“SOMOS PARTE DE LA SOLUCIÓN”:
WOMEN ACTIVISTS’ KNOWLEDGE OF GENDERED RISK AND THEIR
EDUCATIONAL RESPONSES TO HIV/AIDS IN THE PERUVIAN AMAZON

by

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A dissertation submitted in conformity with the requirements
for the degree of Doctor of Philosophy
Graduate Department of Curriculum, Teaching and Learning
Ontario Institute for Studies in Education
University of Toronto

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“SOMOS PARTE DE LA SOLUCIÓN”:
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Doctor of Philosophy 2013
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Abstract

This dissertation is a critical ethnography conducted in the Amazon jungle city of Iquitos, Peru—a city where sex work and sex tourism are becoming increasingly prevalent, and where AIDS cases in women are on the rise. In recent years, HIV positive and sex worker women activists in Iquitos have made significant strides to respond to the AIDS crisis through social movement organizing and educational outreach. This dissertation exposes the nuanced gender relations perspectives of HIV positive and sex worker women activists and underscores the importance of including these subjugated knowledges in solution-oriented discourses in HIV/AIDS education.

I deployed a combination of gender relations and postcolonial feminist theories to pursue two lines of inquiry. First, I investigated HIV positive women and sex worker women activists' own understandings of gender relations and gender-related risk factors for HIV. Second, I explored the varied educational spaces that activist women produced to disseminate this knowledge to other affected populations and the wider public.

Results show that women activists' collective organizing around their stigmatized identities positioned them to critically comment about how gender influences HIV risk for both women and men and also enabled them to encourage their stakeholders to re-think and re-learn gender in ways that would reduce their risk to HIV. As the title of this dissertation reads, women activists asserted that they are "part of the solution" to combat HIV/AIDS in Peru. My dissertation shows
that "activist knowledge" is critical to re-conceptualize the ways that local expressions of masculinities, femininities and gender relations are taken up in HIV/AIDS education initiatives.
Acknowledgements

Although I didn't realize it at the time, this dissertation was born in the Peruvian Amazon jungle in 1995. It was the year I first went to Peru as a volunteer with Amazon Promise, a healthcare NGO. Upon arriving in the Amazon, I learned that I needed an experienced jungle guide so that I would not lose my way amongst the dense labyrinths of foliage. Writing this dissertation was very much like orienteering in a jungle. During the fieldwork for this research, I collected what seemed like acres of data that I had to machete my way through to find a delicate balance between logic and clarity, emotion and creativity and personal reflection from years past.

There are a number of people who have been my "jungle guides" throughout this process.

First I would like to thank my supervisor and mentor Dr. Lance T. McCready: Lance, thank you for your wisdom and guidance these past five years. I appreciate that you always made time for me in your packed Google-calendar for an "emergency lunch" or coffee. Our conversations were always interesting and thought-provoking. . . and funny! Thank you also for encouraging me to embrace my many interests through interdisciplinary scholarship. To my kind and supportive committee members, Dr. Kathy Bickmore and Dr. LaRon Nelson: Thank you, Kathy for your practical advice, your scribblings on my drafts (which I will never ever throw away!) and for always being available. LaRon, you have helped me enter into the world of public health with great confidence. Thank you also for your encouraging email replies that you would send from wherever you happened to be! Finally, I would like to thank my external examiner, Dr. Ana Isla for her thoughtful appraisal of this work.

A big thank-you to my parents, Nick and Mary for raising me to be curious about nature and compassionate with people. You have led by example to be sensitive to culture and humble in the world. To Ali and Alvina: Thank you both for your familiar company that we shared while watching movies, making delicious home-made food and experiencing Toronto's best restaurants! Thank you to Katherine, Alan, Eloise and Tom for your regular kind words and thoughts from Hull and Brussels. It has meant a lot that you have kept up to date with my progress and have cared for my wellbeing from so far away.

In Peru: I'd like to thank Patty Webster, Elena Deem and Helga Henderson for your inspiration, logistical support and assistance with gaining access to communities in the villages and for helping with translations of interview schedules.

I was lucky to have a superb technical support team for this project: I'd like to acknowledge Jordan Hale in the Map and Data Library at Robarts who spent hours with me working her magic with GIS software to customize the spectacular map of Loreto, Peru (Figure 2)--according to my very specific requirements! Gracias a mi amiga Patricia Gaviria for her Spanish proofreading. And finally, to Jagjeet Gill: thank you so much for all your time and hard work in getting the last bits done. Formatting and references are endlessly frustrating and I truly appreciate your (and Deesh's!) technical wizardry and ongoing support via phone, text and email to really get me to the finish line.
I am indebted to the following friends for their advice, encouragement and for cheering me on: Alia Somani, Amy Gullage, Anne Rovers, Anthony Briggs, Arif Anwar, Christina Foti, Daphne Boxill, David Pereira, Elma Castillo, Emmanuel Tabi, Farzana Hassan, Gianluca Barletta, Jacky Dickens, Jaclyn Piudik, Jagieet Gill, Janet Brown, Jennifer Hunter, Jessica O'Reilly, Jody Brown, Johanna Danciu, Kathleen Gaudet, Kathy Chung, Larissa Barr, Laura Gainey, Lia Gladstone, Lydia Menna, Lyndsay Hayhurst, Matthew Feng, Michelle Balcers, Michelle Keightley, Nick Matte, Patricia Gaviria, Raminder Sandhu, Richard Clark, Sally Wright, Sevda Bathyiar, Shaista Ghyas-Uddin, Shannon Mahoney, Shari Mackie, Sonja Petersen, Tim Butler, Vanessa Ronsisvalle and Yamin Qian.

To Nicky. . . first, thank you for making a very brave move from England to Canada so that I could pursue this doctoral degree. You've taken great care of me during these five years. Thank you for understanding why I would disappear each weekend into my "oficina" at OISE, my "bunker" at Robarts or the "home-school". Thank you for insisting that we celebrate all the little milestones along the way and for always saying: "How can I help?", whenever I felt down about the whole thing. Thank you for making the trip all the way to Iquitos, Peru to visit me during fieldwork so that you could experience just seven short days in the Amazon. I could not have done this dissertation without your rock solid and unwavering support and empathy. I have now achieved my goal. We're off to Singapore soon so now it's your turn. . .

And finally. . .to all the participants who opened themselves up to me: Gracias a Angela, Carlos, Fiorela, Lupe, Magnolia, Silvia y Victor por ser tan abiertos conmigo desde el principio, por compartir su tiempo y por las lindas conversaciones que tuvimos. Aprendí un montón de ustedes. Y por último, gracias a todas las demás de las mujeres que participaran en este estudio. Sus testimonios y sus conocimientos no serán olvidadas.
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Dedication

For Nick...
### Glossary of Spanish Words

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<th>English Definition</th>
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<tr>
<td>aventura</td>
<td>adventure</td>
</tr>
<tr>
<td>carne-a-carne</td>
<td>flesh-to-flesh/no condom sex</td>
</tr>
<tr>
<td>charla</td>
<td>(educational) talk/lecture</td>
</tr>
<tr>
<td>compañera/o</td>
<td>peer/comrade</td>
</tr>
<tr>
<td>compañerismo</td>
<td>companionship</td>
</tr>
<tr>
<td>conviviente</td>
<td>live-in partner</td>
</tr>
<tr>
<td>cuna</td>
<td>cradle/Lazos de Vida headquarters</td>
</tr>
<tr>
<td>diagnóstico</td>
<td>diagnosis</td>
</tr>
<tr>
<td>diversión</td>
<td>fun/partying</td>
</tr>
<tr>
<td>gringo/a</td>
<td>common word that Hispanics use to refer to foreigners, usually White people</td>
</tr>
<tr>
<td>gringueras</td>
<td>slang word to describe local young women in Iquitos in search of male tourists for friendships/relationships</td>
</tr>
<tr>
<td>hembra</td>
<td>chick/girl on the side</td>
</tr>
<tr>
<td>Loretano/a</td>
<td>man or woman from the Amazon province of Loreto, Peru</td>
</tr>
<tr>
<td>marcha del orgullo</td>
<td>pride parade</td>
</tr>
<tr>
<td>motocarro/motocarrista</td>
<td>three-wheeled motorized taxi/one who drives a motocarro</td>
</tr>
<tr>
<td>mujeriego</td>
<td>womanizer</td>
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</tbody>
</table>
**pegador**  beater/puncher/fighter

**pisado**  a word used by men to describe a man who appears to be dominated by his wife/girlfriend

**pitúco/a**  snobbish/middle class

**Plaza de Armas**  Main Square

**posta**  health clinic

**Promotores Educadoras de Pares (Peps)**  peer educators

**personas viviendo con VIH (PVVs)**  people living with HIV

**sacolargo**  a word used by men to describe a man who appears to be dominated by his wife/girlfriend

**señor**  older man, usually married

**sentir mujer**  to feel womanly/feminine

**¡Soy Capáz!**  I am capable!/I can!

**TARGA**  HAART (Highly Active Antiretroviral Therapy)

**trabajadora sexual (TS)**  sex worker

**visible**  visible/"out"
List of Abbreviations

ACSA: Asociación Civil Selva Amazónica
AP: Amazon Promise
ARV: Antiretroviral
CBO: Community-based organization
GFATM: The Global Fund to Fight AIDS, Tuberculosis and Malaria
HAART: Highly Active Antiretroviral Therapy
HIV/AIDS: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
LV: Lazos de Vida
LGBT: Lesbian, gay, bisexual transgendered
MSM: Men who have sex with men
NGO: Non-governmental organization
PLWH: Person/People living with HIV/AIDS
PROCETTS: Monitoring Program for Sexually Transmitted Infections
SC: Sarita Colonia
STIs: Sexually Transmitted Infections
SW: Sex worker
TARGA: Terapia Antiretroviral de Gran Actividad
TS: Trabajadora Sexual
UNAIDS: Joint United Nations Programme on HIV/AIDS
CHAPTER ONE
INTRODUCTION: VERONICA'S STORY

It is likely that the moment of HIV transmission into women's bodies is a very private moment—whether in the embrace of a lover or shared injection of a drug. Yet, the chosen or imposed isolation of this moment hardly measures the enormous public force that culminates in this irrevocable transference of viral particles (Zierler & Kriger, 1997, p. 429).

I begin with a young woman’s story of her family to introduce the issue of women's vulnerability to HIV in the Peruvian Amazon, specifically in the region of Loreto (see Figure 1). This narrative also provides a preview into the ways that activist communities in this region produce and circulate gender and HIV-related knowledge. The following composite narrative was pieced together from her answer to my interview question: “How did you come to know the people in Lazos de Vida?” Lazos de Vida (LV) is a community-based activist organization in Iquitos, Peru run by people living with HIV. Lazos de Vida provides counselling, health education, social support and a home for HIV positive women and children.

Veronica was born in the village of Puerto America on the Marañon River, approximately 300 kilometers west of the Amazon region's capital city of Iquitos (see Figure 2). When Veronica was fourteen, her family arranged for her to live with one of her sisters in Peru's capital city, Lima. The only viable travel option for her was a 500 kilometer lancha (slow boat) journey down the Ucayali River to the jungle city of Pucallpa (see Figure 2). Once there she was to be picked up by family members, and then make an additional 500-kilometer road journey to Lima. She embarked on the initial leg of her journey, but when she arrived in Pucallpa, to her dismay, no one was there to collect her. Away from home for the very first time, she suddenly found herself alone in a strange city. She wisely befriended a woman in Pucallpa who offered to take
her in. Veronica soon found work as a kitchen helper and admits that she was exploited, earning a meager 10 soles (~$3 USD) per month. Eventually she found a better job as a domestic and met a man who eventually became her husband. He worked a physical labour job in the logging industry.

A month after the birth of Veronica’s first son (Fernando), her husband developed a condition which resembled "bolitas" (little “balls”), that broke out on the skin. He attributed it to something he might have eaten. He also began to lose a lot of weight and experience interminable diarrhea. The skin lesions eventually disappeared but the weight loss and diarrhea remained. Despite his illness, he continued to work whenever he could. While her husband was ill, her second son (Diego) was born. Her first son, Fernando, at seven months, also became ill with diarrhea, vomiting, signs of malnutrition, weight loss, and dehydration and was frequently in and out of hospital. Having her husband and baby both ill with no answers or explanations for their illnesses caused her immense emotional suffering. Further, hospital staff blamed Veronica for her son’s condition and threatened to take the child away from her, implying that she was not a good mother. Staff told her that she was one of those irresponsible mothers who goes out to play Bingo instead of looking after their children. Another staff member said to her, “This child looks like it’s come from Africa!” These accusations impacted Veronica to such an extent that, when Diego became ill at five months old, she was too panicked to take him to the hospital out of fear that he would be taken away from her.

Veronica clung to Diego, not wanting to come into contact with judgmental hospital staff. Diego’s health deteriorated and he developed lesions on his leg that only became worse without any medical attention. When Veronica finally did take him to the hospital, his leg had developed necrotic cellulitis and she was told that amputation was a distinct possibility. She managed to
convince the doctors to do everything they could to save his leg. In the end, with the aid of a skin
graft from his scalp and constant monitoring to prevent further infection, his leg survived.
Veronica’s husband’s health also worsened around this time, leaving him bed-ridden. Doctors in
Pucallpa had tested him for Hepatitis and tuberculosis but not for HIV. He was taken to Iquitos
as health services there were better and he was eventually diagnosed with AIDS. He died there
while Veronica remained in Pucallpa with the children. Veronica's life was ridden with pain and
suffering with lack of explanations. “What had I done to deserve two ill children and an ill
husband? I cried. . . I cried tears of blood because my pain was so strong, seeing both my
children and husband ill. I’ve experienced so much suffering. . .” Shortly after the death of her
husband, Veronica moved to Iquitos to live with her sister.
       Veronica’s suffering continued. Diego was rushed to hospital because of vomiting,
diarrhea and now also, convulsions. Doctors told her that he was dying and needed to be hooked
up to oxygen and begin a course of anticonvulsants. Again, Veronica’s judgment as a mother
was called into question by hospital staff in Iquitos who asked, “How is it that your son is so
malnourished and underweight and between life and death?” Without anticonvulsants, doctors
told her that Diego could suffer irrevocable neurological damage that would cause him to
become “un niño especial” (a child with special needs). Hospital procedure required Veronica to
have blood-work done so that they could find some answers to what was ailing her son. She was
given a sheet of paper with tick-boxes next to a list of diseases whose antibodies could be
verified through blood-work. Veronica noticed that one of the ticked boxes was “VIH” (HIV).
“At that moment my heart began to beat very fast and I was thinking, why are they asking me to
do this test? I felt like ripping up the piece of paper right there because I don’t have that disease.
Why are they asking me to test for it?” They also did blood-work on her son: as a result, staff
knew he was HIV positive, but did not want to tell her. She waited an excruciating six days without knowing. When she finally did see the doctor on the sixth day, he asked her if she had been told by other staff about her son, to which she replied, “No. No one has told me what’s wrong with my son.” The doctor became annoyed that she hadn't been told, but he also refused to tell her. By this time, Veronica had heard rumours around the hospital waiting areas about a woman who was HIV positive and with HIV positive babies. She had assumed they were talking about another woman but eventually the torment of the waiting and the whispering was too much to bear for Veronica and she decided to find out for herself. She went straight to the infectology laboratory and asked them outright and got her answer. Her son had tested positive for HIV. At that moment, she became indignant and announced to staff, “Well if he is positive, then I guess that means I am too and that it was me who passed it on to him!” From that moment onwards everything started to make sense to her, why her husband and both her sons were so horribly ill. Further testing confirmed that Veronica and both her sons were HIV positive. Veronica’s mind skipped back to the hospital rumours and she clearly remembered thinking, “It was me they were talking about, it was me they were criticizing. It was terrible, terrible. . . .” Veronica and both her sons began immediate anti-retroviral (ARV) treatment and counselling.

