HIV COMMUNICATION FOR MSM, PLHIV, AND SEX WORKERS IN THE BAHAMAS

ACTION MEDIA FINDINGS
AND COMMUNICATION BRIEF

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and Sex Workers in The Bahamas

Action Media
Findings and Communication Brief

Report and Facilitation

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral (drugs)
BNDC	Bahamas National Drug Council
C-CHANGE	Communication for Change Project
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
IPC	Interpersonal Communication
M&E	Monitoring and Evaluation
MARP	Most-at-Risk Population
MCP	Multiple Concurrent Partnerships
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
PwP	Prevention with Positives
PSA	Public Service Announcement
SASH	Society Against STI & HIV
SBCC	Social and Behavior Change Communication
SMS	Short Message Service (on mobile telephones)
STI	Sexually Transmitted Infection
SW	Sex Work
USAID	United States Agency for International Development
YAPL	Youth Ambassadors for Positive Living

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1. 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's is providing technical assistance in The Bahamas to improve the quality and scale of The Bahamian response to the HIV epidemic, working towards the goal of a national, sustainable, integrated, and coordinated HIV prevention effort that enables programs to plan, implement, and evaluate evidence-based comprehensive programs for most-at-risk populations (MARP). These risk populations include men who have sex with men (MSM), individuals who work in sex work (SW) contexts, and people living with HIV (PLHIV). C-Change works closely with civil society and Ministry of Health implementers at community, regional, and national levels, as well as with policy-makers as influencers of the programming environment and MARPs as end-users of the programs addressing them.

Action Media is one approach for addressing communication for HIV prevention and HIV vulnerability. Action Media is a participatory research methodology that integrates the perspectives of focal audiences in the development of health communication resources and tools. The purpose of the Action Media workshops in The Bahamas is to understand the key issues and challenges related to communication around HIV and to explore locally appropriate communication modalities and channels for MSM, individuals who work in a SW context, and PLHIV.

Action Media was developed in the mid-1990s in South Africa in response to approaches to health promotion that perceive communities as 'target audiences,' towards whom messages and imperatives about health should be directed. Such approaches overlook important aspects of the relationship between knowledge and context, and fail to adequately draw in systems of meaning of affected communities.

Approaches to communication led by health and communication professionals typically occur within socio-economic contexts and cultural frames of reference that are often vastly different from the communities they seek to reach. Emerging communication products are thus likely to be skewed by 'producer' perceptions of what is important in the first instance, as well as how information should be framed, which communication approaches should be utilized, and how knowledge should be applied. Such approaches typically include value-laden communication that assumes what is 'right or wrong' and suggest choices that direct individuals toward pathways that are assumed to be appropriate, often overlooking indigenous solutions to problems.

It is crucial to recognize the relevance of contextual knowledge from the perspective of individuals living in health-compromised communities. In applying this principle, the Action Media methodology sets out to explore how audience perspectives and critical thinking can be incorporated into communication development processes around health and social issues. It allows for integration of the perspectives of audiences through a process that enables deep reflection around issues that affect their lives, while at the same time assimilating linguistic and cultural perspectives.

The Action Media methodology typically engenders action among the participants, and this impetus can be harnessed in subsequent activities at the individual, group, or local community level. This fits with participatory approaches framed by Freire, as a '... process in which people, not as recipients, but as knowing subjects, achieve a deepening awareness both of the socio-historical reality that shapes their lives and of their capacity to transform that reality'.[1]

Action Media workshop sessions involve a sequence of participatory interactions that involve developing trust between communication practitioners and participants. Channels for dialogue are informal. Participants are encouraged to engage with community problems critically through participant-led discussion groups. Role-plays, games, and other participatory activities enhance thinking and reflection while exploring the relation between contextual factors and health-beneficial action. As the series of workshops progresses, communication concepts are drawn out, extending to the point where communication resource requirement, mediums, and content are determined.

The Action Media methodology leads to a number of outcomes:
- Participants learn how to think critically and are enriched in terms of critical awareness about health and other issues that affect their lives.
- Researchers and communication practitioners are able to derive qualitative data relevant to broader research and planning activities. Many qualitative researchers rely on short duration, single interactions with respondents in tightly controlled situations, such as focus groups. The deeper, longer series of discussion groups that include independent participant-led discussions used in Action Media elicit a body of information that is relevant both for understanding contextual issues and designing interventions.
- Issues of language differentials between researchers and participants are addressed through inclusion of a translator (if needed), but also as a product of activities, such as participant-led group discussions. Participants can use their language of choice, including slang and codes specific to their social group, and are thus freer to make and share meaning. Reports back to the broader forum can be translated as needed.

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[1] Freire, P. (1970). Pedagogy of the oppressed. New York: Herder and Herder.

- Small group sessions include documenting ideas in notepads and on flipchart paper. This information forms the basis of emerging ideas. The products that emerge are deeply contextualized in terms of imagery, language, and potential utility. Audience perspectives are thus embedded in the emerging products.
- A core group of informed individuals is created to the benefit of the immediate peer group and community. The workshops generate considerable impetus and the energy among participants can be channeled into subsequent activities that contribute to peer awareness as well as other transformative activities.

2.   HIV IN THE BAHAMAS

The Bahamas has a population of around 310,000, with adult HIV prevalence estimated at 3%[2,3], which is the highest in the Caribbean region. Prevalence among MSM is estimated at 25.6% in the capital city,[4] and HIV prevalence among individuals who work in a SW context is unknown. The Caribbean region follows sub-Saharan Africa as a high HIV prevalence region and AIDS is a leading cause of death among 25-44 year olds. Although many countries in the region are repressive towards MSM practices, 'buggery' laws have been repealed in The Bahamas. Sex work is illegal, but there is legislation to address anti-HIV discrimination in the workplace. There have also been partnerships between government and MSM organizations, although MSM practices are generally not socially accepted.[5]

A review by C-Change notes that The Bahamas is at a 'definitive moment' in their response to HIV and addressing HIV among vulnerable groups is a central concern. Recommendations include:
- Developing a national SBCC strategy that addresses the prevention and support needs of individuals who work in a SW context, MSM, PLHIV which will provide a cohesive framework for organizations serving these populations;
- Strengthening the capacity of civil society and Ministry of Health partners implementing SBCC-related prevention programs for individuals who work in a SW context, PLHIV, and MSM;
- Comprehensively addressing the deep levels of stigma that these groups experience;
- Undertaking advocacy toward the decriminalization of sex work – moving beyond addressing individual knowledge and behaviors to creating an enabling environment for change;
- Engaging MSM, individuals who work in a SW context, and PLHIV in the development of programming and messages;
- Addressing the psychosocial needs of MSM, individuals who work in a SW context, and PLHIV; and

2   National HIV/AIDS Centre. (2010). The Commonwealth of The Bahamas: Monitoring the Declaration of Commitment on HIV and AIDS (UNGASS) Country Report 2010. The Bahamas: Ministry of Health and Social Development.

3   UNAIDS. (2009). Accessed: November 2011. Available at : http://www.unaids.org/en/regionscountries/countries/bahamas/

4   USAID. (2011). HIV/AIDS Health Profile: Caribbean. USAID

5   Ogden, J., Howson, J., Bockh, E., & Tureski, K. (2011). Global Best Practices: Effective approaches to inform SBCC programming and reduce HIV risk for sex workers and MSM in Jamaica and The Bahamas. Washington DC: C-Change.

❑ Exploring how communication channels, such as the Internet and other social media can play a role in programming for most-at-risk populations.

3. STAKEHOLDER MEETING AND ACTION MEDIA OVERVIEW

On September 12, 2011, C-Change conducted sensitization training with 13 stakeholders in The Bahamas to provide an overview of the Action Media methodology; share experiences and findings from other countries with MSM, individuals who work in a SW context, and outreach workers; and to review C-Change plans in The Bahamas. Participating organizations included:

❑ Society Against STI & HIV (SASH) Bahamas
❑ American Red Cross Caribbean HIV/AIDS Project/Bahamas Red Cross
❑ Civil Society Bahamas
❑ Bahamas Urban Youth Development Foundation
❑ Bahamas National Drug Council (BNDC)
❑ Health Education Division; Ministry of Health
❑ Youth Ambassadors for Positive Living (YAPL)
❑ The HIV/AIDS Center

Following presentations given by C-Change, participants were asked to provide input on their organization's current material development process, to indicate whether they felt the Action Media approach was relevant to their work, and to provide information on their current communication needs. A synopsis of the discussion by organization is provided below:

• The Health Education Division of the Ministry of Health gathers ideas for communication through focus groups to inform messages and orientation. Communication materials and activities require approval at a senior level. Action Media was thought to have the potential to inform the Division's content approval process, as a product of being a research method that validated content development.

