



Empowering each other: young people who sell sex in Ethiopia

Sex workers are amongst those most affected by HIV and sexual and reproductive health and rights (SRHR) issues in Ethiopia. Stigma and discrimination towards sex workers affects their ability to access SRHR information, education and services. In 2014, the Link Up project, which seeks to improve the SRHR of young people most affected by HIV, implemented a model of peer education and outreach in Ethiopia to empower young people who sell sex (aged 15 - 24 years) and increase their access to HIV and SRHR services. In Ethiopia the project was led by the Organisation for Support Services for AIDS (OSSA) and partners began implementation in January 2014 in 11 sites across Ethiopia, including in Addis Ababa.

Investing in people

Through the project, 468 young people who sell sex were trained as peer educators on SRHR and HIV issues. Once qualified, peer educators facilitated group sessions on SRHR with other young people who sell sex in their places of work.

Peer educators are best placed to reach other young people who sell sex as they speak the same language, can facilitate conversation, answer questions clearly, and talk openly about sensitive issues. They play an important role in identifying session participants as well as setting appropriate times and locations for sessions. They are often seen as role models by their peers.

About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

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Written by Frehiwot Abebe, Aman Abdo, Daniel Gudeta, Hanna Hagos and Georgina Caswell. It was reviewed by Anna Downie and Lucy Stackpool-Moore and edited by Hester Philips. OSSA would like to thank the Government of the Netherlands for funding the Link Up project.

A longer version of this case study is available from www.link-up.org
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International HIV/AIDS Alliance

91-101 Davigdor Road
Hove, East Sussex
BN3 1RE
United Kingdom
Tel: +44 1273 718 900
Fax: +44 1273 718 901
Email: mail@aidsalliance.org

Registered charity number
1038860

www.aidsalliance.org

During the sessions, peer educators are supported by OSSA nurse counsellors who are there to back them up and respond to any questions they are not comfortable to, or cannot, answer.

After each session, any group member who would like to access contraceptive methods, STI or HIV services, counselling or other support is given a referral slip, which entitles them to free services at a designated health facility. The nurse counsellor will accompany individuals if requested. The health facility staff have also received training on how to work with marginalised populations through the project.

This approach invests in people, who in turn share information to their friends, peers, family members and children. It focuses on building the capacity, knowledge and self-efficacy of young people who sell sex. The self-confidence they develop as a result of this approach can feed into future work, projects and individual lives.

Results

After 12 months, the project achieved the following:

- 468 young people who sell sex trained as peer educators
- 16,087 young people who sell sex reached with peer education sessions in the community. 35% (5,635) of them received referrals for clinical services. Of those who received a referral, 30% (1,707) went to health facilities where they took up or completed services.

The most common reasons for referral were:

- Voluntary HIV counselling and testing
- Cervical and breast cancer screenings
- STI check-ups and treatment
- Opportunistic infection check-ups and treatment
- Safe abortion

Particularly good retention rates were reported for the peer educator training and the seven-week, peer educator-led sessions.

Lessons learnt and good practices

A number of lessons were learned through this project, one of which is the importance of holding sessions at times convenient to, and agreed by, group members. Traditionally, peer education sessions take place during the day but in this project many young people who sell sex requested early evening sessions before work began, as they did other activities during the day.

During the project, a significant number of young people who sell sex reported experiences of unplanned pregnancy and STIs as well as living with HIV. These stories remind us of the importance of integrating SRHR and HIV information and services. This means addressing a range of SRHR and HIV issues in peer education sessions and ensuring that information, education and communication materials speak about protection against both STIs, including HIV, and unintended pregnancy. It also means ensuring young people who sell sex know they can access a range of services at health facilities.

It is important to recognise that young people who sell sex experience competing priorities alongside health issues including the need for housing, food, employment opportunities and education plus psychosocial support to respond to violence, stigma, discrimination and other issues. Collaboration with other organisations that provide health and social services is therefore critical in meeting the needs of young people who sell sex in a comprehensive way.

Link Up's experience demonstrates that young people who sell sex can take ownership of their own health and access a broad range of health services if they are provided with the space and the resources to do so.

The nurse counsellors are critical to this intervention. They provide peer educators with support, enhance their knowledge and instil confidence in them, helping them to gain respect from their peers. They also coordinate group activities and are there if a young person needs help, has questions or wants to be accompanied to health facility.



Coffee is an integral part of Ethiopian social and cultural life and is provided at the peer education sessions
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Finding resources to pay the salary of the nurse counsellors is key. However, overall this intervention is sustainable as it relies on leadership and resources from within the community, making scale-up and replication feasible across the country.

LINKUP

Link Up aims to improve the sexual and reproductive health and rights (SRHR) of one million young people affected by HIV across five countries in Africa and Asia. The project is being implemented by a consortium of partners led by the International HIV/AIDS Alliance.

For more information, visit www.link-up.org