Life at Veronica’s sister’s house was difficult, in part because Veronica could not bear to tell her sister the truth about herself and her sons. Instead, Veronica told her sister that the children had tuberculosis. In time however, she revealed the truth. “That’s when the discrimination began. She would separate the plates and utensils. We would eat separately. She was afraid of us. She didn’t want us to touch anything. She moved my bed to the back of the house. The discrimination was awful…” Veronica and her sister were not close, as she was much older and they didn’t share the same father. The time eventually came when Veronica could not
take much more of her sister’s behaviour. She decided to confide in the members of a community-based organization run by people living with HIV (PLWH) called *Lazos de Vida* during a counselling session at the Iquitos Hospital. She spoke to Fiorela and Lupe--two PLWH who were activists in this organization. They informed her that she could move herself and the children into the *cuna* ("cradle house") in Iquitos. The *cuna* was the *Lazos de Vida* headquarters house where meetings are held and where HIV positive mothers and children lived in peace, surrounded by supportive people who were also living with HIV. At the time of the interviews for this study, Veronica and her sons had been living at the *cuna* for almost two years. She was much happier there: her sons were looked after and she had learned a lot about what it means to live with HIV by being a part of the *Lazos de Vida familia* (family). One of the organization’s leaders, Lupe, told me that she hoped that Veronica’s sons would grow up to be future leaders of the organization. Diego was then three and Fernando was six and attends primary school.

---

1 Lupe and Fiorela were participants in this study and will be introduced in *Chapter Four*. 
Figure 1. Administrative map of Peru.

Figure 2. Map of Loreto region, Peru.

Background: Healthcare\textsuperscript{2}, Health Education and HIV Treatment in the Peruvian Amazon

Veronica's story is significant because it shows how her risk of contracting HIV and her subsequent treatment were affected by the broader inter-related social issues of gender relations, access to health education and appropriate health care in the jungle city of Pucallpa. Veronica, her late husband and children had all lived with the virus between 2004 and 2008 without knowing their diagnosis. Peru had approved a policy of free universal anti-retroviral therapy in 2004, but access had been too centralized to reach everyone who needed it, leaving hundreds in rural regions (like the Amazon), un-tested and untreated (Konda, Cáceres & Coates, 2008).

The Amazon region of Peru is the most underserved region of the country. The health status of many people in the Amazon is largely shaped by the combination of poverty and low population density in this large geographic region where access to western healthcare services are only accessible by long river journeys (Casapía, Joseph & Gyorkos, 2007; Martínez, Villarroel, Seoane, & del Pozo, 2004; Nawaz, Rahman, Graham, Katz, & Jekel, 2001). There are health centres and hospitals located in the urban centres of Iquitos and Pucallpa and the smaller towns of Yurimaguas and Tarapoto (see Figure 2). Indigenous and mestizo\textsuperscript{3} populations residing outside these centres are limited to the use of postas (health "posts"). Health posts are described as, "...a point of access to the healthcare system for a rural population. Health posts are typically located in towns of no more than 1000 inhabitants that have no telephone line and poor transport

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(Martínez, Villarroel, Seoane, & del Pozo, 2004, p. 219). Despite the presence of health posts in rural communities, people do not access them regularly. According to the health behaviours and perceptions survey conducted by Nawaz, Rahman, Graham, Katz, & Jekel, (2001), some health posts took twelve hours to reach by river; they conclude that distance and travel cost were people's primary reasons for not seeing a doctor (Nawaz, Rahman, Graham, Katz, & Jekel, 2001).

In order to address health concerns in rural communities, one non-governmental organization, Amazon Promise, has been "taking healthcare" to rural areas in the Peruvian Amazon since 1993. As a former volunteer with Amazon Promise I had met hundreds of people in villages surrounding Iquitos who did not have regular access to health services (although many people do rely on their local shamans). My volunteer responsibilities involved translating Spanish to English and English to Spanish for Peruvian and foreign doctors and nurses. Thus, I quickly learned of the many ailments that affect people in these rural areas. The most common health concerns that nurses and doctors described to me were: iron deficiency, dehydration, urinary tract infections, intestinal parasites, diarrhea, tooth decay, and open wounds from accidents or animal bites that required immediate suturing or surgical debridement. Other ailments included tumours, hernias, gall stones, cancer and cataracts. Amazon Promise has been in operation for close to twenty years and schedules invited visits to a multitude of villages to hold all-day clinics approximately four times each year. Since 2006 Amazon Promise has extended their service delivery to include HIV prevention talks, testing and counselling. The name of Amazon Promise's HIV program is called: ¡Soy Capáz! (I can!/I am capable!) and is briefly discussed in Chapter Three. Patient data from all clinics are recorded and sent to the Peruvian Ministry of Health.
However, as we learned from Veronica's story, even in the city of Pucallpa in 2004, healthcare, treatment and testing for HIV were not adequate to perform HIV testing and provide treatment at that time. In 2009, the United States Agency for International Development collaborated with the Peruvian Ministry of Health to conduct an intervention to initiate HIV/AIDS prevention, control and analysis activities at the Regional Hospital of Pucallpa (USAID, 2009). While these efforts are indeed commendable, universal access to anti-retroviral drugs officially had been available in Peru five years earlier.

Progress to widening access to ARVs in Peru has been slow. In Iquitos, the Amazon's largest city, HIV testing is available. However at the time of data collection, administrative red-tape did not yet authorize CD4 cell counts to be analyzed in Iquitos. A central component of the lab work that HIV positive people require on a regular basis is a measurement of their white blood cells (CD4 cells) to determine the viral load in their body (Judd, 2011). At the time of writing, CD4 laboratory analyses were not available in Iquitos. CD4 analyses were conducted in Lima and are air-shipped back to Iquitos--a process that takes weeks and leaves many HIV positive and people in the later stages of AIDS without ARVs until their cell counts are officially confirmed (Cohen, 2006).

Although access to ARVs continues to be challenging in the Peruvian Amazon, research on the success of in HIV/AIDS treatment (when received), is more optimistic. Peru's epidemic mainly affects men. Consequently, gay and transgendered communities in Lima and in Iquitos have been integral in pushing forward new clinical research on PrEP (pre-exposure prophylaxis). PrEP is a treatment for HIV that is administered to individuals at high risk for HIV infection before exposure to HIV to reduce the risk of transmission (Cohen, 2006; Grant, et al., 2010; Paxton, Hope & Jaffe, 2007). This method is commonly known in public health and international
health agency circles as “treatment as prevention”. Jon Cohen's (2006) journalistic piece on ARV access and HIV treatment in Iquitos, colourfully captures the phenomenon of Peru's current interest in PrEP research:

On a Friday night this June at a gay disco in Iquitos, a jungle city that’s the jump-off point for touring the Amazon rainforest, drag queens danced to the thump of “Voulez-vous coucher avec moi?” in a Miss Adonis contest. The event, staged by the Asociación Civil Selva Amazónica, was part entertainment, part HIV prevention, and part recruitment for an AIDS vaccine trial (p. 488).

Asociación Civil Selva Amazónica was, at the time of this research, the most robust HIV/AIDS-focused NGO in Iquitos. It often collaborated with a second HIV/AIDS research-focused NGO in Lima, called Impacta. Combined, these organizations conducted rigorous clinical studies focusing on men's risk to HIV and treatment options in Iquitos. During my fieldwork, I interviewed one of the education co-ordinators, at Selva Amazónica about the target audience for their community education programs. He confirmed that, given the nature of the epidemic in Peru, the organization primarily targets and serves gay-identified and bisexual and transgendered men and men who have sex with men (MSM). I also asked him if Selva Amazónica did any prevention education programs for men and women in the general population (women like Veronica), but he reiterated that most of the research, peer outreach and educational initiatives were geared to the gay, bisexual and transgendered male communities. Access to HIV/AIDS curricula that seeks to challenge traditional heterosexual gender roles and relations to influence condom use may have encouraged Veronica and her husband (and sexual encounters outside their relationships, if any) to engage in safer sex practices to reduce their risk of contracting HIV. HIV research and funding predominantly responds to gay and bisexual men's risk, thereby
making women in heterosexual partnerships a vulnerable population. In the next section, I expand on the issue of women's vulnerability to HIV as a recent trend in the evolving epidemic in Latin America.

**Women’s Vulnerability to HIV in Latin America Amidst a Maturing Epidemic**

*Veronica:* The first time I found out about condoms? When I was... [pause] about sixteen. But I didn't pay any attention to them. I knew they existed but I didn't think it was important. I only paid attention when I found out my diagnosis. And then I regretted it because... when I found out my diagnosis I regretted it, saying to myself, "Why didn't I use a condom?" But there weren't any... like, before, there weren't so many *charlas* [educational talks/lectures] like there are now (14/07/10).

In my interviews with Veronica, she said she had never used a condom with her husband. In her quote above, she explained that she had some knowledge of condoms but did not consider them important, suggesting that the educational messages condoms may not have been frequent or effective enough for her to pay attention. Veronica suspected that her husband had sexual relationships outside of their marriage; male infidelity is the norm rather than the exception in heterosexual relations in most of Peru (discussed in further detail in Chapter Five) (Cáceres, 2002; Fuller, 2004). Recent scholarship on HIV prevalence in Latin America indicates that heterosexual transmission of HIV is on the rise, consequently increasing women's risk (Cáceres & Mendoza, 2009; Garcia Abreu, Noguer & Cowgill, 2003; UNAIDS, 2009). HIV prevalence in Latin America affects 0.6 percent of the population and 0.4 percent of Peru's population. It is not a full-scale epidemic--meaning that HIV does not affect both women and men to a similar degree as seen in some parts of Africa. However, strong evidence indicates that the pattern of the disease is "maturing" into a more generalized phenomenon, seeping out from "key populations"
In Latin America, HIV could be termed a primarily "masculine" epidemic (Cáceres & Mendoza, 2009; Garcia Abreu, Noguer & Cowgill, 2003; UNAIDS, 2009). Up to the present time, gay men, bisexual-identified men or men who have sex with men (MSM) have been the chief AIDS sufferers and chief targets for public health responses and civil society initiatives (Frasca, 2006). In Peru, leading HIV scholar and public health official Carlos Cáceres and his research teams have carried out numerous studies that show male-to-male transmission generally has taken place through inconsistent or no use of condoms (Cáceres & Rosasco, 1999; Cáceres, 2002; Cáceres et al., 2008; Peinado, 2007). Women sex workers, along with men, are regarded as high risk "key populations". However, because of national and regional efforts to educate sex workers to engage in consistent condom use with clients, these women's risk was shown (at the time) to be lower than men's (Bautista, Sanchez & Montano, 2006; Miller et al., 2004). Overall in Peru, there has been some national and civil society response to reduce HIV risk in key populations (gay men, MSM, and also female sex workers and injecting drug users). In North and South America, where the disease historically had mainly affected men, little is known about women's knowledge and experiences of HIV/AIDS prevention education (Cáceres & Mendoza, 2009; Romero, Wallerstein, Lucero, & Fredine, 2006). Now, with a maturing AIDS epidemic in Latin America, women are more at risk than they were ten or twenty years ago. Leading HIV scholar Geeta Rao Gupta (2002) warns that in Latin America and the Caribbean: . . . unprotected sex between women and men now accounts for more HIV infections than ever before (PAHO/WHO/UNAIDS, 2001). The increasing
number of HIV infections due to unprotected heterosexual interactions has put women directly in the path of the virus (p. 3).

Specifically in Peru, a recent UNAIDS reported that various forms of heterosexual transmission accounted for 43 percent of new infections (UNAIDS, 2009).

Women like Veronica do not fall into any of the aforementioned high risk groups. Her story exemplifies the problem Rao Gupta warned about above. Veronica is one of many women in the general population who became HIV positive through unprotected heterosexual sex with a long term male partner: Veronica claimed that most women in Loreto (like herself) probably did not use condoms because they understood that men did not like them. This *falta de costumbre* (lack of habit of condom use), in Veronica's words, is a cultural pattern expressed by many other women participants in this research who, as shown in this study, had learned about the benefits of safer sex practices through their involvement in HIV/AIDS activist communities in Iquitos.

**Why Study Women Activists?: Study Purpose and Research Questions**

In light of the new dilemma of HIV transmission facing women in the general population, the purpose of this research was to investigate women activists' understandings of gendered HIV risk and how they have worked to circulate their knowledge via education. To accomplish this goal, I draw upon the experiences of women activists in the jungle city of Iquitos whose lives have been affected by HIV either through their HIV positive status or via the threat of HIV (and other STIs) in their work as sex workers. The women activists in this research were leaders in HIV positive and sex worker activist organizations in Iquitos. I have chosen to shine a light on women activists because their experience in educating others about HIV/AIDS and collective organizing around the politics of their identities as "sexual subalterns" (Kapur, 2005, p. 69) uniquely positioned them to critically engage with and articulate their experiential knowledge
about how gender shapes women’s (and men's) HIV risk in the Amazon region of Loreto. Women activists, I argue, are local experts in the fields of gender, HIV risk and HIV/AIDS education whose perspectives are essential to incorporate into the HIV/AIDS discourses and educational responses. As such, I investigated two broad questions in the context of the Peruvian Amazon region in 2010:

1. How do women activists understand masculinities, femininities and gender relations in the Peruvian Amazon and how do they understand HIV risk for both women and men?

2. In what ways do women activists disseminate their knowledge of gender and HIV risk?

I addressed these questions using a critical ethnographic method and drew from both postcolonial feminist and gender relations theories to analyze the data. Mainstream accounts of HIV/AIDS-related education are by and large communicated through official channels such as international aid agencies and medical professionals. This dissertation therefore exposes the nuanced perspectives on gender relations and health communication of HIV positive and sex worker activist women to underscore the importance of including these subjugated knowledges in solution-oriented research and discourses concerning gender, sexuality and HIV/AIDS education.