• The Bahamas Red Cross made reference to their peer counseling program, which uses training manuals adapted from other countries, such as Jamaica and Trinidad. In order to ensure that adapted materials are county-specific and aligned to the realities of The Bahamas context, a material review and pre-testing process is conducted using focus groups. The potential to originate materials in The Bahamas through an approach, such as Action Media, was appreciated particularly in capturing, applying, and conveying the intended messages for specific behavioral outcomes.

• Bahamas Urban Youth also utilizes focus groups to inform communication needs. Facebook and YouTube are utilized as cost-effective mediums that eliminate printing costs for subgroups that can access these media. Information from the Action Media workshops was believed to have the potential to help individuals who work in a SW context to educate clients through word of mouth by highlighting the importance of HIV prevention, individuals working in a SW context rights, and other issues. It was also noted that a partnership with police and other agencies was planned to reduce victimization of

individuals who work in a SW context. The organization indicated that the Action Media methodology could enhance its material development process as it allows for integration of gender-sensitivity.

- SASH Bahamas uses surveys to understand the impact of messages. It was noted that electronic formats were more cost-effective, convenient, confidential, and user-friendly for the organization's intended audience. Electronic formats and social media also allow for greater reach. The Action Media methodology was viewed as a means of improving the quality and ways in which focus group discussions are conducted and as a way to obtain more significant feedback on focused and specific communication materials.

- The Bahamas National Drug Council uses community outreach and also develops materials and public service announcements (PSAs) through poster and essay competitions. The organization is interested in utilizing Action Media methodology to streamline and enhance their existing prevention programs.

- Youth Ambassadors for Positive Living has been using focus groups with people from different backgrounds to obtain insight into communication needs. Opportunities were seen in Action Media as a means to have a close focus on needs.

Three organizational representatives from the initial sensitization session observed portions of the Action Media workshop, with one representative also serving as a participant.

4.   ACTION MEDIA WORKSHOPS WITH MSM, PLHIV, AND SEX WORKERS

Action Media workshops were conducted with groups of MSM, PLHIV, and individuals who work in a SW context in Nassau, Bahamas from 11-23 September, 2011. The workshops were co-facilitated by C-Change Jamaica &The Bahamas and a communication consultant. The workshops were also supported by a graphic artist and a logistics assistant from The Bahamas.

Participants were recruited with the assistance of various organizations in The Bahamas – SASH Bahamas assisted with recruitment of MSM; Bahamas Urban Youth Development Foundation assisted with recruitment of individuals working in a SW context; AIDS Foundation, HIV/AIDS Center, American Red Cross Caribbean HIV Project, and Youth Ambassadors for Positive Living assisted with recruitment of PLHIV. The mobilization process was spearheaded by C-Change to ensure adequate and appropriate participation among the different intended groups.

The overall goals of the activity were to develop concepts for communication resources that contribute to reducing HIV incidence among MSM and individuals who work in a SW context, as well as reducing HIV transmission to partners of PLHIV, and to improve sexual and psychosocial health of all groups. Verbal consent for photos used in this report was obtained from the participants. The people depicted in the photographs agreed to have their picture included in the Action Media Report.

4.1   Action Media with MSM

A total of 15 MSM attended the sessions with participants representing various socio-economic groups. They included those who were unemployed, students, and young professionals. Sessions were conducted between 9:00 am and 2:00 pm over two days, with a two-hour feedback session with each group occurring the following week.

Introductory Session

The workshop was initiated with an introductory discussion and overview of the objectives of the sessions and a discussion of ground rules. By way of introduction, participants worked in teams of two to learn about each other, drew sketches of each other, and introduced each other to the group as a whole. The activity served as a means to create a lighthearted atmosphere and to build trust between participants.

A discussion was held about participants' general sources of health information. Sources mentioned included MSM leadership, clinics, and websites, such as thebody.com, Center for Disease Control and Prevention (CDC) and UNAIDS. It was noted that knowing people who have died of AIDS and attending HIV testing 'parties' heightened awareness of HIV.
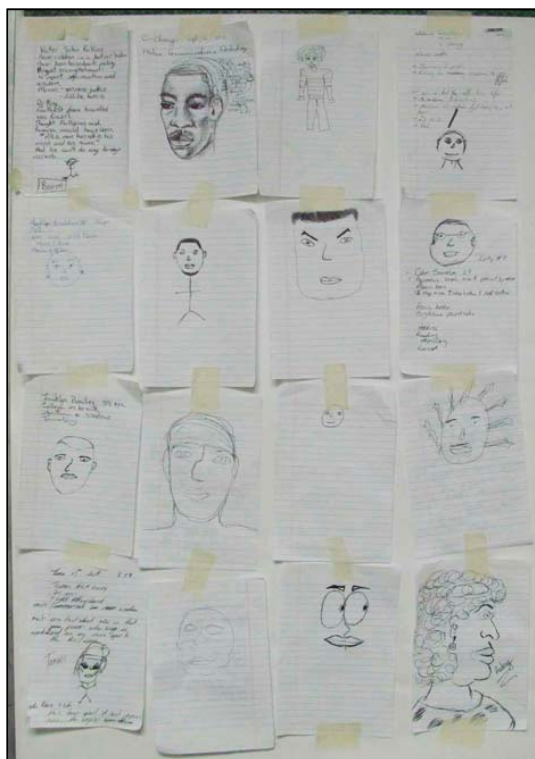
The group expressed interest in various scientific aspects of HIV – for example, understanding how babies were protected from HIV and the origin of AIDS. It was reported that being seen as interested in seeking information about HIV was stigmatizing, as people assumed one was gay or HIV positive.

Mapping a 'Day in the Life'

Participants were asked to illustrate 'a day in the life' of MSM in The Bahamas and to draw a map of various elements, including safe and risky spaces. Participants worked together in three discussion groups without direct facilitation. Report back to the larger group followed. The internet was reported as a private communication space for most participants, with time being spent on facebook.com, adam4adam.com, and BGClive.com. Skype was also used for chatting with other men they knew.

Discrimination was reported as an element of life for most participants. One group indicated that their days started with sadness as a result of the discrimination they face. For example, it is difficult to catch the bus because bus drivers do not stop for men who appear gay. When buses do stop, MSM are reportedly subjected to gossip and 'strange looks' from other passengers. Those attending the College of The Bahamas noted that using the pathway connecting classrooms – the 'cat walk' – elicited gossip among students if someone appeared 'gay'. Discriminatory terminology reported included descriptors such as 'sissy' or suggestions that they had AIDS. The workplace is another area where there is harassment, particularly if people exaggerated their sexuality.

Popular activities included drinking and socializing at clubs and restaurants such as Senor Frogs, Bahama Joes, and Tropicana being mentioned. Nightclubs such as Sizzling Gardens and Forbidden Kingdom were considered high-risk areas for HIV ('a dangerous escape') and are typically frequented around 1:00 am-2:00am. 'Down low' men frequent these areas (bars and clubs). Activities include drinking, smoking marijuana, watching people have sex behind the building, and playing dominoes. Robberies also occur and were mentioned. Going to the mall was reported as a weekend activity and some MSM said they also go to 'Mackey Street' to pick up 'trades' (men who trade sex with men for money, although they are not necessarily gay themselves).
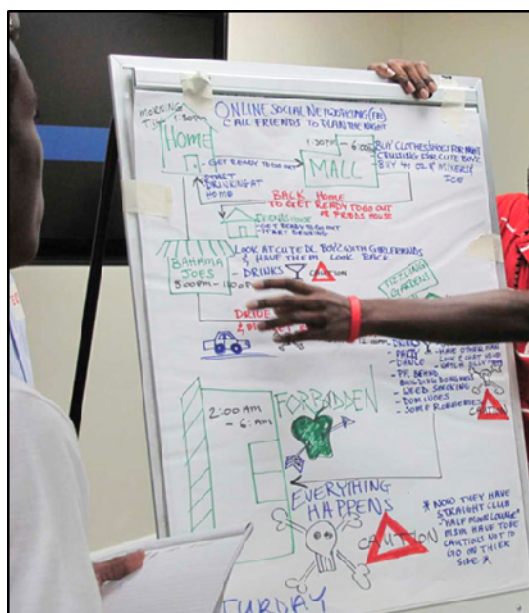
Places that were considered dangerous or 'gay away' were Nassau Village, Kemp Road, Chippingham, and Fox Hill. Some churches were also noted to engage in anti-gay pronouncements, with Genesis 19, the story of Sodom and Gomorrah being mentioned. Not all churches however were reported to discriminate against MSM. SASH organization was referred to as a safe space that also provides basic HIV prevention services, such as counseling and condom and lube distribution.

