where activities are illegal may also be considered, as well as whether the inclusion of such logos reduces the acceptability of materials for the intended audiences.

Recommendations and Next Steps

The Action Media workshops served as formative research – a starting point for producing SBCC media for SWs, MSM, and for use by peer educators. Findings from these workshops, along with additional research and input from organizations currently working with MSM and SWs in Jamaica will be used to inform the development of a package of SBCC materials for SW and MSM. The media developed will be appropriate for use by peer educators or other individuals conducting small group interventions with SWs and MSM. Additional materials/media created will aim to increase the reach of these smaller group interventions by appealing to a wider set of SWs and MSM (e.g. social media activities, word of mouth campaigns, etc.).

It is recommended that as SBCC packages are produced, participatory processes that engage the priority audience continue to be followed. In addition to widely pre-testing any developed media with SWs and MSM themselves, those participants from the Action Media workshop will also be engaged in dialog for further concept testing of the developed materials. Towards the goal of an SBCC package for SWs and for MSM, the following 'next steps' have been identified:

1. C-Change will share the findings from the Action Media Workshops with stakeholders and will synthesize the information from the workshop into detailed creative briefs, which will be used to develop a package of targeted communication materials for each priority audience.
2. C-Change will work with stakeholders, in particular the MOH, to finalize the creative briefs and to minimize replication of materials that have already been developed for these audiences.
3. As C-Change develops SBCC material packages, it will continue to consult its priority audiences through concept and pre-testing.

The material development process will begin during the 2011 spring and may be phased by audience segment.

Appendix 1: Stakeholder's Meeting

C-Change conducted a stakeholder's meeting with groups working with SWs and MSM in Jamaica. The rationale for the Action Media Workshops was addressed with partners as well as the importance of receiving stakeholders' input. A power point presentation was given (see Appendix 2). In the presentation, an overview of the Action Media Methodology was shared, followed by a discussion of the importance of working with priority audiences to develop products and frameworks of meaning relevant to them. During the discussion, it was noted that Action Media's participatory processes allowed for inferences to be made to populations as a whole, though the need for more general research was also discussed. The Stakeholder Meeting concluded with a discussion of the various interventions and research activities being planned related to HIV prevention with MARPs and the need for greater collaboration.

Appendix 2: Presentation

Appendix 2 includes a PowerPoint presentation used during the final concept testing sessions as well as in a presentation to stakeholders. This is available as a separate PDF file.