Overview of Chapters

In this introductory chapter, Veronica's story provided the cultural and geographic context of women's vulnerability to HIV in the Amazon while also introducing the value of women activists' perspectives in this study. In Chapter Two I describe the geographical and socio-historical context of Iquitos as the research context, including the more recent trends in
social movement organizing amongst sexual minorities. Specifically, *Chapter Two* outlines the impetus and goals of the two community-based organizations of which the women activists in this study belong: *Lazos de Vida* and *Sarita Colonia*. I explain why these organizations' connections to the LGBT movement in Iquitos strengthens their own collective organizing and learning experiences. In *Chapter Three*, I review the literature pertaining to (a) current gaps in HIV/AIDS-related research in Peru and (b) processes and goals in non-formal education for individuals in social movements (c) my conceptual framework of gender relations and postcolonial feminist theories. In *Chapter Four*, I justify my research methodology and lay out the methodological groundwork I did to conduct this ethnography in Iquitos, Peru. Specifically, I discuss my first entries into the field and the subsequent entries into the field that inspired this research agenda. In *Chapter Five*, I answer my first research question that deals with the ways that activists interpret and understand gender relations and gendered risk to HIV in Loreto. In *Chapter Six* I tackle the second research question and lay out the ways that women activists communicated their knowledge of gender and HIV risk in non-formal and informal educational settings. Finally, in the concluding chapter, I consider the implications of women activists' work, particularly as it pertains to the flow of knowledge and managing the spread of HIV amongst not only their own communities but with different categories of relationships and varying expressions of gender in postcolonial contexts.
CHAPTER TWO
RESEARCH CONTEXT

In this chapter I describe the geographical and socio-historical context in which this ethnography was carried out. In the first section, I describe the geographic and socio-cultural parameters of the research site--the city of Iquitos and its distinctive location in the Amazon jungle region of Loreto, Peru. Drawing on discourses of colonialism, I next present a colonial perspective of Amazonian Iquitos through the eyes of well-known female geographer, Elizabeth Eiselen. I include her perspective to demonstrate how Amazon region was socially constructed in the westerner's imagination as a place for exploration and development (i.e. colonization). Eiselen's colonial writings from the 1950s also provide a context for understanding the third section on the rise in tourism to Iquitos which, according to several scholars such as M.J. Alexander, is also a kind of "imperial practice" (Alexander, 1997, p. 96). These perspectives and descriptions are essential to understand how the spread of HIV/AIDS and the actors involved in communicating HIV/AIDS-related knowledge are also influenced not only by biology, but by systemic inequities that stem from colonialism and subsequent globalization processes. The last sections sketch out rationale behind the activist organizations, Lazos de Vida (an organization for people living with HIV) and Sarita Colonia (a sex workers organization).

Geographical Details of the Urban Centre of Iquitos and the Surrounding Peri-urban Areas

The Amazon region of Peru is called Loreto. Iquitos is the capital of its province, Maynas. Loreto is a vast area that makes up approximately 60 percent of the country (see Figures 1 and 2) (Hundtfeldt, 2004). With a population reaching close to 400,000 Iquitos is the largest city in the world that cannot be reached by road; access to Iquitos is limited to air or to
the complex network of river systems (See Figure 3) for a Google Earth™ satellite image of urban sprawl amidst rivers and rainforest) (Maki & Vourinen, 2001). Iquitos was originally founded as a Jesuit mission in 1757. It was later occupied by European rubber barons in the late 1800s who were in swift pursuit of the Amazon's rubber trees and other natural resources for export (Bunker, 1985; Galeano, 1973; Stanfield, 1998). The ethnic population of Iquitos and surrounding areas can be described as ribereño--detribalized, rural and Spanish-speaking (Chibnik, 1991; Villarejo, 1979), although the Amazon is also home to diverse indigenous communities who live in more remote areas.

Since the 1940s, Iquitos has functioned as a hub for military bases, oil extraction, mining projects (Fuller, 2004) and scientific research, all of which contribute to much of the transience of its population. Recently, the Peruvian Amazon has been subject to intense political struggles between indigenous groups and government backed expanding of national and multinational oil, mining and logging industry. Eco-feminist scholar Ana Isla is one of the only scholars who has chronicled these struggles, theorizing that the corporations' exploitation of nature is synonymous to the exploitation of women (Isla, 2009). In other words, Isla maintains that ribereño subsistence lifestyle based on farming, fishing and primarily women's unwaged labour is under a constant threat of being overtaken by corporate agendas that involve the destruction of ecosystems.

Despite the succession of economic "booms" since the late 1800s, inhabitants of Iquitos experience poverty varying from extreme to moderate (Espinoza, 2009; Fuller, 2004; Gyorkos, et al., 2010). Unemployment is a major social problem because of the scarcity of well-paid and stable job opportunities (Cáceres et al., 2002; Espinosa, 2010). The remote location of Iquitos intensifies the burden of unemployment, as most people cannot afford to travel to other parts of
Peru (or beyond) to find work. Consequently, many *Iquiteños* create their own sources of income generation such as selling food in the markets of from their homes, doing manual labour or marketing themselves as tour guides. Some drive *motocarros* (three-wheeled motorized taxis): this type of employment is generally not lucrative or stable, because there is a longstanding surplus of these taxis that monopolize the city's vehicle traffic. Eduardo Galeano (1973) captures this dynamic of the self-employed in resource-poor urban areas in his influential work on the processes of colonialism in Latin America:

> [many people]. . . get an occasional nibble at a job, or perform sordid or illegal tasks; they become servants, sell lemonade or what-have-you, get pick-and-shovel or bricklaying or electrical or sanitary or wall-painting, odd-jobs, beg, steal, mind parked cars--available hands for whatever turns up (p. 271).

Prostitution is another occupation in addition to Galeano's list above. Prostitution is legal in Peru for persons over 18 years (Nencel, 2001) and there is a high prevalence of sex work by women, men and transgendered people in Iquitos (Amaya, et al., 2007; Paris, et al., 1999, 2001; Zavaleta, et al., 2007) and in the nearby towns and villages of Nauta, Requena and Pevas (see Figure 2). Child prostitution and trafficking involving indigenous-identified girls also exist and are serious concerns (Isla, 2009; Smallman, 2007). The AIDS epidemic has fuelled research about sex workers' condom use practices, prevalence and susceptibility to sexually transmitted infections and frequency of health service use (Paris et al, 1999). One innovative study examined the relationships between *motocarro* drivers and sex workers, suggesting that sexually transmitted infections were high amongst *motocarro* drivers because many of their passengers were women sex workers who offered their services in return for transport (Paris, et al., 2001). Sex work venues in Iquitos range from outdoor street areas and *plazas* (main squares) to indoor brothels and nightclubs. Despite the isolated location of Iquitos, women sex worker activists
have made significant gains in HIV/AIDS educational outreach and political advocacy for and with their compañeras (peers/fellows) in the last ten years. I discuss these accomplishments in Chapters Four and Six.

Figure 3. Google Earth™ satellite image of Iquitos.

Iquitos, Peru: "Peru's world of tomorrow. . ."

The late respected geographer and Wellesley College professor Elizabeth Eiselen (1910-1990) wrote with enthusiasm about the possibilities for economic and social development in the Peruvian and Brazilian Amazon in her articles, "A Tourist-Geographer Visits Iquitos, Peru"
Eiselen's articles appeared in the *Journal of Geography* as brief but descriptive travel pieces mean to titillate and inform the western academic "back home" about the "uncomfortable empty areas" (1957, p. 51) of sparsely populated virgin jungle as "environmental handicaps" (1956, p. 182) that impede development, but that hope for a brighter future is possible (Eiselen, 1956; Eiselen, 1957). Local people are also represented as challenges in the development process.

Eiselen (1957) claims:

Those who do live in the more remote areas have a subsistence economy based on primitive agriculture, hunting and fishing. To quote Professor Carlson, 'How to integrate these river folks into the growing economy of the Region is a major Amazonian problem' (p. 55).

In her 1956 article about her sojourn in Iquitos, Eiselen references with delight, the glory days of the rubber boom, the colonial architecture and reports the abundance of natural resources such as mahogany, rosewood oil and barbasco roots that Iquitos' untouched environs could offer the west. Although Eiselen was "impressed" by the Amazon's history, ecology and its few artefacts of modernity, the tone of her narrative harkens back to the bad old days of anthropology in which people and communities were unashamedly placed under the white western microscope that "diagnosed" the needs of "the other" (Bernard, 2006; Narayan, 1997). Eiselen's (1956) concluding proclamation, foreshadows future capitalist investment in the Amazon:

Iquitos will not impress those visitors who crave artificial excitement: nightclubs, casinos or fancy stores. It does have much of interest, however, for those who have the imagination to find excitement in seeing the first stages in what Peru hopes at last will become permanent development of the Amazonia. It is too early to forecast probable success or failure of this most recent attempt to utilize the resources of one of the world's largest geographic regions, but I am glad that I
saw Iquitos in 1955 when activity was great and optimism for the future was high. The problems of development of Amazonia are still major ones and far from solved, but Iquitos is not being intimidated by what we consider its environmental handicaps. It is hoped that the city can and will continue to lead the way in the development of Peru's "world of tomorrow" (p. 182) (emphasis added).

Reading these articles today would cause any critical social scientist to recoil. Eiselen clearly regarded herself (and, no doubt her colleagues) as a voice of authority who considered the Amazon to be a "challenging" place with "environmental handicaps"—that is, an almost impenetrable rainforest that would make "development" cumbersome although achievable. These narratives were written over fifty years ago, and ideologically, very little has changed. Bio-prospecting in the Amazon is fiercely competitive. Local indigenous-identified populations are increasingly regarded my national and multinational corporations as "hindrances" to economic development; Peru's former president Alan García, even alluded to Peru's indigenous majority as second class citizens (Isla, 2009). The naïveté of Eiselen's mid-1950s narratives have been replaced by greedy corporate discourses of entitlement to create "extractive economies" for neoliberal markets (Bunker, 1985; Isla, 2009; Renique, 2009; Stanfield, 1998). National and multinational corporations, with state support, continue to rapidly colonize the Amazon, much like the rainforest's own renaco tree (strangler fig), expanding in all directions, grabbing and hoarding all that they can.

Elizabeth Eiselen died in 1990, only months before the dawn of President Alberto Fujimori's ten year regime of neoliberal reforms, including the normalizing of foreign investment in natural resource-rich areas of the country to "stabilize" the economy (Isla, 2009). One of these reforms involved human rights violations in women. Through coercive practices, Fujimori pushed for many women to undergo sterilization under the guise of a "family planning" (and therefore "feminist") agenda. Many indigenous women, not familiar with procedures of informed consent, gave their (likely uninformed) consent to be sterilized (Rousseau, 2007).
At the end of Fujimori’s third term in 2000\(^5\), the next two presidents, Alejandro Toledo (2001-2006) and most infamously, Alan García (2006-2011) continued to give the green light to foreign companies to ride roughshod for profit over the Amazon jungle, which ironically, may have been what Eiselen had envisioned:

The future may not have arrived as yet in Amazonia, but when I visited them in 1955, Belém, Manaus, and Iquitos, with their activities, impressed me as being forerunners of the future and ready to profit from any expanding economy in this still largely undeveloped region (Eiselen, 1957, p. 56).

Peru's president at the time of this research, Ollanta Humala, took office in the latter half of 2011. He marketed himself has left-of-centre and as a supporter of indigenous people's concerns; however, it remains to be seen how he will manage what Isla (2009) defines as the "eco-class-race struggles" in the Amazon.

Eiselen's writings illustrate the colonial thinking and the "reporting back" to the west about "the other". Eiselen's narrative is one amongst many that seeks to encapsulate the lives of "the other" or, to prescribe what western scholars believe is "best" for people in the Two-Thirds World\(^6\) (see Chandra Talpade Mohanty, 1988). In Chapter Six I contextualize the challenges of sex worker organizations in relation to the many brands of tourism that Iquitos offers westerners.

**Iquitos and the Amazon Jungle in an Era of Mass Tourism and Philanthropy**

Mass tourism borne from globalization has arrived in the Peru’s favourite jungle city of Iquitos. There are now plenty of nightclubs and the vibrant nightlife is in fact an integral part of the “personality” of this bustling Amazonian urban centre. *Limeños* (people from Lima) I have

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\(^5\) Fujimori fled to Japan in 2000 before the end of his term because of corruption and fraud charges. See Rousseau, 2007.

\(^6\) Throughout this dissertation, I use the terms One-Third and Two-Thirds World. Esteva & Prakash (1998) argue that these terms are better able to represent the power relations between social minorities and social majorities, as opposed to hierarchical terms such as First World or Third World.
met over the years often remarked about Iquitos as Peru’s city of *diversión* (fun) and most *Iquiteños* take great pride in their celebratory and non-stop party culture. Others find the constant thumping of music and the culture heavy drinking uncouth and choose not to participate in Iquitos’ many festivals, neighbourhood "block parties" and live music shows.

Iquitos is also considered a “jumping off point” for rainforest expeditions for tourists. According to Schluter’s (1991), article about barriers and possibilities of increasing tourism to South America, she points out some of the “unique touristic products” that South America ought to “sell” to step up demand in the tourism industry:

South America offers the tourist exotic environments and adventure in a different landscape - the Amazon river and its tributaries. The jungle, the high temperature, crocodiles, voracious piranhas and many birds, match the legends created by man, especially those regarding the headshrinkers and the rubber exploitation. Manaos in Brazil and, to a lesser degree, Iquitos in Peru are evidence of the relationship between the forces of nature and the human ability to defeat them (p. 223).

For some tourists, a "partying culture" set in the middle of the Amazon jungle is the perfect combination a city-nature adventure holiday. In the past fifteen years, Iquitos has built a reputation of being popular destination for different types tourism, such as drug or “spiritual tourism” using Ayahuasca7 (Winkleman, 2005) and sexual tourism (both homosexual and heterosexual (Cáceres & Rosasco, 1999; Cáceres et al., 2002; Fotiou, 2010; Smallman, 2007). When the Internet became available in the late 1990s, the process of globalization unfolded rapidly and made an impact on social life for tourists and employment for locals in Iquitos. A

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7 Ayahuasca is a drink which is prepared by boiling a combination of plants. Drinking Ayahuasca produces hallucinogenic effects and in recent years, tourism to the Amazon has increased so that people (mainly westerners) can participate on Ayahuasca "retreats" with local *shamans*. (McKenna, 1983; Winkleman, 2005). Additionally, the Canadian Broadcasting Corporation (CBC) aired a one-hour documentary on November 17th 2011 on how Ayahuasca use can help drug users in the west tackle addiction (Ellam, 2008). In an article in *Vanity Fair*, Iquitos was once again in the spotlight beckoning westerners to experience the wisdom of Ayahuasca (Mann, 2011).
new multiplex cinema showing Hollywood new releases, an abundance of Internet cafes, mobile phone shops and an expanding selection of restaurants offering world cuisines such as French and Belgian “bistro style” fare, sushi, Italian, Thai and other versions of fine dining have all landed in this jungle city. Furthermore, “laptop and coffee culture” can be found in a select few locales for the convenience of travellers. For example, on a popular travelers reviews website, one person described a café in Iquitos that resembled coffee-shops "back home" in the United States:

We didn't eat here, just stopped by for coffee. The vibe really reminded me of a coffee shop in Seattle or San Francisco. Very friendly staff, and free wi-fi! Absolutely recommend this spot, especially if you are looking for good coffee, tea, juice, etc. and a place to check emails (IvLass, 2011).