It was noted by participants that there is insufficient discussion about exclusivity in relationships among MSM. Alcohol consumption and non-disclosure of HIV status were also considered risk factors for HIV. 'All you can drink' parties increase the risk. It was thought that a good strategy was to have a friend 'look out for you'. Activities that were enjoyed socially included playing cards and playing dominoes.

Motivations for having safer sex included the fear of testing HIV positive; hearing about HIV in school; fear of dying of AIDS, and recognition that there was a small circle of gay men in The Bahamas, so the risks of HIV were higher. MSM believed it was challenging when partners did not want to use condoms. Some ended the relationship to avoid risk. Men who practiced receptive anal sex (bottoms) said they used female condoms if their partner did not want to use a male condom. Discussing condom use was reportedly difficult on a one-on-one basis, but group discussions and 'testing parties' provided an opportunity to discuss safer sex. It was felt that partners could not be trusted, and that a condom should always be used 'because you just don't know'.

Alcohol and drugs were reported to influence risk – drugs being marijuana, 'rush,'(amyl nitrate/poppers) and cocaine. One participant said he became amorous with 'everyone' when drunk. All you can drink parties were a problem as it was possible to have as much to drink as one wanted for $20.00.

It was reported that people only disclosed their HIV status when they were negative. Rumors about being HIV positive also 'tainted' people. It was also perceived that the lack of compassion towards PLHIV led some to intentionally spread the virus.

Gaps in Knowledge and Understanding among the General Population

It was perceived by MSM that the general population assumed that all gays were the same, and that most gay men had HIV.

Points raised included:

❑ Generalization and stereotypes: *People fear what they don't understand. We are not what we are perceived to be. We are not all alike. We are not all hairstylists and fashion designers. There is no real gay radar. We are not all pedophiles. Gay men don't like all men.*

❑ Depersonalization: *We are all someone's family. We are humans. God loves us all. We are talented.*

❑ Discrimination: *We don't like hate. Not all of us are sick.*

Gaps in Knowledge and Understanding among MSM

It was noted that most information about HIV was presented from a heterosexual point of view. There was a lack of confidentiality in the health system, leading some gay men to go elsewhere for information. Men who were HIV positive did not disclose their status to others and 'dishonesty' among MSM was perceived to be a problem. This included non-disclosure about the extent of sexual partnerships. HIV was also sometimes taken as a 'joke,' accompanied by a sense of bravado. Gaps in self-esteem and unity were an important general concern.

Key points included:

- Lack of self esteem: *Lack of self worth. Don't know how to treat other MSM. Parents avoided acknowledging homosexuality in the family.*
- Lack of unity: *Lack of a sense of community, despite talk of gay family and friends.*
- Lack of guidance: *There was no real guidance from gay men in the gay community. Gaps between young and old gay men.*
- Lack of experience: *Experience not passed on. Lack of MSM role models. Curiosity results in men coming into the lifestyle without knowing what they are getting into.*
- Identity: *Gender confusion – not being sure about being 'bottom' vs 'top'. Not knowing what sexuality to choose.*

Audiences and Means of Communication

A range of primary, secondary, and tertiary audiences and means of identifying them were outlined by the group as follows:

- Men who have transactional sex: These included 'trades' (heterosexual men who had sex with gay men) and MSM individuals working in a SW context. This group could be reached through websites, SMS/texting, BBM (Blackberry messaging) and social media. They could also be reached through their gay clients.

- Down low men (who don't openly acknowledge that they are gay): This included men at clubs and bars, 'bi-curious' men, bisexual men, politicians, pastors, men who hung out with 'butch dykes' (who provided them access to gay venues by allowing these men to be seen as accompanying women). This group could be reached through 'meet and greet' events, parties, informational 'gift' bags, texting, leaflets,

information on testing, condom distribution, word of mouth, activities at bars, clubs, beaches, social media, and through websites.

❑ Gay identified men: This group could be reached through posters and leaflets, communication at clubs and bars, video clips, text messages, social media, websites, and word of mouth. Young MSM including students were identified as a special audience – and were considered vulnerable because they were 'fresh faces' and could be influenced and exploited by older and more experienced MSM. This group could be reached through hotlines, counselors, plays, workshops, open forums, panel discussions, and utility items such as necklaces, sunshades/peaks, and backpacks.

❑ Gay family (men who take other men 'under their wing' to pass on experience): This group could be reached through 'family time,' hotlines, counselors, older men who serve as 'house fathers' in homes that provide shelter to young MSM, websites, DVDs, and drama.

❑ Immigrant MSM (e.g. Haitians): This group requires information in relevant languages through community forums and discussions with elders.

❑ Health workers, social workers, prison staff, clergy, politicians, and teachers: These groups could serve to support MSM. They were seen as needing sensitivity training about MSM rights and other issues. Categories of materials to reach these audiences included: training manuals, pamphlets, door-to-door visits, training at colleges, activities during elections, plays, and workshops.

❑ Co-workers, employers, and clients: This group could be reached through pamphlets, desk 'trinkets', and luncheons. MSM employees could also bring in other MSM as clients to businesses, thus bringing recognition of the value of MSM employees as having sway over the 'pink dollar' (i.e. positively influencing profitability).

❑ Biological family (parents, siblings): This group could be reached through interventions, open forums, family time, panel discussions, plays, websites and DVDs.

❑ Community (neighbors): This group could be reached by block parties and workshops with a view towards reducing stigmatizing attitudes towards MSM.

Communication Concepts

A range of print materials were made available for participants to review to elicit information on communication material preferences. These included booklets, leaflets, posters, and flipcharts produced by various agencies outside The Bahamas, a few local Bahamian poster examples, and participatory materials developed by C-Change (eg. cube, role play guides, playing cards).

Bright colors were well liked and there was a strong affinity for the C-Change 'community conversation' Toolkit materials. MSM expressed enthusiasm for cartoon images, with one participant remarking 'I'm a big kid inside'. Playing cards were also well liked – in particular, the range of slogans and phrases that were used. Participants said they play cards with friends in many settings. It was suggested that messages could be put on dominoes, as this was a popular game among gay and straight men. The discussion cube was also liked because the phrases were thought

provoking, the colors were bright, and it could be used on a desk or coffee table. Some of the messages weren't clear with the MSM audience, however. HIV-only messages were considered problematic, since STI prevention should also be included. A leaflet dealing with men 'on the low' was considered eye catching and showed that both MSM and non-MSM could be HIV positive.

Communication gaps as reported by MSM included HIV prevention among MSM, and unity among MSM and the non-MSM community.

Participants worked in three groups to conceptualize slogans and then selected their preferred slogan for poster illustration. The following slogans and concepts emerged (slogans marked with ** were rejected in later review by MSM):

HIV Prevention
- Let your condom be your guide.
- Put some clothes on, Dick.
- Don't you dare to go bare.
- No clouds in my coffee please.**
- Condoms save lives.**
- This ain't Gucci, wrap your poochie.
- Sex is nice when you're wrapped up right.
- Condoms. The gift of life. **
- Keep it tight. Wrap it right. You can ride all through the night. [Ride safe all through the night].
- Love your hole. Cover his pole.
- Don't be no fool. Cover the tool.
- Wrap it up. The life you save could be your own.
- Before the stroke, cover the bloke. **
- Lock it before you pop n drop it.
- Don't guess. Take the test.

Unity among MSM
- Let's not fight… Unite.
- The power of 'we' will set us free!
- Gay we stand or straight we fall.
- My right is your fight. (Our right is our fight)
- Don't make ME over!
- If we're gonna be gay, let's do it the right way. Together. [United]
- Gay unity. Strong community.
- Unity for the community.
- Stop the hate. Unity and love covers all.**
- Make like gum and let's stick together.**

- If we don't respect us, why should they?
- Know a brotha. Love ya brotha. Be a brotha.
- Respect yourself. Stand together as one body under God.**
- Caution. We're destroying each other. Stop it.**
- Stand together with a fight against a disease that kills with might.

Non-MSM Community

- But I am your brother… **
- Am I a faggot or a friend? You decide.
- What you think you know about me hurts.
- Heal the world… Accept me the way I am **
- Nothing good comes from wars… Nothing bad comes from peace. Stop Hate.
- One love, one people **
- I ain't from outer space, I'm human too!
- Following in society's footsteps may take you on a road of losing your identity.**
- When you cry, I cry, when you breathe, I breathe, don't make me into a monster.
- We live to love and we love to live. Love to me is what you should give.
- Save the future. Save the nation to save the world.**
- We are all humans. Let's celebrate universal access for all.**
- Lend a hand. HIV can touch all.
- My choice to understand. But to share fact with family and friends. Together we stand. Knowledge is key.
- Sexuality is not a choice. Hate is!

