

REFLECTIVE NARRATIVE

Knowledge-Exchange: Learning about the Sex Working Community in Nairobi, Kenya

Toby Le, University of Manitoba

For more than 35 years, my lab along with others at the University of Manitoba (UM), have worked with the sex working community in Nairobi, Kenya to study HIV infection, prevention, and treatment. In turn, this collaboration has led to numerous discoveries that have had a profound impact on the field of HIV/AIDS. During the early stages of the HIV epidemic, it was through this collaboration that researchers discovered that HIV could be transmitted from mother to child through breastmilk. Researchers from this collaboration, including my supervisor Dr. Keith Fowke, also discovered that there is a unique population of female Kenyan sex workers who were exposed to HIV infection but remain uninfected, known as HIV-exposed-seronegative. Altogether, this collaboration between UM researchers and Kenyan sex workers has, over time, proven itself to be of great significance to the advancement of HIV research. To better understand and appreciate this community partnership, I participated in a knowledge-exchange program that was funded by the Canadian Institutes of Health Research, in which scientists and sex workers were co-leaders on the grant. Thus, in January 2020, I traveled to Nairobi, Kenya to learn more about the sex working community alongside a group of graduate students.

I would like to share my experience of visiting the local hotspots – locations where sex work was conducted – and how it helped me to better appreciate the importance of community-research collaborations. This exchange was led by three peer leaders of the sex working community: Joyce, Emily, and Rosemary. As peer leaders, they advocated for sex workers in Nairobi, Kenya, and were responsible

for working with researchers to translate HIV research to the community.

To begin, our first site visit was at a local bar in downtown Nairobi. At this bar, we met two sex workers who had been waiting for clients since 4 am. Rosemary shared with me that sex workers can work as early as 2 am until 11 pm the next day. While I spoke to the two sex workers at our table, I found myself slightly uncomfortable as we spoke about topics related to their work. For an average sex worker to earn 5 CAD, which would afford them two meals, they may need to have sex with two clients who may or may not be willing to use protection. Rosemary also shared several stories about how some sex workers reported experiences of violent abuse by their clients behind closed doors. It quickly became apparent to me there was a substantial lack of advocacy for and empowerment of this sex working community.

The next bar we visited was on the lower-economic scale. Sex workers at this bar were moved into a small room where they squeezed beside an open washroom that drowned the room in urinal stench. At this bar, sex workers were only allowed into the dining room upon invitation from a client. Standing in this enclosed space with these sex workers, I witnessed Joyce speak about the rights of sex workers and how it was unacceptable to be treated in this manner. Joyce emphasized the importance of getting tested for sexually transmitted infections (STIs) and taking advantage of available drugs for the treatment or prevention of HIV infection. To illustrate the importance of her message, Joyce shared her experience living with HIV and how HIV

research has tested and proven that antiviral medications are effective, which has therefore made it possible for her to live a healthy and fulfilling life. Joyce further explained that HIV research has also made it possible for uninfected sex workers to use drugs like Pre-Exposure Prophylaxis to prevent HIV infection as well as antiretroviral therapies to control the infection should they become infected. Joyce also reminded the group of their community collaboration with researchers to study infectious diseases as well as to develop healthcare capacity to treat and prevent those same diseases. In her closing remarks, Joyce made the point that there were little excuses to not seek testing or treatment given how many health resources have been made available by this collaboration to protect sex workers against sexually transmitted infectious diseases.

To me, it was amazing to see Joyce, a sex worker, stand up for other sex workers and to provide them with key research information that could save their lives. This experience gave me a new appreciation for community-research collaborations and the potential impact of research dissemination in addressing stigma and taboos around STIs. Additionally, Joyce also helped me realize the importance of this collaboration in providing healthcare services for the diagnosis, treatment, and prevention of STIs that would not otherwise have reached this largely stigmatized population of sex workers.

The final hotspot we went to was in one of the urban slums of Nairobi, Kenya. Walking around this area, I found myself surrounded by mountains of garbage and steel box homes. Rosemary informed me that mental illness was a major issue in this area due to its high levels of poverty and lack of healthcare infrastructure. To self-medicate for mental illnesses, sex workers will often exchange sex for alcohol instead of money. Unfortunately, there have also been reports of female sex workers in the area being raped after becoming unconscious due to alcohol intoxication. However, as sex work is illegal in Kenya, their call for help has often been neglected by the justice system. Consistently, there have also been reports of police officers violently abusing sex workers behind closed doors. To

support these women, Emily, who received paralegal training, has been working with the justice system to ensure all sex workers are being treated equally in the legal system. She has been representing sex workers in legal discussions and has strived to prevent all forms of misconduct that could occur due to discrimination or stigmatization. Within the research on this issue, there have also been many studies and reports concerning police mistreatment of sex workers in Nairobi, Kenya. Given the evidence collected, researchers and community leaders have been working together to reform justice systems and policies to be more inclusive of sex workers. Currently, there are also studies in-progress that aim to characterize mental illnesses among sex workers and different approaches for treatment and prevention.

Before this trip, I had read research and review articles about the sex working community in Kenya, however, no study could have given me a more complete understanding of this community than this knowledge-exchange experience. Only through direct interaction with these women did I learn about their stories and experiences. Further, a common issue I find myself battling as a researcher is the tendency to feel disconnected from the real-life implications of research. This experience has taught me that behind every clinical sample is a person with a story and an identity, hence, we must make a conscious effort to treat every clinical sample with great care and respect. More critically, it is also our responsibility as scientists to ensure that our research findings are reaching the very people that they are intended to target. We need to remember that science, without humanity, is meaningless.

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