At other restaurants, signature dishes are photographed and displayed on Internet blogs, geared to impress western “foodies” who appreciate chefs’ flair for presentation or choice of dinnerware shape. Many of these businesses are foreign-owned by Europeans, Americans or by wealthy Peruvians from other parts of the country. Not too far outside the Iquitos' city centre, foreign investment has also culminated in what travel guide books boast as “the first ever golf course in the Amazon”, financed and endorsed by a few expatriates to promote golf tourism and to introduce locals to the game of golf; however, locals have responded to the golf course with limited enthusiasm (Chauvin, 2010). Well-heeled foreigners can now also participate on a luxury, five-star Amazon river cruise. However, “five star” products and services are not common in Iquitos and thus attract unwanted attention. The attack and robbery of the *Aqua* luxury boat in 2009 is a case in point. Bandits made away with thousands of dollars worth of passengers’ money and possessions (Silverstein, 2009). The upshot of this portrayal of Iquitos is that the Amazon is now “easier” for travellers to experience because of imported western culture
comforts, global cuisines and leisure activities such as golf and luxury cruises that, in the main, only foreigners can afford to experience. These are all new developments in Iquitos that echo similar trends in other parts of Latin America. Costa Rica, for example, has long been a favourite destination for westerners to enjoy golf in the rainforests and coastlines or for government-backed multinational corporations to invest—all of which contribute to the destruction of ecosystems and marginalization of the local populations (Azarya, 2004; Isla, 2009; Ramirez-Valles, 2002). The Peruvian Amazon is also a considered “accessible” to oil and mining companies and has severely affected the subsistence way of life for ribereños and indigenous people (Isla, 2009).

Non-governmental organizations, local and international, have also staked a claim in the Amazon with a view to address the array of social problems. Iquitos has attracted Engineers Without Borders for building projects, altruistic westerners have started their own organizations such as micro-financing for women or fundraising for mothers who cannot afford to buy milk for their children. Volunteers from abroad spend time helping children in orphanages or more notably for La Restinga—an organization dedicated to improving the lives of children at risk of child prostitution, family violence or dropping out of school. In 2006, renowned physician and social activist, Hunter “Patch” Adams initiated community and participatory projects in the hopes of alleviating some of the social problems in Belén, the most severely impoverished area of Iquitos. Lack of clean water, poor sanitation, domestic violence and alcohol abuse, plus an array of diseases associated with crowded living conditions and contaminated water all affect people in Belén (Gyorkos, Maheu-Giroux, Casapía, Joseph, Creed-Kanashiro, 2010) and have garnered attention from NGOs and academics abroad. There are also a several aspects unique to the Amazon that attract researchers from abroad to investigate, either independently or in
collaboration with academics and researchers in Iquitos (most of whom are from the Universidad Nacional de la Amazonía Peruana (National University of the Peruvian Amazon) or the Instituto de Investigación de la Amazonía Peruana (Peruvian Amazon Research Institute). Some of these research projects (mainly about animals and ecosystems) have been featured on the Discovery Channel or other news programs in Canada, the United States and Europe. Taken together, the city of Iquitos and its peri-urban areas have evolved into a haven for volunteer tourism and scientific research.

In conclusion, I argue that in order to better understand the educational responses to tackling women’s vulnerability to HIV in Loreto, it is imperative to consider the physical and socio-historical environments that make access to and uptake of HIV/AIDS education challenging. Veronica’s journeys from her rural village, then on to Pucallpa and finally to Iquitos highlight how the problem of access to health services in rural areas and gender inequalities culminated in an entire family of four becoming HIV positive. Furthermore, the experiential knowledge and political organizing of women activists in a changing social landscape (such as the increase in sexual tourism) not only benefit their targeted beneficiaries at the local level, but is also indicative of how "activist knowledge" is a necessary response to AIDS as a global humanitarian crisis. To better understand the impetus for women activists' political and educational pursuits in Iquitos, I outline the context of social movement organizing in Iquitos in the next section.

**Context of Social Movement Learning in Iquitos: Collective Organizing for HIV/AIDS Treatment, Dignity and Education in Lazos de Vida and Sarita Colonia**

The purpose of the following sections is to provide a recent historical and social context for the motivations behind the collective organizing undertaken by HIV positive and sex worker
women activists in Iquitos. This section also serves to foreground what women activist participants understood as the central issues that drive their agendas. A background to each of these organizations as articulated by selected women activists, will be instructive in Chapters Five and Six where I discuss: (a) their gender and HIV-related knowledge and, (b) how they impart their knowledge to their communities and other affected populations. First, I draw upon my interviews with gay activist participant, Carlos, to sketch out a brief history of the LGBT movement in Iquitos to contextualize the subsequent social movement organizing initiated by PLWH (Lazos de Vida) and sex workers (Sarita Colonia) in Iquitos. Next, I focus on the particular issues related to PLWH and sex worker identity that serve to bind the individuals in each organization towards their goals for treatment, dignity and HIV/AIDS education.

Organizing for Social Change for Sexual Minorities in Iquitos: LGBT, People Living with HIV (PLWH) and Sex Worker Movements

While social movements in Latin America have produced social change mainly related to issues of social class struggle (Hara, 2010; LaBelle, 2001; Morrow & Torres, 2001), in the Peruvian Amazon, there is a dearth of scholarly literature that chronicles the struggles and successes of sexual minorities for health and human rights. As mentioned in Chapter One, the bulk of the studies conducted in the Peruvian Amazon are quantitative studies concentrated in the earth sciences, biological sciences as well as a wealth of investigations on tropical diseases (although qualitative studies on Ayahuasca tourism are gaining popularity. See Fotiou, 2010 and Holman, 2010). Few qualitative studies consider mestizo (non-indigenous identified) cultures' rights.

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8 In my literature searches I discovered one paper given at the 2010 meeting of the American Anthropological Association that documented the struggles of transgendered individuals in rural communities in the Peruvian Amazon who fled to Iquitos for safety in the 1980s. The paper was given by Diana Santillán and is entitled: The Day the Trannies Came to Town: Tracing the History and Migration of the Transgender Community in the Peruvian Amazon During the Time of Violence. I tried to contact the author through various searches online to request a copy of her paper but was unable to locate her.
The LGBT Movement in Iquitos

In this section I briefly outline the impetus for the LGBT movement in Iquitos, based on my interviews with gay activist and educator, Carlos Vela. This concise sketch of Vela's understanding of the gay movement in Iquitos is a helpful segue to introduce the key issues of HIV/AIDS activism as understood by women activists in Lazos de Vida and Sarita Colonia.

Carlos Vela cited the year 2003 as the beginning of the LGBT movement in Iquitos. He explained that the first LGBT organization in Iquitos was called, Movimiento Homosexual de Iquitos (MOHI). The driving force behind MOHI was to raise awareness and support for LGBT people affected by HIV. Later, this organization underwent a name-change to: Comunidad Homosexual Esperanza Region Loreto (CHERL)\(^9\) (Homosexual Community of Hope for the Region of Loreto). While the chief concern of MOHI was to serve as a support network for primarily gay men living with HIV, CHERL was a conscious political move for gays, lesbians and transgendered people to be "out" in Iquitos.\(^{10}\) Marchas del Orgullo (gay pride parades), Vela explained, therefore served as the core vehicle through which gays, lesbians, bisexuals and transgendered people in Iquitos publicly declared their sexual orientations, although not without some initial hesitation.

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\(^9\) Vela pointed out that the acronym is playfully meant to capture the gay community's love for the American pop singer, Cher.

\(^{10}\) I asked Vela about the visibility of lesbians in Iquitos and he emphatically replied that there are indeed lesbians in Iquitos but they generally do not participate in political activities.
The first *Marcha del Orgullo* (gay pride parade) in Iquitos took place in 2006 with less than one hundred people marching and many of those who did march covered their faces with masks or cloths for fear of discrimination from the public. Vela explained that the purpose of the first two marches served as a formal "coming out" process, to show the people of Iquitos that there *was* an LGBT community in Iquitos. The marches that followed became more politicized with specific thematic political agendas attached to them. For example, in 2008 the political theme was "our rights, our strengths" in conjunction with a smaller pride parade in the jungle city of Tarapoto (see Figure 2). In 2009, the slogan was "contra transfobia" (against transphobia). During my fieldwork in 2010, I participated in the march with members of *Lazos de Vida*; their political goals of human rights for PLWH are akin to the goals of LGBT activists. The purpose of the 2010 march was to engage in dialogues with the candidates who were running for President of the Region of Loreto about how candidates will support the LGBT communities in Loreto. The slogan for the 2010 march was, "Primero, vota por nosotr@s" (First, vote for us). I keep up to date with the events and issues that involve the LGBT community in Iquitos through Vela's website and blog called *IquitosGay*. Vela regularly updates the site with photos and videos of *marchas* as well as other LGBT-related issues (such as gay marriage and AIDS vigils) from around the world. On the website, Vela's profile signature clearly illustrates his commitment to LGBT activism in Iquitos and more broadly in the region of Loreto. Below his profile picture, it reads: "*Porque la vida está fuera del closet! Sin discriminación!!!*" (Because life is outside the closet! Without discrimination!!!(Vela, n.d.)

Riding on the coattails of the LGBT community organizing in Iquitos in the early 2000s as a visible social movement, PLWH and sex workers who were also sexual minorities created

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11 Ivan Vasquez won the election in 2010 for President of the Region of Loreto. According to Lupe and Angela in *Lazos de Vida*, he was one of the only politicians who supported their anti-stigma campaigns.
their own organizations to combat stigma and educate people in and outside their communities.

Drawing on interview data from Lupe, Angela and Fiorela and *Lazos de Vida* and Silvia in *Sarita Colonia*, in the following sections I outline the impetus for these two community-based organizations' collective efforts towards social change in the context of HIV/AIDS in Iquitos.

**The Need for Universal Access to Antiretroviral Drugs and Human Rights for People Living with HIV: Lazos de Vida**

**Angela:** Here in Iquitos you could say that we here at *Lazos de Vida* are "out".

And everyone, or, most people (because Iquitos is small), know that we are carriers of HIV (10/06/10).

The need for anti-retroviral drugs for people living with HIV has, and continues to be, a central goal for AIDS activist movements worldwide. In the mid 1990s, the "cocktail" of three different anti-retroviral drugs became available in the west that were able to reduce one's viral load to almost undetectable levels. The main problem with this new breakthrough however, was the cost of the drugs, especially in lower-income countries. Angela, a key activist in the PLWH organization, *Lazos de Vida*, became HIV positive before universal access to ARVs was available in Peru. Thus, the concern for ARV access in Peru was a priority in the early days of *Lazos de Vida* that was instigated first of all by support groups for people living with HIV.

Angela explained:

So, señora Silvia Barbárán said: "I have a support group and we meet every Thursday." I wanted to meet these people. I wanted to see what they were like and wanted to learn more about the topic of HIV. And actually, I went to the meeting one Thursday and I realized that I wasn't alone. There were a lot of people there. It was the kind of meeting where you could see a lot of happy faces,
not because there was treatment but because there was this hope that there was
going to be treatment in the future (21/06/10).

From this excerpt it is evident that mutual support groups for HIV positive people served a useful
purpose much like support groups for people who experience other types of afflictions or chronic
illnesses. According to Borkman (1976), a self-help group is:

. . . a human service-oriented voluntary association made up of persons who
share a common problem and who band together to resolve the problem through
their mutual efforts (p. 445).

Mutual support groups, also known as self-help groups, can relieve people's isolation and
provide a sense of hope through which to frame and manage their experiences of illness.
(Brashers, Neidig & Goldsmith, 2009; Rintamaki & Brashers, 2005). In Angela's quote above,
this point is exemplified when she remarked that the sense of hope about treatment for HIV
expressed in the group was the source of positive emotions amongst the group. Angela joined
Lazos before Peru secured universal access to ARVs (before 2004).

A key issue for Lazos de Vida after Peru secured universal access for ARVs in 2004 was
to decentralize the access to treatment. In Chapter One, I explained that Veronica, a stakeholder
of Lazos de Vida, was one of many people in the Amazon who was HIV positive without
knowing her diagnosis because treatment and testing was not available in cities outside of Iquitos
such as Pucallpa. Angela explained that it is critical for ARVs to reach other areas:

. . . because back then, there wasn't any treatment. Actually, when other people
started to come and wanted to know more about the topic and "come out" to her,
we started fighting for our rights, for integral medical attention. . . not just for a
few but rather, for everyone. So that everyone could access treatment. And now we're continuing to fight to decentralize TARGA. So that it's not just available here in Iquitos but rather outside of this area in the harder-to-reach zones. And we're making sure that it doesn't take too long so maybe in a few months they'll start to give out the treatment in Requena (See Figure 2) (21/06/10).

In the next section, I outline the motivations of Sarita Colonia, one of the main sex worker organizations in Iquitos that was spearheaded by sex worker activist, Silvia Torres.

The Threat of HIV in Sex Worker Populations: Sarita Colonia

Despite having left sex work eight years ago, Silvia Torres still chose to identify as a trabajadora sexual (sex worker). At the time of fieldwork, she held five job titles: Co-ordinator of the Centro Referencial de las Comunidades Gay, Trans, Lésbica y Trabajadoras Sexuales de Loreto (Reference Centre for the Gay, Trans, Lesbian Communities and Sex Workers of Loreto), chair of the trabajadora sexual (SW) organization, Sarita Colonia, a health promoter and peer educator for the Peruvian Ministry of Health, a representative of RedTraSex (Network of Sex Workers of Latin America and Caribbean) and she is on the Community Advisory Committee in the Community Education department in the largest local health non-governmental organization (NGO) in Iquitos, Selva Amazónica. Apart from her job with the Ministry of Health, all her other positions of responsibility were voluntary. In this section, I use Silvia’s narratives to outline the impetus and elements of SW self-organization in Iquitos that occurred with state support.

During my fieldwork I quickly learned that the LGBT community, HIV positive activist community and sex worker activists all self-identify as poblaciones vulnerables (vulnerable populations) and all know each other. They sometimes attended the same meetings with other organizations or government and health officials voicing similar concerns about stigma and
discrimination. For instance, all were involved in organizing and participating in the 6th Annual *Marcha del Orgullo* (gay pride parade) in 2010. When Silvia recounted the story of *Sarita Colonia*'s inception, she remembered being inspired by her peers in the LGBT and people living with HIV (PLWH) communities. They encouraged her to start an organization for *trabajadoras sexuales* in Iquitos because “. . . a sex worker organization was the only one missing [from the group of other sexual minorities in Iquitos]” (14/08/10).