Posters

Two concepts were translated into posters – one addressed discrimination and the other focused on condom use.
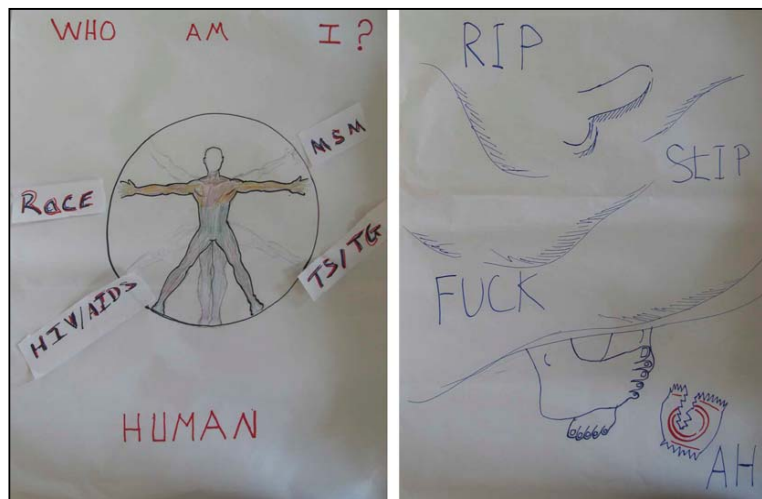
4.2   Action Media with PLHIV

A total of 10 PLHIV (nine persons on day one) attended the sessions. Group diversity was evident by the various socio-economic groups represented, which included those who were unemployed and employed. The diversity of the group was also demonstrated in others ways, for example, those who had known their HIV status for decades, those who had found out recently, and a participant who had been HIV positive from birth. Another participant was also dealing with alcohol and drug rehabilitation.

Sessions were conducted between 9.00 am and 2:00 pm over two days, with a two-hour feedback session occurring the following week. Sessions were shorter as a product of the smaller group.

Introductory Session

The workshop was initiated with introductory discussion and an overview of the session objectives and a discussion of ground rules. By way of introduction, participants worked in teams of two to learn about each other, drew sketches of each other, and introduced each other to the group as a whole. The activity served as a means to create a lighthearted atmosphere and to build trust between participants.

A brief discussion on living with HIV elicited the following comments:

- ❑ Families discriminated and did not want to share crockery or bathrooms.
- ❑ Unfaithful partners had not told them about their status.
- ❑ There were feelings of depression and suicide.
- ❑ Children were not told of their positive HIV status.
- ❑ There was physical violence from partners when people found out about their status.
- ❑ There was no administrative support in school contexts, where young people were found to be HIV positive. One young girl had to change schools regularly to avoid discrimination.
- ❑ There was a lack of information about medication (relating to information from health workers not being clearly explained or understood).

Mapping a 'Day in the Life'

Participants were asked to illustrate 'a day in the life' of PLHIV in The Bahamas and to draw a map of various elements, including safe and risky spaces. Participants worked together in two discussion groups without direct facilitation. Report back to the larger group followed.

Participants were divided on the issue of discrimination – some spoke of facing severe discrimination, such as losing their jobs or being evicted from home by their families. Other participants indicated that they didn't let discriminatory attitudes bother them. One participant observed: "I don't let anyone rent space in my head". For some, families were a space where love was provided. It was also noted that it was necessary for families to learn more about the disease (e.g. risk of infection). Some PLHIV felt that their friends discriminated against them. Home was generally considered a safe space and a number of participants started their day with a prayer or 'giving thanks'. It was felt, however, that the church needed more information about PLHIV so that they could be better supported.

Bars, 'downtown' and workplaces were viewed as negative spaces by the PLHIV participants, although work was not considered a negative space if one's status was not known. Most participants had not widely disclosed their status – particularly to people beyond immediate family and friends, although some had disclosed it to their employers.

Health workers were thought to be not well informed, and there was some discrimination faced as a product of special clinic days for PLHIV. These days resulted in involuntary disclosure and opened up the potential for gossip because it was known that the clinic session was for PLHIV. Some participants bypassed these clinic days and made arrangements with doctors directly. Some doctors were reported to provide a safe environment. The counseling and rehabilitation center was considered a safe space by a participant who used this facility.

Audiences and Means of Communication

Most PLHIV reported receiving information from the HIV/AIDS Center, HIV/AIDS websites, support groups, and public libraries. Information needs reported included 'AIDS 101', knowing more about medication, ways of getting emotional support, and help talking to family and friends about HIV/AIDS. Assistance was also needed in disclosing HIV status.

Suggested ways of reaching various audiences included:

❑ General public: Commercials on television, radio, songs, and education at school.

❑ People with HIV: Posters, billboards, commercials, internet, information at health facilities (leaflets, booklets), libraries, plays, meetings and support groups, social networking, workshops.

❑ Both groups could also be reached through T-shirts, badges/pins, and bandanas.

Communication Concepts

In reviewing existing concepts, materials that utilized simple language were considered most appealing to PLHIV participants. The group also found more interest in materials that promoted healthy living, health choices, condom use, and adherence as they could identify with the different themes and messages. Two of the materials that generated positive emotive reactions were (1) "Our body, Our Choices – Positive Living" and (2) "Together We Can" – a peer education manual. The deck of cards was also liked among the group because of the diversity of themes, including alcoholism, violence, and cross-generational sex as well as the use of images. Some members of the group found messages targeting same-sex behaviors unappealing, while some found the images of the men used in the materials attractive and attention-grabbing.

Communication Gaps

A major perceived communication gap among PLHIV was 'non-adherence' to antiretroviral therapy (ART). The group indicated that non-adherence among PLHIV was related to a person's lack of knowledge and understanding in taking the various medications prescribed. The group felt that emphasis should be placed on communication materials and activities demonstrating how to take antiretrovirals (ARVs) and health care providers charged with the responsibility of distributing ARVs to PLHIV should be better trained to provide information.

The need for awareness of the rights of PLHIV among the general public was also identified as a communication gap. According to the group, the lack of knowledge on rights issues has led to abuse, exploitation, stigma, discrimination, and unfair treatment (including from employers, which could result in losing one's job or not being hired for casual labor).

Other communication gaps identified were:

❑ Reluctance to disclose one's HIV status because of the high levels of stigma and discrimination associated with being HIV positive. The failure to disclose potentially increases HIV transmission as well as delays access to treatment, care, and support services.

❑ PLHIV were not organized into support groups. Such groups were deemed to be an important source of love, acceptance, and psycho-social support for PLHIV. The group has indicated that establishing support groups would help to provide a 'voice' for ensuring that the rights of PLHIV are protected and respected and that working together would allow for greater power in advocating for improved service provision.

- Lack of child-friendly and age-appropriate communication materials for HIV positive children. Such communication materials should focus on how to deal with the challenges associated with the virus, how to live positively, and empowerment for disclosure. This gap was also related to an inability of parents to communicate with their HIV positive children. The group highlighted the need for parents to have guidance in how to conduct age-appropriate discussions with HIV positive children. They felt also that children should be informed of their HIV status from an early age as this would minimize potential bitterness, depression, alienation, and frustration (as was provided via a first-hand account from one participant).
- There was a need to highlight that HIV and AIDS is not a death sentence.
- Guidance on the benefits of ART adherence and how to stay healthy.
- The need to empower PLHIV to allow them to play active roles in social support service agencies.
- Re-establishment of networks of PLHIV, which could be used as advocacy platforms for championing positive change.

Participants worked in two groups to conceptualize slogans, and then selected their preferred slogan to illustrate into a poster. Emerging slogans addressed three areas – condom use, abstinence, and avoiding transmission to others by 'keeping the virus to oneself'. (Slogans marked with ** were rejected in later review by PLHIV).

HIV Prevention
- Don't just love it, glove it.
- Condoms. They work. Use one! **
- Use a condom when thinking about the ring thing.
- Stop! Drop! Put it on!
- No sex, no stress.
- Don't pass it, keep it.
- Be faithful to one partner. **
- Negative can protect positive. (Also a unity slogan).
- It's our own. Leave others alone.
- Don't mind her looking sweet, HIV can be deadly.

Unity among PLHIV and Non-Discrimination
- Get together. Make a difference. Change the world.
- Together we stand. Divided we fall. Let's act now and save us all.
- Together we stand. Together we are equal. Together we can make a difference.
- Unity for eternity. It's how we be.
- Together we stand and become one.
- More hands. More feet. Let's do the right 'ting.
- Everybody has a right. Everybody has a say. So don't discriminate.