The first meeting of what later became the first sex worker organization, *Sarita Colonia* was held in a beauty salon and shortly after, members of VIALIBRE in Lima went to Iquitos to train Silvia in a series of workshops about human rights, labour rights, clinical information about HIV and STI transmission, their symptoms and treatment options. Silvia was then chosen to be a spokesperson for VIALIBRE’s HIV/AIDS advocacy for "*poblaciones claves*" (key populations) along with one other sex worker. They were both flown to Lima to participate in more workshops. In Lima, Silvia learned how to use the Internet for the first time, create and e-mail account, influence decision-makers, and formulate proposals and work plans. It was also her first time having to speak to ministry officials. Silvia says that she experienced discrimination by some government officials in Lima mainly in the form of “cold shoulder” dismissals of her presence or a refusal to speak with her. These initial moments of rejection eventually did evolve into collaborative relationships to work towards sex worker organizations’ rights and recognition, but only with continued persistence and commitment. Silvia explained:

. . . so it was a lot of hard work that now we are harvesting the work that we have sown. Now, with the regional government, we work alongside them with the Ombudsman. The girls here [in Iquitos] do not suffer *batidas* (raids). They now know that if there is a *batida* to call me (14/08/10).
Magnolia, another sex worker activist in this study also involved herself politically with sex worker organizational learning processes. In our interview it was clear that she was drawn to the practices of teaching, learning and social justice. It is also pertinent to note that at the time of my fieldwork, Magnolia (and other sex worker and male gay activists I met) was enrolled in computer courses at a local adult education institution to learn how to use the various programs in Microsoft Office™. She and a few of her peers were taking these courses to learn administrative skills that they could apply in their activist organizations since, much of their work involved writing proposals using Word™, preparing presentations in PowerPoint™, downloading and sending digital photos of their events and using e-mail.

The most pressing issue that ultimately led sex workers in Iquitos to self-organize was the threat of HIV infection. Prior to 1997, sex workers were not politically organized and did not use condoms with their clients; condoms were not readily available and it was not customary for clients or sex workers to suggest or insist on their use. This norm was later disrupted when the Monitoring Program for Sexually Transmitted Infections (hereafter referred to as The Monitoring Program), an independent unit of the Peruvian Ministry of Health in Lima, made contact with sex workers in Iquitos with some pressure from VIALIBRE, an NGO in Lima which is considered to be “. . . the granddaddy of AIDS work in Peru” (Frasca, 2005, p. 51).

For the most part, social movements for sexual minorities in Peru are tolerated, if not well-regarded by the state (in comparison to other countries) and some continue to be supported by the state especially in response to the AIDS epidemic (Cáceres & Mendoza, 2009). The Monitoring Unit catalyzed HIV/AIDS and STI workshops and training with about 200 sex workers in Iquitos from which twenty were selected to learn how to be Promotoras Educadoras de Pares (Peps)--peer health promoters for other compañeras. Silvia was selected as one of these
twenty. Peps were meant to attend sex work venues to give talks and workshops about correct condom use, HIV and STI symptoms, treatment and valuable information about sex workers’ human rights. Initially however, other compañeras did not receive the peer-educators very well. According to Silvia, they would tell the Peps: “¿Que me vas a enseñar si eres una puta como yo?” (What can you teach me if you’re just a whore like me?) But with repeated attempts at reaching out to their compañeras, their hesitation soon turned into acceptance of the Peps’ commitment to their compañeras’ health and path to empowerment. Silvia said:

We try to reach them [compañeras] more and more. Since 1997 until now, the 9th of June, things have changed so much. Now the compañeras take care of themselves more and we can tell from the studies that have been done recently in 2009 because since 2010 we don’t know of any case of HIV . . . As trabajadoras sexuales I think that we have come a long way and the compañeras are taking care of themselves and there are very few cases of HIV in trabajadoras sexuales (09/06/10).

The new trend of introducing condoms into sex work was, not surprisingly, met with considerable resistance from male clients. Maria, a sex worker in her fifties and a stakeholder of one of the sex worker organizations in Iquitos remembered:

We practically couldn’t eat because of the work that we do. Why? Because the clients weren’t coming! But why weren’t they coming? Because we wanted people to get used to the idea of using a condom . . . but people didn’t even want to enter the brothels! The brothels were empty! (13/08/10)
Despite clients' temporary disapproval of condoms, sex workers in Iquitos continued to make their voices heard about the importance of condoms to reduce the risk of HIV and about the need to reduce the stigma of sex work. In 2005, sex workers formally organized and created three groups: Sarita Colonia, Las Loretanas and Las Amazonas. Sarita Colonia is legally recognized and was created with the assistance of VIALIBRE. The two other splinter organizations, Las Loretanas and Las Amazonas make up a sex workers “collective”; however Sarita Colonia is the only one so far that has legal backing as a community-based organization and is recognized at the regional and national levels.

In these sections I illustrated the broad reasons why sex workers and HIV positive people were compelled to self-organize in Iquitos. HIV positive people were desperately in need of the highly coveted anti-retroviral drugs while sex workers mobilized around the threat of HIV.

Stigma-reduction for sex workers also comprises much of their agenda but initially, sex workers in Iquitos wanted to be part of the conversation about how they can reduce their risk of HIV and STIs using condoms. Both HIV positive people and sex workers have been categorized as "vulnerable populations" and "risk groups" that have experienced discrimination from both the general public and from the medical community. Self-organization was therefore meant to "take the power back", to demand inclusion in decision-making about policies and public attitudes that affected them. The action-oriented approaches to self-organizing for particular goals such as stigma-reduction and demanding free access to HAART therapy enabled the individuals within those organizations to exercise their agency.

**Concluding Remarks**

Over the last couple of years, various people have asked me what my dissertation is about. When I tell them that is a study about HIV/AIDS education and activism in the Amazon
jungle city of Iquitos, their reaction is one of disbelief. How could such a remote place in the Amazon possibly have gay pride parades and a tight-knit, diverse group of activists combating stigma and educating others about HIV/AIDS? To be sure, some may think that gay pride parades are emblematic of only western, cosmopolitan urban centres, or, that it is the job of westerners to resolve health and education issues affecting people in the Two-Thirds world. Yet, in this chapter I have portrayed the city of Iquitos as a veritable hub for social and political change. Its history of colonization rendered it an outpost for natural resource extraction (and continues to this day). In the early 1990s, the city started to attract tourists, philanthropists and researchers. Later into 1990s, and early 2000s, the word "SIDA" (AIDS) seeped into people's consciousness, resulting in a patchwork of collective organizing around condoms for sex workers, ARV treatment for HIV positive people and educational outreach for gay and bisexual men, and transgendered people. Iquitos may be "out of the way"; it looks lonely on a map of Peru, with no other marked towns or roads by its side. Yet in recent years, sexual minorities in Iquitos have worked to make themselves visibles--"out" about their stigmatized identities for the purpose of social change. The women activists in the organizations Lazos de Vida and Sarita Colonia in particular, have much to contribute to the AIDS crisis in Peru. In Chapters Five and Six I detail these contributions using interview and observation data with women activist participants.
Knowledge Production and Collective Learning About Gender and Health in Social Movement/Activist Networks

The goals of this study were to understand selected women activists' understandings of gendered HIV risk in the Peruvian Amazon and the ways in which they used education to help themselves and others, to reduce their risk of contracting HIV. In light of these goals, the purpose of this chapter is to review the debates about the function and scope of activist/social movement networks in producing and disseminating HIV/AIDS and gender-related knowledge to targeted beneficiaries in non-formal settings in the Global South and specifically Peru. This chapter is divided into three major sections. In the first section, I outline what is known about the gendered epidemic of HIV/AIDS in Latin America and in Peru specifically. Tied to this section, I include key points made by Peruvian sociology and health scholars Norma Fuller and Carlos Cáceres, about the social construction of gender in the Peruvian Amazon. This section serves to preface to Chapter Five where I return to the work of Fuller and Cáceres (among other theorists) to show how I expand on their analysis of gender to inform discourses of HIV/AIDS education. In the second section, I discuss the significance of marginalized communities' (such as social movements and activist networks) collective learning and organizational capacities to communicate counter-discourses about health at the structural and grassroots levels. Specifically, I examine the empirical work on how various articulations of non-formal education, peer education and other collective adult learning networks position individuals and groups to learn about, attend to and politicize their own health needs and how their participation in social movement/activist networks facilitates social change. In the final section, I discuss my
conceptual framework. I mobilize gender relations and feminist postcolonial feminism as the primary conceptual tools to frame my analysis. Building upon feminist postcolonial theory, I make explicit that the production of knowledge and knowledge networks originates from subaltern subjects sharing collective identities (such as HIV positive people or sex workers). In the case of this study, I argue that the knowledge and agency to enact HIV/AIDS education is based in women activists' experiences as sexual subalterns. The feminist postcolonial piece of my conceptual framework was inspired by three personal experiences, post-fieldwork. I include these experiences as "reflective think pieces" in this section. These experiences served to both confirm and challenge my own thinking and standpoint around power, representation and women's agency in the context of a North-South dialectic.

The Gendered Distribution of HIV/AIDS in Peru

Since the first documented cases of AIDS in 1981 in the United States (Barre-Sinoussi, 2003), and Peru's first reported case in 1983 (Cueto, 2001; Konda, Cáceres & Coates, 2008), diverse and complex epidemiological differences between continents, countries and communities have been established (Boesten & Poku, 2009; Rao Gupta, 2002). The reasons for the varied distribution and magnitude of the virus is attributed to a range of social, political, economic and cultural factors, including gender inequality (Boesten & Poku, 2009; Parker et al., 2000; Rao Gupta, 2002). It is commonly known that Sub-Saharan Africa bears the biggest burden, with 22 million adults and children living with HIV in 2009 (UNAIDS, 2010). While the origin of AIDS is still debated, many socio-historical accounts currently accept that the long incubation time of HIV permitted the virus to have settled itself the general population in Africa before it was recognized by the scientific community in North America as a medical condition (Iliffe, 2006; Pepin, 2011). Heterosexual sex is the principal mode of transmission of HIV in Africa and
accounts for the high percentage of women living with HIV or AIDS (UNAIDS, 2010), hence, the World Health Organization and other scholars characterize the distribution of HIV in Africa as "feminized" (Boesten & Poku, 2009; WHO, 2008).

By contrast, Latin America managed to avoid a full scale epidemic--even in the early days. HIV prevalence currently affects 0.5 percent of the population (approximately 1.4 million adults and children living with HIV) (UNAIDS, 2010). Shawn Smallman (2007) traced the history and politics of HIV/AIDS in Latin America and the Caribbean and explains that most of these countries were able to evade a full scale epidemic, in part by governments' commitment to not repeat the African crisis in Latin America (Smallman, 2007). Having said that, apart from the innovative, rapid responses of Brazil and Cuba, state response to the HIV crisis in most other countries was slow (but panicked) overall, and funding was unpredictable and often insufficient (Smallman, 2007). Government responses were dependent upon a number of factors such as political will and prevailing political ideologies, the strength and commitment of civil society organizations and even the impact of civil war (Smallman, 2007). A small but illustrative detail in the case of Peru: the years 2001-2003 were especially challenging for HIV/AIDS prevention work. Two Ministry of Health officials, Dr. Luis Solari and Dr. Fernando Carbone, were both conservative Catholics who reduced funding for HIV/AIDS prevention efforts during their times in office. Konda, Cáceres and Coates (2008) report that Dr. Solari, "... openly opposed what he described as an over-emphasis on condoms and tried to undermine them as unsafe and ineffective in preventing disease transmission" (p. 620). Thus, politicians' religious ideologies had a direct impact on the degree to which finances were directed towards HIV/AIDS prevention efforts in Peru during those two years.
Despite the conservative politics, the distribution of HIV in Peru is not a full scale epidemic compared to Sub Saharan Africa, due in part to robust funding from The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) beginning in 2004 to scale up access to ARVs (Konda, Cáceres & Coates, 2008; UNAIDS, 2010). Prevalence of HIV has remained contained amongst what health scholars define as "high risk groups" (also known as "vulnerable populations" or, "key populations"). These groups typically include gay men, men who have sex with men (MSM), transgendered people and women sex workers (Amaya, et al., 2007; Bautista et al., 2006; Cáceres et al., 2008; Isaac & Orellana, 2012; Paris et al., 1999/2001; Peinado, 2007; Zavaleta, et al., 2007; Zunt et al., 2007). These quantitative studies established the prevalence of HIV and other STIs, such as gonorrhoea and chlamydia, social risk factors affecting these populations, their frequency of condom use, and health service use.

While men are still the primary groups affected by HIV in Peru, recent UNAIDS (2010) data states that:

Almost half (43%) of the new HIV infections in Peru are now attributed to heterosexual transmission (91), although most of those infections are believed to occur during paid and other forms of higher-risk sex (p. 47).

In other parts of Latin America, the trend of heterosexual transmission is consistent with data from Peru. For instance, Brazil and Mexico also show a move towards more infections arising in people via heterosexual transmission even though HIV was first identified in gay men and MSM (Frasca, 2006; Smallman, 2007; UNGASS, 2010). Comparative studies done within Peru suggest that the Amazon is vulnerable due to the lack of HIV/AIDS information available to ribereño (rural) and indigenous populations (Alva & Orellana, 2012; Bartlett et al., 2008; Zavaleta et al., 2007). Although the NGO Amazon Promise (mentioned in Chapter One) has been working to
provide HIV/AIDS education to a large geographic area in the Peruvian Amazon via their
treatment program, ¡Soy Capáz!, culturally-sensitive, (ideally participatory) research is needed to
determine the effectiveness of this program and the long-term viability for people to engage in
safer sex practices using condoms in these remote areas where condoms are not readily available.

Nevertheless, according to UNAIDS, since almost half of new infections in Peru are
occurring through heterosexual transmission, then a new focus on heterosexual long-term
relationships or casual encounters in HIV/AIDS education and disease responses is essential.
The "other forms of higher-risk sex" mentioned in the UNAIDS report above, require qualitative
research to obtain a nuanced understanding of the social particulars and geographies of "higher-
risk sex", especially given the increase in tourism to Iquitos that invites sexual encounters
similar argument in his historical account of HIV/AIDS in Mexico, cautioning: "... heterosexual
transmission is becoming more important to the virus's spread and the epidemic is making
inroads in the countryside" (pp. 121-122). In Peru, the Amazon region is rural and the most
neglected, thus accounting for the high prevalence of HIV in comparison to other regions.

Another official document alludes to the need for deeper examination into how particular
arrangements of relationships affect HIV risk. Peru's United Nations General Assembly Special
Session (UNGASS) report stated that although it is now known that MSM make up a large part
of the affected male population, less is known about the risk behaviours and relationship norms
of the sub-populations within the category of "MSM" (UNGASS, 2010). One sub-population of
MSM is defined as men who are in long term relationships with women and consequently
transmit the virus to their female partners (this is known as "bridging"): To date, "bridging" has
not been explored substantially in Peru using qualitative data from female sexual partners. The topic of "bridging" demands a separate study and is thus not explored in this dissertation.

Activist and non-activist Peruvian women's experiences of HIV/AIDS education have been largely absent from scholarly literature. The impetus for this dissertation is thus guided by the recent trends in the heterosexualization of HIV/AIDS in Peru and investigates the nature of women activists' experiential knowledge gained through activist networks to mitigate risk, particularly in women. A comprehensive understanding of the gendered contours of HIV/AIDS therefore necessitates new data sets that originate from women activists' experiences of teaching, learning and political advocacy that can shed light on "newer unknowns" in heterosexual transmission in this understudied Amazon region. This dissertation therefore fills a gap in theoretical and methodological fronts. The participants in this study share their expertise about gender and HIV that derives from their educational experiences as social activists and stakeholders who identify as poblaciones vulnerables "vulnerable populations" (either HIV positive or sex workers). The ethnographic details I present in this dissertation can therefore help to inform and explain the quantitative data about the new trend in the heterosexualization of HIV in Latin America with greater nuance, complexity and attention to context. I also show in this dissertation that there are spaces of agency within vulnerable populations that have productive effects. For instance, I illustrate how HIV positive and sex worker activists in Iquitos organize and educate themselves around their common identities and political concerns, create and deliver HIV/AIDS curricula and advocate for themselves, partly by publicizing their personal stories of being HIV positive (testimonio) with local and regional politicians to reduce stigma and increase awareness and access to HIV/AIDS education and treatment. Theoretically, this dissertation invites discussion about the relationship between educational experiences that occur within
activist networks and marginalized women's agency and sexuality and how activists negotiate gender and power in their social relations. From a Eurocentric colonial perspective, it may be easy to conclude that the whole of Latin America is a rigid patriarchal society where women have little room to negotiate for gender equality. However, in the next section, I show some of the nuances and spaces of gender non-conformity that play out in the Amazon region of Peru that have important implications for HIV/AIDS prevention efforts.

The Social Construction of Gender in the Peruvian Amazon

My own experience in coming to understand the sociology of gender in the Amazon region of Peru is informed by my relationships (friends and acquaintances) with primarily mestizo people in and around Iquitos and more recently through my review of scholarly literature. When I first arrived in Iquitos as a "volunteer tourist" (Benson, 2011; Wearing, 2001) with the healthcare NGO *Amazon Promise* in 1995 (See Appendix G), gender as a sociological concept was not front of mind. However, from other travel experiences I did have some awareness that the culture in Iquitos would make an impression on me and that social life as a whole would not be the same as back home. In other words, I was armed with some ideas about how I thought gender relations between men and women would play out.

I learned within a few hours of landing in the airport, that white western women were a prized commodity for men in Iquitos. The whistling, lip-smacking and "cat calls" to foreign women spouting from the mouths of the *motocarro* taxi drivers at the airport arrivals area were unfamiliar to me but evoked some visceral curiosity about sexuality and sexism in this culture. After having spent close to two years in Iquitos, I learned that the cat-calls and the whistling were masculine cultural "performances" (Butler, 1990) that I soon learned to interpret, and later dismiss, as "cultural noise". The "noise" faded into the background of my mind, but always
remained a constant reminder of *machismo* directed not only to western women but to local women as well.

One of the participants in this study, Magnolia, a sex worker activist, spontaneously asked me during a pause in our interview at my apartment, "¿Te molestan, los motocarristas afuera?" (Do the *motocarro* taxi drivers outside annoy you [with cat-calls]?). The apartment I rented during fieldwork was located at the end of a cul-de-sac where *motocarro* taxi drivers would park up, shut off their motors, prop their legs on top of the handlebars to take naps or entertain themselves playing card games with other *motocarristas* to while away the steamy afternoons. Magnolia had rightly assumed that I would be on the receiving end of this source of *machismo*, given the preponderance of *motocarristas* idling outside my apartment building. Each morning as I would leave the apartment to walk just a few steps next door to the travelers hostal for my coffee, at least one *motocarrista* would try to get my attention with cat-calls or ask if I needed a ride somewhere, even though I am sure most of them gradually became aware that my predictable early morning routine never involved transport.

It is prudent to mention here that there is a connection between the public behaviour of *motocarristas* in Iquitos and a particular type of working class masculinity at play. Norma Fuller's (2001; 2004) sociological accounts of gender in Peru highlight associations between men, work and their presence in public life as integral to the social construction of masculinity in Peru. By and large, *motocarristas* in Iquitos are working class men who, by virtue of their work, are visible (and audible) in public life on the streets. Their methods for picking up passengers sometimes entail flirting with women or idling outside hotels and hostels to simply watch and wait for foreign women to exit or cat-call them for rides or simple conversation. The "cat-calls" are but one public performance of hegemonic masculinity in Loreto that signify men's approval.
or sense of entitlement to comment on women's beauty or appearances. Norma Fuller (2001a), in a study on the gender identity of Peruvian men, writes:

The street is associated with virility and is a dimension of the outside world that is disorderly and opposed to the domestic realm. It is the arena of competition, rivalry and seduction (pp. 318-319).

Norma Fuller and Carlos Cáceres are two of the very few scholars who have employed qualitative approaches to examine the social construction of gender among mainly mestizo-identified people the Amazon region.

It is imperative for studies of gender in Peru to acknowledge regional and social class differences. Peru has three distinct regions: the coast, the highlands and the jungle. Fuller (2001a; 2001b; 2003) has written on the social construction of gender specifically on the intersection of multiple masculinities with class, ethnic and regional subgroups of men in Peru. Fuller (2001a; 2001b; 2003) makes important comparisons between men’s lives in three different regions of Peru—the urban capital of Lima, the Andean highlands in Cuzco and the Amazonian jungle city of Iquito. What Fuller describes in her analysis of masculinities in Peru is not uncommon in other parts of the world; the public arena as masculine, the private, feminine. Men’s participation in the world of work masculinizes him while spending time in within the home feminizes him. The male body and its physical strength is understood as where his power in society originates. If a man has a slight build and effeminate appearance, he is considered too feminine. Fuller provides a socio-geographic analysis of gender: she situates her analyses within a framework of multiple and regional masculinities as well as racial identities and explains how masculinities in Peru are constituted not only from within their local context but also from Peruvian men's consciousness that they are racialized in relation to a white, “American” ideal.
With respect to femininities in the Amazon, Fuller's (2004) paper on the social construction of femininities in the Peruvian Amazon makes it clear that femininities in the region of Loreto are distinct, not to be conflated with the construction of femininities in other regions in Peru. Her article captures the nuances in gender that usually go unnoticed in qualitative accounts of Two-Thirds World cultures that often depict women as having no control over their lives or their relationships, particularly their relationships with men. In *Chapter Five* I build on this work in my discussion of women activists' own understandings of masculinities, femininities and gender relations in the Amazon region of Loreto and their implications for HIV risk.

Although Fuller draws attention to regional differences with respect to the social construction of masculinities in Peru, my work will add two further dimensions to discussions of the social construction of gender in relation to knowledge and communication of HIV transmission. First, this study concentrates on the Amazon region, providing further complexity to prior scholarship about the “looser” sexual culture in this area compared with other parts of the country. Secondly, my analysis of gender relations and HIV risk factors in the province of Loreto will have practical applications for prevention education, particularly as these applications relate to the social construction of femininities and masculinities in the region. And finally, this dissertation contributes to the significance of social movement learning in HIV/AIDS responses in Latin America.

Both Norma Fuller and Carlos Cáceres have provided some descriptive accounts of aspects of gender in the Peruvian Amazon that are the most salient and meaningful to people. The main themes in Cáceres' (2002) book on masculinity in Peru are violence, homophobia, attitudes towards women, sexuality and sexual health. Cáceres' study of masculinity in three cities in Peru shows us that expressions of masculinity are variable and that there are different
meanings of masculinity that are attached to different aspects of social life. For example, in his study of masculinity in Iquitos, he also solicits the narratives of women to illustrate their perspectives about men and masculinity in their own lives.

Cáceres writes that women also participate in infidelity and are also adept at using their sexuality for economic gain (Cáceres, 2002). This point is also reflected in Fuller's (2004) qualitative account of women in Iquitos:

... it can be said that the two features that differentiate Iquiteñas are that they are perceived to be sexual and would use their erotic abilities to their own ends. Also in their research about sexuality in Iquitos, Arias and Aramburú (1999) and Cáceres (2002) suggest that the population in this city would be, comparatively speaking, more open about sexuality and more tolerant towards feminine infidelity or towards manifestations of sexual diversity (my translation) (p. 123).

These local understandings of gender are essential for developing health education and interventions that are gender-sensitive. Both Fuller (2004) and Cáceres (2002) present qualitative descriptions of the social construction of gender in the main urban centres of Peru. The comparative analysis of gender identities in these distinct urban areas of the country add complexity to our understanding of the variation of gender identities that are related to the most salient aspects of social life such as work, fatherhood, domesticity and heterosexual relationships. These accounts of gender in Peru would be further nuanced with a focus on the relational features of gender that are expressed in health-seeking (or health-dismissing) contexts. My work adds this relational component to discussions about gender in the Amazon region that call attention to the fluidity of gender within interactions between and amongst genders. In this way, victim discourses of gender in health (which often depict women as victims at the hands of
men), can be counteracted by emphasizing the sites of resistance and agency that women exercise in particular social contexts. The social agency that women activists talked about in their own lives did not come about spontaneously but rather as a result of their participation in their respective activist organizations dedicated to human rights and labour rights for HIV positive people and sex workers. I take up these issues in Chapters Two and Six. In the next section I discuss, from a comparative perspective, the role of activist networks in promoting social justice to benefit themselves and others within the domains of health and gender.

**Social Movements as Sites of Social Change, Learning and Knowledge Production**

In living with other human beings we come to know them in an interactive sense. This knowledge does not derive from analysis of data about other human beings but from sharing a life-world together—speaking with one another and exchanging actions against the background of common experience, tradition, history and culture. . . It is through talking to one another and doing things together that we get connected, and this connectedness gives us a kind of knowledge that is different from control-minded knowledge (Park, 1993, p. 4)

Peter Park's (1993) quote above is a call to reflect on the sources and contexts of knowledge production. Park suggests that knowledge can be generated within a social milieu of dialogue and common experience. He contrasts this paradigm with traditional "control-minded knowledge" (p. 3) where information is imbibed through conventional channels such as formal schooling. Social movements are prime examples of the types of communities to which Park (1993) refers, where knowledge is created within the "sharing of life-worlds" (p. 4). Hal Beder (1996) also calls attention to the significance of knowledge circulation within collective models of learning. Beder (1996) asserts that within a group, "... through a division of labour in which
individuals and teams amass and then share knowledge about a specific issue, the total amount of
useful knowledge available for problem solving is greatly increased" (p. 76). The learning that
occurs in groups such as social movements, can therefore be deployed as a means to solve social
or political problems; these educational processes have been particularly powerful in Latin
America beginning in the 1960s as alternatives to formal schooling, as Arnove, Franz, and
Torres (1999) write: "... popular education programs emphasize nonhierarchical learning
situations in which teachers and students engage in dialogue, and learners' knowledge is
incorporated into content of instruction" (p. 321). Although this quote from Arnove, Franz, and
Torres (1999) suggests a "teacher-student" dyad, the principle of teaching and learning as a
shared endeavour to challenge power structures is emblematic of social movements and
community organizing more generally (Kilgore, 1999; Minkler & Wallerstein, 2002).

On the whole, social movements arise from a distinct need to create social change (Freire,
1970; Kilgore, 1999; Parker, 2011; Polletta & Jasper, 2001; Vincent & Stackpool-Moore, 2009;
Walters, 2005). More specifically, some social movements aim to resist dominant political
regimes, power structures that suppress the working class, or exclusionary policies that further
subjugate marginalized populations such as sexual minorities (Polletta & Jasper, 2001). On a
micro level, when people participate and contribute to a common goal as a collective, the
experience can also be personally fulfilling for the participants themselves (Beverley, 2000;
Borkman, 1976; Crossley, 1998; Fink, 1992; Inglis, 1997; Paxton, 2002b).

Social movements are also spaces where learning occurs. Daniel Schugurensky and his
colleagues' (2003/2008) studies on informal learning and participatory democracy in Brazil and
Toronto are a case in point. Schugurensky and colleagues maintain that when adults involve
themselves in social movements or other decision-making political initiatives, participants can
learn new values, attitudes and skills related to political efficacy, in the process (Mundel & Schugurensky, 2008; Schugurensky, 2003; Schugurensky & Myers, 2008). Informal learning, according to Schugurensky, is an often overlooked in education discourses. Generally speaking, learning is conceived of as occurring in "formal" school contexts or as "non-formal" initiatives where people (usually adults) engage in planned and intentional activities to learn specific skills or acquire knowledge in an area of interest (Schugurensky, 2006). Informal learning, by contrast is largely unintentional and incidental because the knowledge, skills and new insights gained by participants are learned via their personal or shared experiences with others (Schugurensky & Myers, 2008). An important outcome of informal learning for individuals in social movements in particular, is an increased potential for people to influence decisions on multiple levels that affect them.

Overall, the goal of many social movements and activist networks is to generate tangible outcomes that benefit their members and in some instances, to act as a catalyst to educate and sensitize the wider public; these are important sites of both learning and knowledge production. In the sections that follow, I draw on a range of empirical and theoretical work to illustrate from a comparative perspective, interrelated examples of knowledge production within the arenas of gender and/or health. I have divided these examples into three broad categories: (i) disrupting dominant discourses (ii) social movements/activist networks as learning communities (iii) producing health outcomes. These categories provide the groundwork for Chapters Four and Five where I discuss the spaces and scope of women activists' role in disseminating their knowledge of gender-related risk in HIV/AIDS curricula in the Peruvian Amazon.
Disrupting Dominant Discourses and Practices

A notable example of a health-related social movement which resulted in broad level social change is the AIDS Coalition to Unleash Power (ACT UP). ACT UP is a grassroots activist organization that began in 1987 in New York City, initiated by a myriad of people who were affected by the AIDS crisis in the 1980s. Dale Brashers (2002) writes that an activist organization is, "... a setting in which skills and resources are developed, shared, and mobilized to create social and individual change" (p. 114). For instance because people living with HIV/AIDS were dissatisfied with conventional treatments and approaches to disease prevention that worked to further marginalize sexual minorities, ACT UP went to incredible lengths, not only to raise awareness about the thousands of people who were dying of AIDS in the 1980s but also to make demands on the state and on drug companies to pay attention to the crisis. The chief purpose of ACT UP was to compel the state and the general public to acknowledge the rapid succession of deaths of people with AIDS so that drug companies would prioritize research and clinical trials for medication (Sobnosky & Hauser, 1999). Further into their agenda, ACT UP also put pressure on the Centre for Disease Control to include women in research and clinical trials (Shepard & Hayduk, 2002). The global message of ACT UP was that collective organizing around a particular issue could make a profound difference in the ways that the state and other governing bodies handled decisions about whose health mattered in health policy and access to treatment. Since AIDS was initially perceived as a disease that only affected gay men in the United States, ACT UP, in its many public demonstrations and renowned "die ins", exposed the homophobic culture of healthcare in the United States.