- Let's hold hands to ease the pain. **
- Their action can be a reaction. Forget all odds. You can make a difference. **

Staying Healthy
- Eating well keeps you alive. **
- Meds or beds.
- Take your meds to have a better future.
- The right foods keep the medication down. **
- To exercise is to live longer. **
- Get early treatment for HIV.
- Look. Listen. Learn. Educate yourself.

Posters

Two concepts were translated into posters – one focused on condom use and the other addressed unity among PLHIV.

4.3 Action Media with individuals who work in a SW context

A total 15 individuals who work in a SW context (nine females and two males on day one, 10 females and five males on days two and three) attended the sessions. Participants included female and male who work in a SW context (who typically had older female clients) including strippers, and bar attendants. Some members of the group were reserved about revealing the extent to which they themselves were involved in sex work, while others were more vocal. Sessions were conducted between 2:00 pm and 6:00 pm over two days, with a two-hour feedback session occurring later in the week. Some participants indicated that they did not wish to be photographed.[6]

Introductory Session

The workshop was initiated with introductory discussion and overview of the objectives of the sessions and discussion of ground rules. By way of introduction, participants worked in teams of two to learn about each other, drew sketches of each other, and introduced each other to the group as a whole. The activity served as a means to create a lighthearted atmosphere and to build trust between participants.

Women participants reported that they regularly received propositions for sex from men when they were working as strippers and bartenders. Money was a great temptation – particularly if one had bills to pay or had to care for children. Women were also not paid by club owners, so had to rely on tips. Unemployment was seen as a reason for women to get into sex work.

Mapping a 'Day in the Life'

Participants were asked to illustrate 'a day in the life' of individuals working in a SW context in The Bahamas and to draw a map of various elements, including safe and risky spaces. Participants worked together in two discussion groups without direct facilitation. Report back to the larger group followed.

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[6] Those that indicated they did not want to be photographed are not depicted in the pictures contained in this report.

Key findings included the following:

- The day typically starts at home. This is a safe space because clients aren't brought home. For some, the day starts at 12h00, as a product of having had a late night. For others, the day started at 7h30 as a product of having to take children to school. Children were later picked up and looked after by their 'Grammy'.
- Wendy's drive through was a safe place for a meal (e.g. lunch).
- Angel's Secret or Victoria's Secret were shops visited during the day. Sex workers and women working in the broader sex industry (e.g. strippers) require an extensive selection of clothing/underwear/fashion accessories to appeal to clients. Considerable money was spent on maintaining one's appearance to be attractive to clients. There was potential discrimination reported from staff who might view them as individuals working in a SW context.
- Another point of call was the beauty salon. This was a safe space since no-one knew what a person did for work, nor had information on their background.
- The 'Lounge' was a place where friends were picked up en-route to other venues, and was considered safe as the individuals who work in a SW context did not spend any extended time there.
- Atlantis Hotel was a place where sex reportedly with clients occurred – usually businessmen. This was not considered a safe space as there was a risk of rape reported.
- Dockside bars were a place to eat, drink, and socialize with friends. They also served as risky places due to the risk of unsafe sex and getting robbed. The dock area near the Atlantis Bridge was also reported as a place where clients were picked up and where alcohol was consumed.
- Participants reported that being with friends who 'egged them on' to make easy money through having sex for money and being under the influence of alcohol or drugs (marijuana, cocaine, ecstasy) was an entrée into transactional sex for women who worked as strippers or bar tenders.
- Clubs and bars, such as Ace of Spades and Caribbean Fantasies were reported as places to meet clients and were considered risky because of being propositioned by men, which might lead to unsafe sex. This was often reported as being a product of the influence of alcohol or drugs (drugs mentioned included marijuana, ecstasy and cocaine). Forbidden was also a strip club that was mentioned. 604 was mentioned as a high risk place for unsafe sex, robbery, and murder.
- Dowdowell Street was reported as a place to meet clients and sell sex. Since this was often outdoors, sex was quick, and included anal sex, oral sex, and 'quickies'.
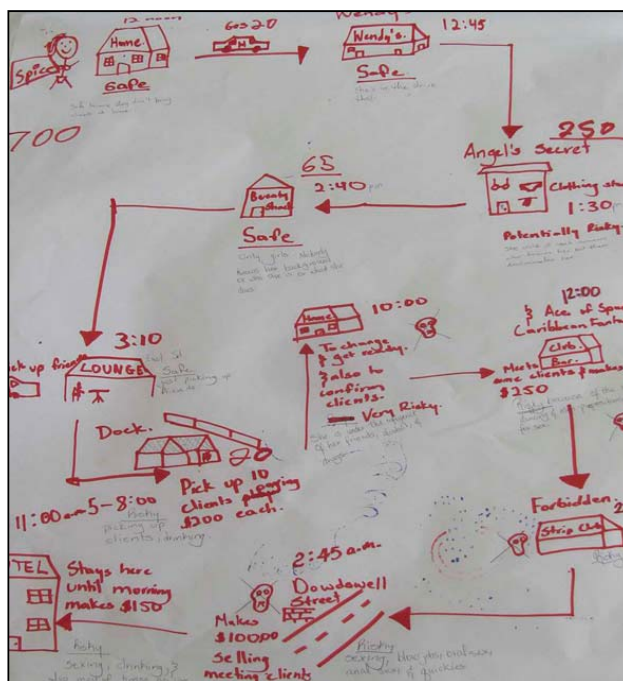
- Clients sometimes took individuals who work in a SW context to hotels. This scenario included the potential for sex without a condom and drinking alcohol. The client would pay for the room and usually leave during the course of the evening and the individuals who work in a SW context would have a place to stay until morning.
- Attending church and prayer meetings was considered a safe space.

Individuals who work in a SW context were clear on prioritizing condom use to ensure their health and reported they would not accept a client who refused to use a condom. It was however it was noted that it is difficult to ensure that the condom was always intact or still on. Although individuals who work in a SW context had no interest in developing an emotional relationship with clients, it was common for men to want to maintain a relationship and it was reportedly common for the women to receive unwanted phone calls and text messages.

Information about HIV and Gaps in Understanding
Participants obtained information about HIV from school, from family members with HIV, from hospitals and clinics, the internet, and from parents.

Reported Gaps in Knowledge and Understanding among Families, Partners, Police, Others
- If parents are engaged in sex work, children should not follow that pathway.
- Families should not judge.
- Partners need to be reassured that they are using condoms (individuals who work in a SW context commit to using condoms with clients, but not with boyfriends).
- Police need to be careful when searching individuals working in a SW context as they may be exposed to dirty needles (injecting drug use was however not previously highlighted).
- Police needed to know that individuals who work in a SW context have rights.

Reported Gaps in Knowledge and Understanding among individuals working in a SW context
The following points were raised:
- Individuals who work in a SW context need to know that their life is more valuable than money.
- To always use condoms. Life is more precious than money.
- Life is precious. Not just living for yourself, but kids, families, friends
- How to protect themselves from violence (e.g. carry knives, mace, brass knuckles).

❑ How to avoid financial pressures and pressures from friends, pursuing vanity, or the temptations of money.

❑ Peer of individuals who work in a SW context should set an example by using condoms and share information about HIV.

❑ Follow-up calls could be made to ensure a person had arrived home safely (it was noted that pimps provided protection for some individuals working in a SW context).

Reported Gaps in Knowledge and Understanding among Clients

The following points were raised:

❑ HIV kills. It has no color, face, or gender. They have to protect themselves.

❑ Individuals who work in a SW context have a higher likelihood of being HIV positive.

❑ HIV is on the increase and people are dying.

❑ One should not mix business and love (don't let SW lead you to end your marriage).

❑ They should know how to use a condom properly.

Means of communication discussed for this participant group included internet, pamphlets, seminars, doctors, health facilities, Ministry of Health, and parents. People who are living with HIV, particularly family members, were seen as an important source of information.

Communication Concepts

In reviewing existing sample materials, participants found bright colors and simple messaging appealing. This applied to the C-Change 'community conversation' Toolkit materials including the chart, playing cards, round cards, and cube. The family health card appealed to the individuals who work in a SW context participants as detailed guidance was given on reproductive health, pregnancy, and childcare. The value of the information outweighed the lack of color. A detailed booklet on sex work – 'Smart Journey' – was also well liked, and it was felt that this would be useful to participants as it provided guidance on many relevant issues.

Discussion informed categories for slogan and poster development. These included HIV prevention, protection from violence, looking out for each other, communication to clients, communication about rights, and communication to family, police, and pastors. The participants worked in teams to develop slogans and posters. Concepts included language and some emerging slogans and phrases but did not directly address risk reduction or vulnerability. What emerged were descriptions of situations instead. (Slogans marked with ** were rejected in later review by individuals working in a SW context).