In Latin America and the Caribbean, the first cases of AIDS were identified around the same time as the first cases in the United States: the early 1980s. In Peru, Dr. Raúl Patrucco from the Universidad Cayetano Heredia in Lima, diagnosed the first reported case of AIDS in
1983 of a gay man who had previously lived in New York (Cueto, 2001; Konda, Cáceres & Coates, 2008). Much like the activist response in the United States, Peru's gay communities in the capital, Lima, also mobilized around issues of treatment, testing and stigma reduction for PLWH (Frasca, 2005) but only after health officials took a purposeful interest in the disease, given what they knew of AIDS from the United States (Frasca, 2005). According to Marcos Cueto's (2001) historical account of the AIDS crisis in Peru, health officials adopted similar sentiments of marginalization towards those affected by AIDS as in the United States. Between 1983 and 1987, the discourse around AIDS in Peru was dominated by notions of panic from the general public and religious groups that the estilos de vida (lifestyles) of sexual subalterns such as sex workers and gay men were to blame for AIDS (Cueto, 2001). However, in the late 1980s and well into the 1990s, social activism spearheaded by gay communities and PLWH groups in Lima, intensified to combat social stigma and delivering prevention education to affected populations (Frasca, 2005). Civil society organizations continue to play a role in shaping Peru's HIV/AIDS response (including in Iquitos, as described in Chapter Two). These organizations for the most part have focused their attention on Peru's poblaciones vulnerables: gay men, MSM and sex workers. Since 2004, the Global Fund to Fight AIDS Tuberculosis and Malaria has been a critical source of financial support for civil society organizations comprised of poblaciones vulnerables, not only in Lima but in all regions of Peru (Cáceres et al., 2009).

The upshot of these portrayals of early AIDS activism in Peru and the United States is that collective organizing can be a powerful tool to shift oppressive healthcare practices and public discourses towards a human rights approach to managing the spread of HIV. However in light of these higher level changes that AIDS activist organizations aimed to produce against dominant regimes, it is pertinent to mention that activism need not be restricted to generating
broad scale social change, but rather, change "on the ground" at the interpersonal level. Several studies have documented the utility of small-scale activism for groups and individuals as ways to ready themselves for future political action. For instance, Martin, Hanson and Fontaine (2007) are interested in the "activism" can occur in people's everyday lives. Using a feminist lens, these authors are concerned with community-building efforts that occur in an array of social environments such as the workplace or home where, individuals engage in:

... reworking social networks can reconfigure existing power relations and thereby transform everyday life, even where such actions do not challenge the overall political-economic structure (p. 81).

The emphasis on community-building is critical in discussions of social change. In public health literature, it is well documented that groups and individuals who participate in community building around a share goal or common social issue can help them engage in dialogue and action. Schugurensky (2006) expands the idea of community building and asserts that individuals engage in teaching and learning experiences in these contexts as well. Schugurensky (2006) defines this as a "communities of practice" (p. 168), where individuals learn an array of skills and values that aid in achieving the goals of the group. In a similar vein, Wallerstein and Bernstein (1988) write that, "... through community participation, people develop new beliefs in their ability to influence their personal and social spheres" (p. 380). As well, Wallerstein and Minkler (2002) write about the relevance of community building in influencing health outcomes. They emphasize that when people are engaged in learning within groups or communities, they learn to strategize about how best to gain control over the determinants of their own health. In summary, activities within activist networks can have large goals to change public discourse and policy as seen in AIDS activism in the United States and Peru as well as be useful to make small
changes at the interpersonal level. Moreover, the activist strategies can be educative for activists themselves. In the next section, I outline literature pertaining to the learning that occurs in social movements.

**Social Movement Learning**

Social movement practice is both political and educative, as it can expand individuals' and communities' potential for learning (Beder, 1996; Polletta & Jasper, 2001; Ramirez-Vallez, 2002; Schugurensky, 2003; Schugurensky, 2008). Learning that occurs in social movements is best described as "informal" as it is intimately connected to individuals' goals and experiences of political participation (Schugurensky & Myers, 2008). Tied to this point, I illustrated in the previous section that within AIDS organizations in the early days, people who previously were not committed to any kind of social issue transformed themselves into activists to resist the dominant political and economic policies that excluded and marginalized their health concerns.

The collective organizing to bring about social change even at the micro level, is possible because of the community-building experiences and informal learning that takes place amongst members of the organization. For instance, although AIDS is primarily interpreted as a medical issue, those afflicted with HIV/AIDS whose rights were ignored, learned to advocate for themselves as "laypeople" in the company of medical professionals. For example, Dale Brashers (2002) refers to ACT UP and states that self-advocacy involved the following:

. . . (i) educating themselves about treatments and illness allows them to engage in more productive dialogues with experts (including scientists and healthcare providers), (ii) learning to be assertive helps them to confront paternalistic or authoritarian interactional styles sometimes exhibited by these experts, and (iii)
being willing to not adhere to the advice of authorities leads them to negotiate treatments and care better suited to their needs (p. 117).

These behaviours of challenging the medical profession and advocating for one's own health that Brashers mentions above have been observed in other national contexts. Katarina Jungar and Elina Oinas' (2010) paper on HIV activism in South Africa call attention to the politics of knowledge production and learning accomplished by members within the activist organization, Treatment Action Campaign (TAC). Jungar and Oinas (2010) describe how PLWH are often cast as a "universe of strangers" in the African context (p. 182). In other words, from a western perspective, populations in Africa are understood to be immediately victimized "en masse" due to AIDS and are therefore unable to help themselves. As a response, TAC mobilized to focus their activist messages on the heterogeneity of membership of women, men, heterosexual, gay and transgendered individuals as a strategy to disrupt the totalizing discourses of African people as complacent in the wake of AIDS. In doing so, members of TAC engaged in self-directed learning about the clinical elements of HIV/AIDS; these learning experiences proved to be critical in their subsequent interactions with medical professionals. Jungar and Oinas (2010) maintain:

Treatment programs depend on lay and professional people educating themselves and each other about the disease and how to live with it, and activism plays a crucial role in education (p. 186).

As demonstrated by these two examples of HIV/AIDS activism in the United States and South Africa that highlight the impact of self-education within social movements to promote social justice. This kind of knowledge that is derived from one's own experiences of informal and
formal learning have been an essential elements to the survival and momentum of social movements and activist networks. I now turn to examine the health outcomes that social movements have achieved through mobilizing education.

The Role of Social Movements/Activist Networks in Health Promotion Outcomes

The goals within health-related social movements and activist networks are primarily concerned with facilitating optimal health. These changes may be in the form of access to treatment and services or inclusion in research and policy. The most salient issue of health-related activism that drives this dissertation is agency to make advantageous health decisions whilst acknowledging that social structure plays a solid role in setting the contextual limits to one's agency. Within HIV/AIDS discourses, many scholars are now in agreement that the structural drivers of HIV/AIDS require attention and analysis in order for HIV/AIDS education initiatives to be successful (Aggleton, Yankah & Crewe, 2011; Boesten & Poku, 2009; Rao Gupta, Parkhurst, Ogden, Aggleton & Mahal, 2008).

Scholars who have focused on the pandemic in various developing countries have made some headway in the last fifteen years, the most notable being the ushering in of a paradigm shift in thinking and practice concerning prevention strategies. Instead of employing individual behavioural change approaches, structural approaches are now considered essential to any HIV/AIDS prevention education program (Rao Gupta & Weiss, 1993; UNAIDS, 2009). Structural approaches refer to combating the disease on a broader societal level by identifying and devising strategies to challenge cultural, economic, physical, environmental or political factors that “set up” the environmental conditions for HIV transmission (Bajos & Marquet, 2000; Bujra, 2002; Rao Gupta et al., 2008). The goal of such approaches is to challenge these social inequalities with the view to alter the social conditions into “enabling environments” for
prevention that ultimately make the fundamental goal of behavioural change easier to achieve (Rao Gupta & Weiss, 1993).

One important structural factor to address in HIV/AIDS prevention education is gender. Gender inequality has been identified in determining men and women’s vulnerabilities to HIV transmission and infection (Rao Gupta, 2002). The principal argument surrounding this widely-accepted claim is that dominant, hierarchical gendered arrangements lay the social foundation for HIV transmission through culturally situated gender norms that govern attitudes and behaviour (Connell, 2002; Rao Gupta, 2003). Thus, because the number of women contracting HIV is on the rise in Latin America via heterosexual contact (Garcia Abreu, Noguer & Cowgill, 2003; Rao Gupta & Weiss, 1993), scholars have signalled the urgency to for both women and men to confront dominant heterosexual gender norms that if left unchallenged, simply serve to reproduce gender inequality between men and women and consequently increase their risk of contracting HIV (Barker, 2003; Boesten & Poku, 2009; Burja, 2002; Campbell, 1995; Mane & Aggleton, 2001). For example, in some Two-Thirds world countries, it has been determined that women are especially vulnerable to HIV when male gender norms reward infidelity or if practicing unsafe sex is a revered expression of masculinity (Campbell, 1995; Rao Gupta, & Weiss, 1995). It is evident then that the power differential between men and women is at the heart of this social problem. There have been some efforts in Peru recognizing the importance of women's groups to lessen their vulnerability to HIV and empower them to make reproductive health decisions (Bant & Girard, 2008; Davenport Sypher, 2002; McKinley & Jenson, 2003; Singhal & Rattine-Flaherty, 2006). These were not initiatives comprised of activists in a conventional sense, in that the women participants in these studies did not identify as sex workers, HIV positive people nor did they belong to any other marginalized demographic; their
objectives were to unify women to work towards understanding their health priorities and devising strategies to empower themselves, and devise learning strategies towards establishing new gender norms to promote health.

Social movements/activist networks in the Two-Thirds World have been markedly successful in some cases with changing their environmental and social conditions to promote the dual goals of gender and health equality (Fink, 2992). By and large, these activist networks have been comprised of women. There is a growing body of literature pertaining to community organizing and activism for inclusive health education in the Global South that centres on understanding how gender shapes health outcomes for women. These empirical studies show how knowledge that originates from lived experience is central to locate how gender can be re-learned differently to improve health.

Women sex workers have been of growing importance to scholars, health professionals and international health organizations for two reasons. First, from a public health perspective, sex workers constitute a vulnerable population because of the high number of sexual partners and the threat and actual experiences of violence (Rekart, 2005). Combined, these two factors increase the risk for sex workers to contract sexually transmitted infections. Second, social science scholars have shown a keen interest in the ways in which women sex worker organizations have collectively worked to pinpoint the local expressions of gender that need to be managed via education to promote health.

Several studies worldwide have presented empirical findings from research with sex workers both as individuals and with sex worker organizations about the ways that sex workers have collectively organized to articulate their own political, health and labour agendas within a human rights framework. Without a doubt, sex work as a profession is a debated topic within
feminist scholarship and public discourse. Women sex worker organizations have opened up debates about the significance of women's agency in sex work environments. Processes of education within sex worker organizations are therefore instructive in directing these debates towards nuanced and contextualized understandings about how sex workers can achieve optimal through collective efforts. Learning that takes place in sex worker organizations underscores women's agency to control their own health by managing their relationships with each other and with their clients. For instance, Ambar Basu (2011) uses Gayatri Spivak's (1988) notion of "sexual subalterns" to advance the idea that sex workers' experiences of their social and environmental conditions are critical to include in HIV/AIDS education initiatives in India. Basu writes that for the most part, HIV/AIDS education and health promotion campaigns have neglected to include the voices of sex workers themselves since, these initiatives were brought in from "experts" outside sex worker communities. Basu (2011) critiques "... the singular power and capability of the biomedical expert to institute health knowledge and processes" (pp. 394-395). The objective of Basu's study, therefore, was to show how an NGO called New Light, encouraged sex workers to articulate their own health needs. Sex workers in the research criticized the "educated" health professionals and researchers from outside their communities who reproduced the stigma they routinely faced. Yet, the sex worker participants in Basu's study recognized the value of education since, many spoke about wanting their children to be educated in the formal education system so that they would "grow up to be healthy" (Basu, 2011, p. 403). Within the New Light project, sex workers were able to enact agency to mobilize education in a localized way for their own agendas--not the agendas of researchers and media professionals from "outside". 
Numerous other studies conducted in the Two-Thirds World have investigated similar themes—that teaching and learning towards health goals originate from within the lived experiences of affected communities themselves (Campbell & Mzaidume, 2001; Ghose, 2008; Ngugi et al., 1996; Wojcicki & Malala, 2001). One of the fundamental components outlined in the above studies that creates opportunities for sex workers to organize around shared health goals is collective identity. Francesa Polletta and James M. Jasper (2001), in the vein of social movements, define collective identity as:

... an individual's cognitive, moral and emotional connection with a broader community, category, practice or institution. It is a perception of a shared status or relation which may be imagined rather than experienced directly and is distinct from personal identities, although it may form a part of a personal identity (p. 285).

In the case of HIV positive and sex worker women activists in this research, HIV positive women activists indeed share a health "status" that binds them while sex worker participants share a "relation" in the sense that they cultivate particular types of relationships for economic gain. To be sure, the mobilization of collective identity is essential for activist networks to work towards a common goal. This phenomenon is observed Toorjo Ghose's (2008) study in the renowned red light district in Sonagachi, India where he shows that when sex workers collectively assume the identity of a sex worker, they are able to work towards forming group norms around health behaviours such as the use of condoms to reduce their risk of HIV and STIs. Several other studies emphasize the role of identity to facilitate positive health outcomes. Peer education is one way in which identity can be manipulated to promote such outcomes. In the context of HIV prevention, Amy Medley et. al (2009) define peer education as:
... select individuals who share demographic characteristics (e.g., age or gender) or risk behaviors with a target group (e.g., commercial sex work or intravenous drug use) and train them to increase awareness, impart knowledge and encourage behavior change among members of that same group (p. 181).

Clearly, Medley et al.'s (2009) definition of peer education assumes a relationship with Polletta and Jasper's (2001) articulation of collective identity. Put another way, in order for peer education to be realized, a shared identity needs to be established for effective outcomes. For instance, in Catherine Campbell and Zodwa Mzaidume's (2001) article on the use of peer education amongst sex workers in South Africa, they illustrate that to a certain extent, sex workers' confidence around insisting on condom use with clients increased as a result of the peer education program. What Campbell and Mzaidume (2001) also found however, was that peer education was not a simple theory, given that there were tensions felt within the community. To highlight this dilemma, they quote from Turner and Shepherd (1999): "Recently, peer education has been described as 'a method in search of a theory" (Campbell & Mzaidume, 2001, p. 1978).

Related to this quandary, despite the evidence from this study that suggested that sex workers who claim the identity are more likely to use condoms with clients, I argue in this dissertation that claiming a sex worker identity is not always a choice that all alleged sex workers are prepared to make. Tension amongst who identifies as a sex worker becomes contentious when peer educators seek to "recruit" other members who they believe "should" be "peers". I explore the tension of collective identity and peer education in Chapter Six.