HIV Prevention

❑ If you're licking it or sticking it, use a condom!

❑ No glove, no love. **

❑ Strap up. Wear glove.

- Don't fuck for a buck, or your life will be out of luck.
- Plastic is not only for food. It's for your dick too.
- Before you 'rub her' use a rubber.

Protection from Violence

- Ashes to ashes dust to dust. Fuck with your life. That you can't trust.
- Run away. You'll love to see another day.
- Guns don't kill people. Stupid people kill people.
- You don't need a bus pass for a cut ass. **
- Save a life, put down the knife.
- Money in sight cause no fight. **
- Guns don't kill people. Stupid people kill people.

Looking Out for Each Other

- Sugar is sweet. Dick can be sweeter.
- If you beat it raw, you'll get a sore.
- Before you blow, wrap up your Joe.
- Tell me if she got it. **
- Tell me how that meter running. **
- If you give him some of that thing, he 'ga take it. **

Clients

- Don't go raw. Stop by the store.
- It's warm and sweet and juicy inside. Put on a condom or step aside.
- Before you back it up, strap it up.
- How much? How long? **
- Do some right. **
- One blow, the Haitian said. **

Family

- Love your family. Protect yourself. Don't bring home the whammy.
- Let them wonder, and not see.

Police

- Don't cock her up. Lock her up (or let her walk away).
- Freeze. Where you going with that pussy? Strip Search! **

Pastors

❑ Instead of preaching about the lovers, preach about the rubbers.

❑ The Lord is my shepherd. I see what I want. **

Rights

❑ You have the right to sell it, but don't let him expel it.

❑ Her cunny, her money **

❑ She has the right to change position.

❑ No money. No funny bunny honey.

Posters

Four concepts were translated into posters – one dealing with the vulnerability of individuals who work in a SW context, one with police harassment, and two dealing with violence.

5.   CONCEPT TESTING OF EMERGING IDEAS

Concept testing sessions were held with each group from the workshop sessions. The graphic artist's prototypes, which were developed during the preceding workshops, were presented on a video projector and participants were able to comment on the visual treatment, choice of colors, typeface, and wording. The full set of prototypes was shown to all groups.

5.1   MSM Visual Concepts

The graphic artist led a discussion on the emerging prototypes. Participants then discussed each critically.

The concept, "Let your condom be your guide' played on 'let your conscience be your guide,' evoking a sense of belief or resolution. Initially the image was seen as a cross or 'angel wings'. The religious overtone was seen as promoting religious acceptance. The condom was noted to be too light. The full

color variation was preferred and it was noted that the condom could be a color such as yellow. The concept was liked by all participant groups, and the potential for its use as a computer or cell phone background was also appreciated. It was noted that the concept could be used beyond an MSM audience.
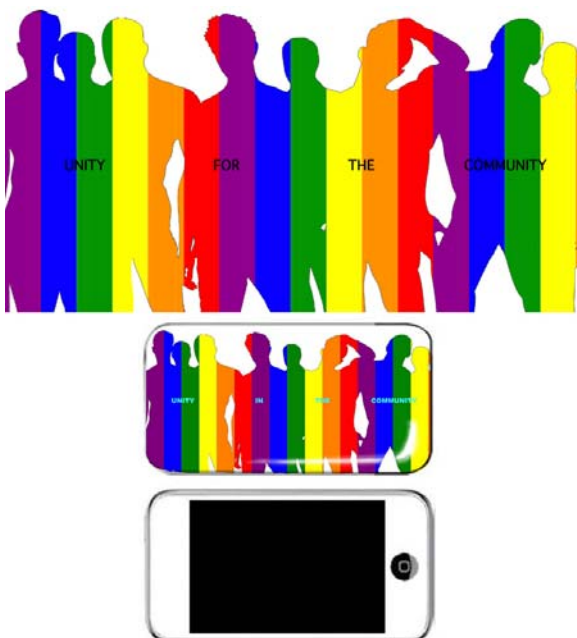
For the 'Unity for the community' concept, the use of the colors of the gay flag was appreciated and the concept well liked by MSM. Some participants suggested including silhouettes of women to extend appeal to the lesbian community. The suggested application of the image as a mobile phone cover was also liked. Not all non-MSM understood the relevance of the colors, but the slogan 'Unity in the community' was appreciated.

Am I a friend or a faggot?

Friend

Faggot

YOU DECIDE

On the 'Friend or Faggot' advocacy concept, MSM participants recognized the concept was provocative, but noted its overall intention was to raise awareness of stigma and to prompt people to think twice. There was however the risk that people would agree with 'faggot' and not question the stigmatizing effect. The word may also be offensive to some. The concept could however be used in a light-hearted way. Another suggestion was 'Family, friend or faggot?' The visual aesthetic that suggested a Facebook button was liked.

TAKE A STAND

COVER YOUR LITTLE MAN

The concept, 'Take a stand, cover your little man' well liked by all groups. It was noted that the concept was also relevant beyond an MSM audience. Some mentioned that there was a possibility that the image might suggest a person with a small penis, but overall, the slogan was liked as is. Color could be added to the condom.

WHO AM I?

HUMAN

The 'Who am I?' poster was also liked. It was said to have a 'Captain Planet' feel to it. The wording and acronyms were not clear to all (particularly TG – transgender, and TS – transsexual), and it was suggested that these be written in full. Other marginalized groups could be added by having more arms/words. MSM could be changed to 'Gay' to include men and women.
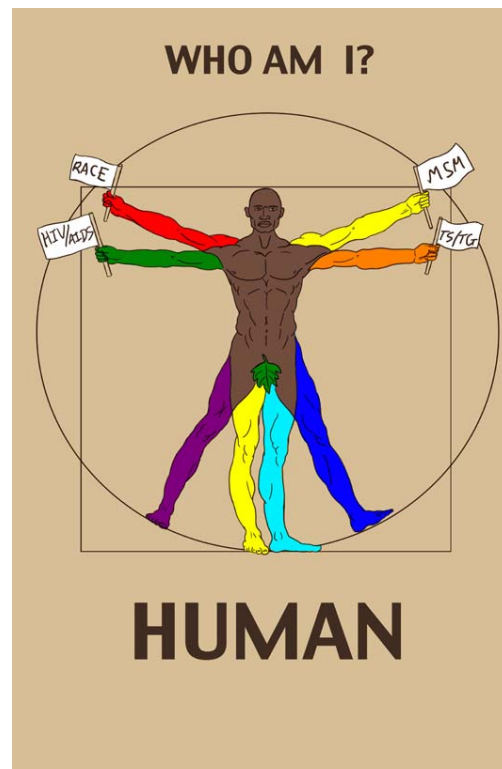
5.2 PLHIV Visual Concepts
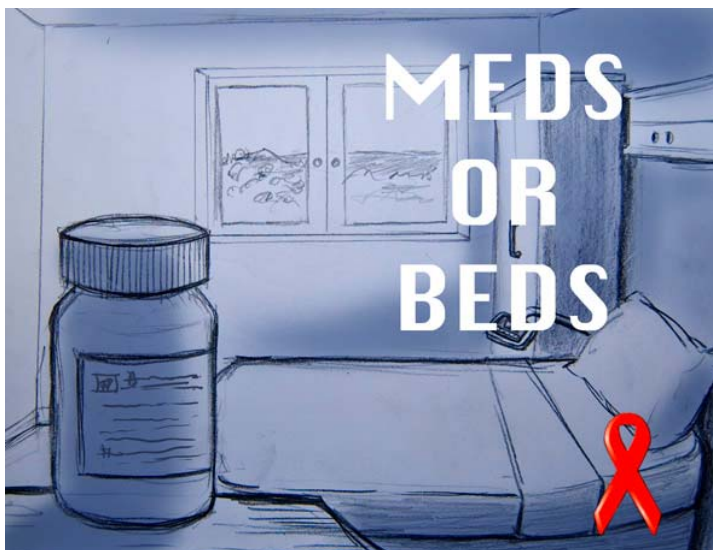
The 'Meds or beds' concept was liked by all participant groups, although it had most resonance with the PLHIV group who originated the concept. There was some debate about whether there should be a person in the bed, and/or whether the room should appear neat and sterile or not. Some suggested adding a saline drip stand. There was also some discussion about whether the view out of the window depicted a beach – making it seem like a luxurious setting. There could alternately be blinds on the window or a poster.

The ribbon and hands concept was well liked and it was noted that it was relevant to many audiences as it promoted unity around HIV. There was some discussion about the color of the hands although it was felt that it did not matter if there was variation or not and potentially there could be several variations in the hands so as to have a range of posters under the campaign. It was suggested that the text could also be made clearer. The application of the concept to a mobile billboard was seen as a useful means of dissemination.
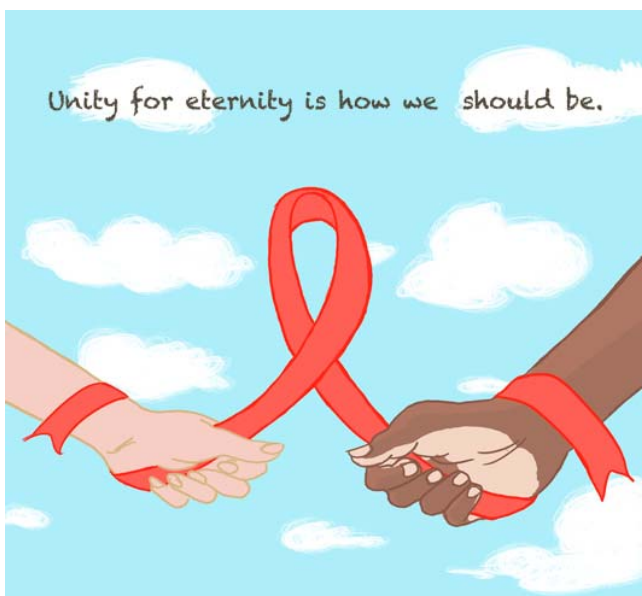
The 'She may look sexy' concept included a poster, and application of the concept onto beer coasters. The imagery was liked by all groups including individuals working in a SW context, who did not see the image as stigmatizing.

The 'Stop, drop and roll' concept was well liked and participants felt that it was executed in a fun way with the three color strips. The further conceptual play of the slogan's association with what to do in the event of a fire was also well liked. The concept was deemed relevant for various audiences.
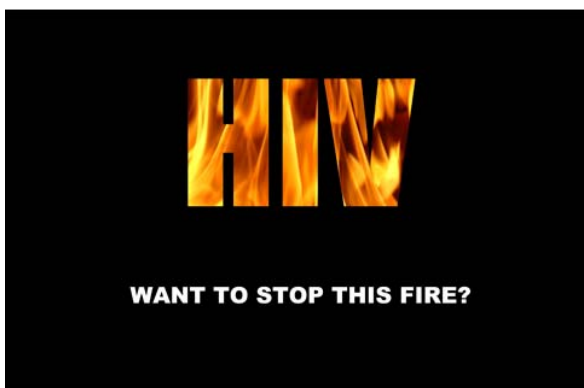
5.3   Individuals Working in a SW Context Visual Concepts
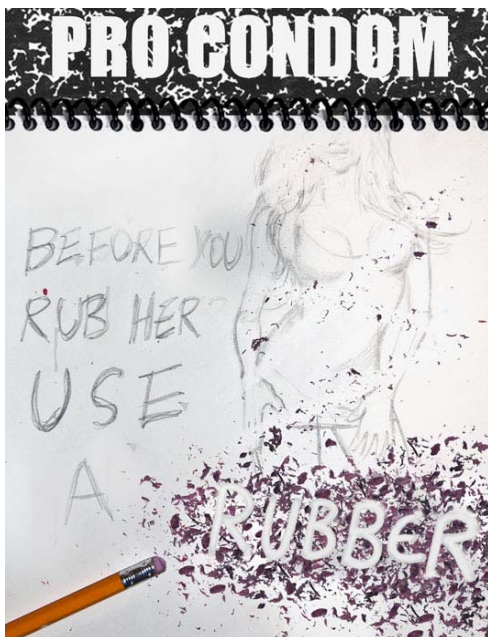
The 'She has the right to change her position' concept was very well liked among the individuals working in a SW context group, with the variation on the white background being preferred. It was felt that the darker image should be in color and possibly appear more threatening, although the depiction of an argument in the image with the white background was seen as more realistic of situations that were faced by individuals working in a SW context.

The play on 'rub her' and 'rubber' was liked in the 'Pro Condom' concept, although it was felt that the concept did not come through clearly enough. The association with condoms could be made stronger by placing 'Pro condom' at the bottom. The image of the women was also too light to be seen clearly. The concept was liked by all three participant groups.

The final concept – 'Don't go raw! Stop to duh store! – was liked by all three participant groups. It was noted that the woman depicted would not necessarily be seen as a sex worker. The cartoon style and humorous angle was also appreciated. It was felt that the concept could readily be conveyed on a T-shirt.

5.4 Slogans

The slogans developed by each group were reviewed by the relevant participants, with some slogans being rejected based on further review. These are indicated further above by **.

5.5 Sexual Networks and Concurrency

During the final concept testing sessions with MSM and individuals working in a SW context, a presentation was made by the consultant on the risks of HIV transmission through sexual networks, including high partner turnover and having concurrent sexual partners. The increased efficiency of HIV transmission during acute infection was presented and discussed by the group.

There was sufficient time available during the MSM session to allow for a further slogan development highlighting the risks of sexual networks. Participants worked in three groups and the following slogans and concepts were developed:

❑ Keep it HIV free (just) between you and me
❑ Don't be a cheat – (just) beat your meat
❑ One is best above the rest.
❑ It's you and I, not you and three guys!
❑ You're not Dora, don't be an explorer.
❑ Me and you against the world.
❑ Keep your risk low. Sleep with one Joe.

- Protect your love, wear a glove.
- Avoid being sick… stick with your pick.
- 'We' ain't in France. It's just the two of us.
- Unlike Pringle's, you can only have just one.
- Stick with me and 'have it your way'.
- Choose one or have none
- Cut down on the wood, cause one is quite good. HIV is out there.
- Choose one man and live a long lifespan
- If you slip you won't miss. HIV is next on the list.
- In one life, out of another. Live one life or live no other.
- Got every package, but still in the store? Choose one and you'll be healthier – more!
- How many carts connect your choo choo?
- Don't sample everything on the platter.
- 1+1=2. Keep it simple. (Beyonce did).
- Show me the sex fax.
- Hansel and Gretel followed the trail – you should too.
- I choose one… Don't take it personal.
- My body is not a conga line.
- Put an end to the dots before it becomes a circle.
- Did you bring the Carnival to bed with you?

6. PARTICIPANT EVALUATION

At the end of the concept review sessions, participants were asked to provide individual written comments on their experiences during the workshop including aspects that they liked, that they didn't like and any additional suggestions or comments. Comments were similar between groups. Most participants mentioned that they had found the workshops timely and informative, with much appreciation for the group interaction, with one noting "It showed that if a person gets together for a common goal, we can make a change". The experience provided an opportunity to meet different people, to hear different points of view, and to understand the problems of others. Participation was transformative for some – for example, helping "to overcome my fear of being in a crowd and standing among others… the feeling was fantastic". One HIV participant noted that this was the first time that he had opened up about his status in a group setting and realized "I am not alone". Value was placed on the creative aspects of working together, helping each affected community, and producing concepts within a short space of time.

Learning more about HIV was also valued – in particular the closing session where risk of HIV exposure through sexual partners' concurrency, and factors increasing efficiency of HIV transmission were discussed.

The venue was seen as a private space suitable for the nature of the group, although one participant mentioned feeling the people around the venue were peeking through the doorway to see who was

there. It wasn't clear if this was actually the case, as it may have been people who were lost in the building, or who were looking for other meetings.

A number of participants expressed hope that there would be further similar workshops – "I hope this workshop leads to an ongoing creative process in bringing forth awareness". The fact that the workshop proceedings were documented was highlighted as "making one feel [as] if one's voice is heard". Many participants also mentioned that they would have liked the workshops to have run over a longer period of time, and to have involved more participants. One participant noted that it was a good time for such workshops in The Bahamas as a product of the growing epidemic. There were a number of requests for copies of the slogans and materials developed. A few participants in the sex work group said they did not like the brand of male condoms that were distributed, and a number mentioned that they would have liked to have had female condoms available. A few participants mentioned either liking or disliking the food.

7.   STAKEHOLDER'S MEETING

A debriefing meeting was conducted with stakeholders on Friday, September 23, 2011.The meeting served to:
- ❑ Share experiences of the Action Media methodology from a global and Caribbean perspective;
- ❑ Disseminate the findings of the audience media consultation sessions;
- ❑ Discuss lessons learned; and
- ❑ Share emerging concepts for integration into the communication material and development process and activities of the various agencies.

There were 13 participants and 12 organizations represented including, UNAIDS, Pan American Health Organization, PEPFAR, Red Cross, AIDS Foundation, The HIV/AIDS Center, National Drug Council, Health Education Unit/Ministry of Health, Civil Society Bahamas, Youth Ambassadors for Positive Living, Bahamas Association of Social Health, Society Against STI and HIV.

An overview of the C-Change project was provided including reference to upcoming activities. This was followed by a presentation on the Action Media methodology and the findings from The Bahamas. Participants engaged with the findings and there was strong interest expressed in further training in the methodology. It was noted that three stakeholder representatives had participated in the Action Media audience consultation workshops as observers at various points.

The stakeholders were impressed with the outputs/concepts and congratulated C-Change for being able to break through some difficult barriers with the three different focal audiences. Most organizations were interested in using the concepts and slogans and it was indicated that a protocol for coordinating this process would be developed by C-Change. This would avoid duplication and could also address issues of refining the concepts and branding. Some of the emerging concepts

may be transferable to other Caribbean countries and can be tailored to suit the different cultural contexts.

8. CONCLUSIONS

The series of Action Media workshops with individuals working in a SW context, MSM, and PLHIV provided an opportunity to obtain perspectives on the context of HIV among vulnerable higher risk groups in The Bahamas. The methodology worked consistently well with all groups, achieving high levels of participation and generating a range of creative concepts in a short space of time. Participants appreciated the opportunity for open discussion and interaction on issues that directly affect them. The process was beneficial to many individual participants, who improved their confidence and self-esteem through group interaction, and many expressed appreciation for improving their knowledge and understanding of HIV.

Contextual Challenges

All three participant groups provided insight into their marginalization in The Bahamian context. For MSM, discrimination occurred in various public settings, including accessing public transport, at work, and at educational institutions. Discrimination mostly took the form of gossiping about sexual orientation and potential HIV status and labeling. Some churches made anti-gay pronouncements, which impacted participants. It was discussed that families need help in coming to terms with a gay family member. That there are 'down low' men, was thought to illustrate that it is not always prudent to be open about one's status. Exposure to violence and robbery did not appear to be severe. MSM were vulnerable to HIV as a product of meeting partners in the context of alcohol and drug use, lack of clarity about responsibilities for condom use, inconsistent condom use, and high partner turnover.

Contextual risk factors related to HIV for MSM included the range of men in the broader MSM sexual network, including 'trades' and men who work in a SW context, 'down low' men, gay identified men, and immigrant MSM. There was reported variation among these groups in relation to sexual risk practices. Communication approaches would need to take into account the specifics of their practices and context. Other relevant audiences were biological family, 'gay family', health workers, social workers, prison staff (given MSM in prisons), clergy, teachers, politicians, co-workers, employers, and business clients. The broader community was a relevant audience for addressing MSM discrimination.

It was harder to gauge the general experiences of PLHIV in The Bahamas, given that the Action Media participants were a small and diverse group. Nonetheless, discrimination and stigma appear to be common, leading to difficulties in family life and work. Being known or perceived to be HIV positive led to gossip. Participants attending clinic sessions that were known to be for PLHIV felt isolated, and some made alternative arrangements for accessing health care. Audiences relevant to PLHIV communication included the PLHIV community, families, health workers, clergy, and the

broader community. Personal health and communication about treatment were key concerns of the PLHIV group; but it was also clear that there was a need for psychosocial support and counseling.

The context of individuals working in a SW context included those working as bartenders, strippers, and waitresses, and it was noted that it was common to be propositioned by men and tempted by the possibility of money. While condom use was prioritized, the women were not always in control of HIV prevention. Some individuals working in a SW context had boyfriends and did not use condoms with these men. Alcohol and drug use were also noted as common. Involvement in sex work was typically kept secret from family members. A range of audiences were identified as relevant for individuals working in a SW context -related communication, including individuals working in a SW context as a group to address HIV prevention and violence prevention, clients of sex workers, family, police, pastors, and the broader community.

<u>HIV Prevention</u>
While all participants were aware of HIV, there was no comprehensive understanding of HIV risk and vulnerability. This included lack of knowledge about particular risk behaviors (e.g. giving versus receiving anal sex, risks of oral sex), but also lack of knowledge of vulnerability in relation to sexual networks through high partner turnover and concurrent sexual partnerships. This was addressed through a formal presentation and discussions during the review session with MSM and individuals working in a SW context.

The internet was noted to be a source of information for all groups, with MSM being more likely to have access. Facebook was used widely and other websites were used for social networking, sexual networking, obtaining information, and information sharing. Individuals working in a SW context were more likely to use mobile phones as their primary means of communication and networking, and clients typically reached them through this medium.

Condoms were widely accessible and MSM organizations such as SASH also provided access to lubricants. A few MSM participants mentioned using female condoms for anal sex. Individuals working in a SW context were particularly interested in female condoms, which they said were not readily accessible. Condom use among individuals working in a SW context was strongly motivated by the desire to stay healthy. The lack of emotional attachment to clients also motivates condom use, whereas among MSM, emotional attachment contributes to a sense of trust. Individuals working in a SW context noted that they did not use condoms with their long-term partners because of the emotional connection. PLHIV were keen to prevent onward transmission of HIV, and indicated that condom use and abstinence were suitable strategies.

'Testing parties' were seen as a useful strategy for prompting HIV testing among MSM. Among individuals working in a SW context, HIV testing was not emphasized.

Vulnerability to HIV among MSM and individuals working in a SW context occurs in conjunction with social spaces, such as clubs, bars, and other social venues where alcohol is consumed. 'All you can drink' parties appear to accentuate risk among MSM. Individuals working in a SW context also meet clients in the streets, which increased risk as a result of condom use being less likely in that scenario. Men who sell sex, including 'trades' and 'down low' men, are harder to reach because they do not socialize as widely within the MSM community. Men in this category who have female partners may put their partners at risk. This is also the case for male partners of female individuals working in a SW context. The Action Media workshops focused on female individuals working in a SW context and it was not possible to pursue vulnerabilities of young male participants who were said to sell sex to older females. It was also not possible to explore client groups in detail, and therefore it could not be established to what extent tourists were clients of Bahamian individuals working in a SW context. Migrant MSM were also noted to be vulnerable – for example Haitian MSM.

Approaches to Communication

Although the extent of HIV communication in The Bahamas was not formally explored, it appeared that information on HIV was not widely available. There were clear needs for information among MSM, individuals working in a SW context, and PLHIV across a range of thematic areas, including HIV prevention, but also in relation to issues such as group identity and unity, group rights, and communication addressing the broader public in relation to these vulnerable groups.

There was value placed on a wide range of mediums and communication approaches including print media such as leaflets and posters, which could be placed at health facilities and social venues, but also materials such as stickers, key chains, T-shirts, and other items that could convey slogans and branding. Electronic media such as desktop images on mobile phones and computers, social networking through Facebook, and websites in general could be utilized. Sample print products that were provided for review were well-liked, with C-Change's community conversation toolkit being highlighted as a product of their bright colors, intriguing messaging, and interactivity (eg. the cube and playing cards).

The range of slogans and poster concepts developed illustrate how MSM, individuals working in a SW context, and PLHIV make meaning of HIV related topics and also revealed focal areas where communication would be most beneficial. The concepts that were developed by the graphic artist were well-liked overall. When concepts from one group were shared with another group, many were relevant and transferable (although not all concepts were understood between groups).

9.   RECOMMENDATIONS

The Action Media workshops represent an opportunity for expanding communication for HIV vulnerable populations in The Bahamas, as well as for informing communication on HIV and the rights of vulnerable groups among the general population.

Stakeholders expressed interest in the Action Media methodology and also in the emerging slogans and concepts, which would benefit from coordination through C-Change. Many of the concepts developed can be readily implemented in low-cost electronic formats, such as mobile phone messaging, phone and computer desktop images and screensavers, websites and social networking resources such as Facebook.

An expanded set of print materials would be relevant for contexts such as health services and HIV and AIDS organizations, as well as in social settings such as clubs, bars, restaurants, party venues, and the like. These could include materials providing in-depth information, such as leaflets, as well as stickers, drink coasters, posters, electronic images for use on video projectors and big screens, and utility items such as key chains and T-shirts.

Consideration needs to be given to the branding of various items and the use of similar materials, slogans, and concepts between stakeholder groups in The Bahamas. It is recommended that there be stylistic coherence between various products to reinforce linkages to HIV and promotion of rights and acceptance of marginalized groups. It would also be relevant to consider the sequencing and prioritization of various messages and concepts – for example, addressing the clergy would best be linked to seminars and workshops for this group to provide in-depth information on HIV and vulnerable groups, and to explore best approaches to communication.

It is important to further review and pre-test revised concepts, as what is presented in this report are draft. There is the potential to continue to involve and support the participants who were involved in the Action Media workshops. C-Change staff, individuals, and stakeholders involved in the September workshop series now have experience in the methodology, and can be drawn upon to assist in further communication development processes.