**Conceptual Framework: Feminist Postcolonial Pedagogy and Gender Relations**

In this section I show how feminist postcolonialism and gender relations are constructive theories that can operate together to frame and analyze this study of HIV/AIDS education and
knowledge mobilization among women activists in Peru. I situate this study within feminist postcolonialism for two reasons. First, since postcolonialism is concerned with what Cheryl McEwan (2001) states as: "... opening up spaces for the agency of non-western peoples, and exploring how nations and cultures outside the west have developed their own autonomous knowledges. ..." (p. 95), I position the women activists participants as producers of HIV/AIDS and gender-related knowledge, grounded in their experience combined with their learning in social movements. Second, postcolonial feminism seeks to interrogate western assumptions about Two-Thirds World women (Alexander & Mohanty, 1997; Bailey-Jones, 2011; Manicom & Walters, 2012; Mills, 1998). In Ratna Kapur's (2005) words women in the Two-Thirds World are often regarded as the "disempowered tragic subject" (p. 9). I will show that the women activist participants in this study did not characterize themselves as victims, but rather as agents of change who seek to oppose and "protest" the varied cultural and political forces that marginalize them. Put another way, a postcolonial feminist approach to reading the data shines a light on women activists' agency and the contextual limits of their agency in particular scenarios (Martin, Hanson & Fontaine, 2007; Naples, 2003). Using a gender relations analysis in tandem with postcolonial feminism can therefore specify the instances where, by examining a range of relations amongst a variety of differently positioned actors can uncover new meanings and dynamics about gender that involves, "... multiple people and categories, linking bodies and institutions" (Connell, 2011, p. 3). The combination of postcolonial feminism and gender relations overall helps to frame women activists' narratives and experiences within a framework of knowledge production and agency, whilst keeping in mind that they ought not to be read as "heroine narratives" nor "master truths", regarding the development of women's agency in postcolonial contexts. In the next section, I discuss how my personal experiences led me to
engage with feminist postcolonial scholarship. I then discuss how a gender relations framework can be used in tandem with postcolonial feminist scholarship in this research.

**Situating Myself in Feminist Postcolonial Theory: Three Post-Fieldwork Experiences**

Shortly after I returned from fieldwork in Peru, I had three experiences that helped situate myself, and this research, within postcolonial feminist theory. These experiences have also aided in my own learning about the politics of sex work and tensions within areas of feminist scholarship that deal with female sexuality. Below, I trace my responses to these three experiences: a public lecture on prostitution, a conversation with an acquaintance and third, a documentary film.

**No "Global Sisterhood" Here: The Annual Dame Nita Barrow Lecture, Teresa Ulloa Ziaurríz**

On February 28th 2011 I attended the Annual Dame Nita Barrow lecture, organized by the Centre for Women's Studies in Education at the University of Toronto. The invited guest speaker was Teresa C. Ulloa Ziaurríz, a Mexican human rights lawyer and Director of the Coalition Against Trafficking in Women for Latin America and the Caribbean. The title of her presentation was: *Prostitution: Abolition? Regulation? Decriminalization? A View from the Global Front Lines*. As a novice scholar in this particular topic of women's studies, I was eager to attend the lecture to learn about the different perspectives of prostitution (or sex work) suggested by the question marks in the title. I wanted to know how these different interpretations could inform my own developing position around sex work in my research. However, as I sat in the auditorium listening to Ziaurríz read her paper and point to the slides in her presentation, it

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12 Although the bulk of this reflective piece was written based on my memory and experience of the lecture, I obtained the verbatim quotes by Ziaurríz and the audience member from the podcasted lecture that I viewed afterwards. It was available online: http://mediacast.ic.utoronto.ca/20110228-CWSE/index.htm.
was very clear that only one perspective was being communicated to the audience, leaving no room for the question marks after the words "regulation" and "decriminalization" in the title. Ziaurriz emphatically reiterated the abolitionist perspective on prostitution, using several PowerPoint slides to convey statistics about the number of women and girls who are trafficked and thus forced into a life of prostitution in Latin America.\(^\text{13}\)

The abolitionist position has its contemporary roots in a radical feminist tradition, driven by scholars Kathleen Barry, Catherine McKinnon, Sheila Jeffreys and Janice Raymond, among others. The central argument of the abolitionist perspective is that all prostitution is a form of violence against women and thus, a human rights violation (Barry, 1995; MacKinnon, 1982). Abolitionists claim that even in instances in which certain sex workers assert that they do not experience violence, or, if they report that they enjoy sex work (see Chapkis, 1997 & Nencel, 2001), the selling of sex by women to men is exploitative and an expression of violence against women. The following quote from Catherine MacKinnon (1982), depicts the abolition perspective quite simply: ". . . man fucks woman. subject verb object" (p. 541). This quote suggests that in all cases, men objectify and "act upon" women within sexual relations and that women are devoid of sexual agency so long as a man is present. The goal for abolitionists then, is to eradicate all forms of prostitution in the interest of rescuing (or "rehabilitating") women.

\(^\text{13}\) These statistics were challenged by an audience member during the question period at the end of the lecture. One of the arguments of sex positive feminists is that the statistics of women and children who are trafficked across borders are not accurate. Furthermore, sex workers' rights advocates are at odds with mainstream definitions of what constitutes "trafficking" (see Sanghera (2005); Kempadoo (2002); Doezema, 2005; Outshoorn, 2005).

\(^\text{14}\) In Chapter Six, I discuss an aspect of Raymond (1998) as it relates to teaching and learning in sex worker organizations.

\(^\text{15}\) Carisa Showden (2011) quotes Noah Zatz (1997) to speak back to this assumption: "What about the following re-description: 'Prostitution is about the use of a man's desire by a woman for her own profit?"' (quoted in Zatz, 1997, p. 295). Perspectives such as this one, aim to foreground the possibilities of women's sexual agency within prostitution discourses.
from the sex-for-money brand of patriarchy. There were two incidents in Ziaurriz's presentation that triggered me to think about my developing position around prostitution.

To begin with, Ziaurriz discussed The French System of brothels in France and England in the Victorian era, citing the sanitary controls that were imposed onto prostitutes by the state in an effort to quell the moral panic about prostitutes as "diseased" and hence, a threat to the health of the nation. As a result, Ziaurriz explained, prostitutes were forced to undergo humiliating forms of internal medical examinations to test for sexually transmitted infections. Although these practices would undoubtedly be flagged as human rights violations today, Ziaurriz's reading of the moral panic and oppressive medical practices around prostitution in the Victorian era, was taken out of context, with little consideration of a contemporary public health framework. To emphasize her point around these sanitary controls, she stopped reading from her paper, removed her glasses, looked up from the podium to address the audience and asserted in a louder voice in her own words:

. . . but it [sanitary controls] was responsible for taking care of the men's health. . .

because women are so dirty, so ugly. . . they are garbage and they are very concerned of the health of men. That's why they do these sanitary controls so the men are not contaminated with sexually transmitted infections (emphasis added)

(University of Toronto, Information Commons Webcast).

Despite the discriminatory motivations behind the sanitary controls imposed on prostitutes that aroused the concern from Victorian feminists, Ziaurriz 's disapproval of sanitary controls in the 1800s, I contend, was meant to serve as a platform to criticize the current move towards condom education in sex worker communities in a contemporary era. Numerous studies have explored the benefits of condom education programs directed by sex workers themselves

16 Josephine Butler is championed as a Victorian feminist who campaigned to eradicate prostitution to "purify the state" (Doezema, 2001, p. 23)
(Campbell & Mzaidume, 2001; Ghose, 2008; Ngugi, 1996). On the whole, abolitionists do not agree with these educational initiatives because they believe they provide the fuel to keep the sex industry alive (I unpack this dilemma in Chapter Six). Furthermore, Ziaurriz's comment lacked logic. Condoms are the most effective barrier method to reduce the risk of HIV and other sexually transmitted infections for both parties involved. Put another way, although men "wear" condoms, women also benefit from men "wearing" them. Thus, condoms do not "only" protect men's health, as Ziaurriz lamented. Although the motivations behind the sanitary controls may have been in service of men, the outcome of condom use regardless of who they are intended to serve, benefit both partners (although not equally, depending on how they are used). I could only assume then, that Ziaurriz's critique of condom campaigns on the basis that the buyers of sex benefit from them, was that the health of men did not matter. I wondered why Ziaurriz thought it was such a bad thing to protect men from STIs especially given that they would likely be having unprotected sex with their wives or girlfriends after these encounters with sex workers. Radical feminists who rally to eradicate prostitution advance the notion that in prostitution, women are categorically treated as less than human; yet, there is little recognition of the double standard with respect to improving men's (and in turn, women's) health via condom campaigns because evidently, men who buy sex somehow do not "deserve" to benefit from safer sex practices. Gayle Rubin (1984) calls this kind of thinking ". . . less a sexology than a demonology. It presents most sexual behaviour in the worst possible light" (p. 166). I identify as a feminist who clearly recognizes the impact that men as a group have had (and continue to have) on constraining women's rights through the course of history. But I also appreciate that men are human beings. I do not support the radical feminist position that does not acknowledge the complex and imperfect lives of both men and women and their abilities to change. Consequently, I do care
about the health and wellbeing of men—whether they purchase sex or not—while understanding that the health disparities between men and women are influenced by a range of social, economic and political factors. I also believe that men's health status can directly and indirectly impact women's health and vice versa. Simply because women are categorically caught up in a wide spectrum of patriarchal cultures worldwide does not, in my view, mean that we ought to only focus on the lives of women to achieve gender equality. "Disposing" of men by homogenizing them and not paying close attention to their life experiences (in relation to women or in relation to other men), will not bring us any closer to gender justice. These sentiments further substantiate my chosen conceptual framework of "gender relations" that, in Raewyn Connell's (2011) words, "...gives a central place to the patterned relations between women and men (and among women and among men) that constitute gender as a social structure" (p. 1677).

The second incident occurred during the question period at the end of Ziaurriz's lecture. One woman raised her hand and commented on her experience of working with sex workers in Latin America, emphasizing the point that sex worker organizations had had a positive effect on sex workers' self-esteem and combating the violence that some sex workers do experience. This woman closed her comment by stating that sex workers' agency should be recognized and honoured in discussions of prostitution rather than having their experiences dismissed. Ziaurriz responded by referencing the woman's remark about the leader of an Argentinian sex workers union, Elena Reynaga: "Elena Reynaga, who is the president of the Sex Workers for Latin America network, is a pimp..." Before Ziaurriz could finish her sentence, the woman in the audience interrupted Ziaurriz and replied, sounding perturbed and het up:

Well in that case I'm a pimp too! I've been a sex worker for twenty-five years! I find you offensive to me, and to my colleagues. It's one thing to say that you have a different perspective on sex work per se, but to say that quote unquote pimps are
exploitative and to take a woman like Elena who has dedicated years of her life as a sex worker, advancing our rights and wellbeing. . . I'm sorry, Madam, I cannot stay here and listen to you (University of Toronto, Information Commons Webcast).

She then gathered her coat and bag, marched up the stairs of the auditorium, pushed the heavy door open and slammed it behind her, leaving the audience in a state of astonishment. Ziaurríz did not appear to be fazed by the woman's reaction. She responded to the incident by informing the audience that she did not mean to offend anyone and then carried on with the question period.

During my fieldwork I learned from one of the sex worker participants, Silvia, that Elena Reynaga is one of the most vocal sex workers rights activists in Latin America, advocating for human, labour and health rights for sex workers. Reynaga collaborated with other sex worker activists in Latin America to put together an educational resource entitled: Un Movimiento de Tacones Altos (A High Heels Movement) (Reynaga, 2007). This resource sits proudly on the shelves of the Centro de Referencia office in Iquitos, Peru. Silvia explained to me that she found it a useful framework to inform the most pertinent and pressing issues that sex workers in Latin America and the Caribbean face, such as recognizing the multiple oppressions of women sex workers, health, safety, condom negotiation scripts and the importance of building self-esteem. The unreserved dismissal of Ziaurríz towards the efforts of sex worker organizations struggles for safety and personal choice I believed "dumbed down" her presentation and cheapened her scholarship. It was like she refused to engage with these issues on an intellectual level but rather only on an emotional level. Of course, emotions in scholarship can be very useful and sometimes necessary to advance theory or to communicate experiences and perspectives; however, a refusal to engage in dialogue signals a serious roadblock in this divisive topic within

17 In Chapters Two, Five and Six, I discuss the details of sex worker organizations in Iquitos, Peru drawing on the narratives of Silvia, one of the main sex worker activists in this study.
feminist theorizing. For instance, Jo Doezema (2001) notes that abolitionist feminists only want to hear from sex workers when they tell the "right" stories because sought-after these stories signify a master "truth" allegedly experienced by all sex workers (Doezema, 2001). The "right" stories entail violence, coercion and other abuses, that abolitionist feminists deploy as political leverage to advance anti-prostitution agendas (Doezema, 2001). Similarly, in Ziaurriz's talk, I noticed that she referenced former sex workers' anecdotes only as they were useful to illustrate her view that all women in sex work were victims.

I must confess here that the debates about sex work had been unknown to me pre-fieldwork. I had ample knowledge of some of the major feminist schools of thought through courses I took at the Ontario Institute for Studies in Education and through my own independent readings aside from course requirements. I have identified as a feminist for many years; however sex work and women's sexuality were not included in these readings and courses. Furthermore, because the themes in some courses about gender predominantly focus on the many problems and consequences of patriarchy that affect women's lives, it would be easy for students taking a course on gender studies or feminist theory to collapse into adversarial thinking about gender where women are positioned as "good" and men are positioned as either "bad", or, not a part of feminism. 18

Sadly, the abolition movement, in its efforts to unite women around the world by marketing patriarchy as a catch-all concept to encapsulate all women's experiences, has widened the chasm between men and women (and amongst women). The abolitionist perspective on sex work rejects the plurality of women's experiences and contexts in which they learn about themselves, such as in sex worker communities. Men's diverse experiences as sex workers or

18 This is the kind of feminist thinking that I experienced through a few courses I took at OISE in 2001-2003. Perhaps syllabi have now been modified or added to include topics such as female sexual subjectivities, sexual agency and masculinities.
clients are largely absent in abolitionist discussions. Based on courses that I took that used the lens of gender to discuss education, I had naively assumed that all feminists took an anti-prostitution position. My own thoughts about prostitution were not fully formed; however, I did lean towards an abolitionist perspective prior to fieldwork but also knew that I did not know enough about the subjects to have a fully formed opinion. What had stopped me from embracing the abolitionist perspective was my own sexual subjectivity and expression. I have never wanted to feel ashamed of my sexual expression so adopting an abolitionist perspective, I had felt, would necessitate denying my own active sexuality—something I was not prepared to do. Until I researched sex worker organizations, I found myself in the middle of the "feminist sex wars". The incident between Ziaurriz and the audience member was a living example of the two opposing "camps" within feminism around the issue of prostitution/sex work.

Which camp do I situate myself in? Based on the ways in which sex worker activists talked about themselves in this study, I am inclined to take a pro-sex work/sex positive approach. Through the process of interviewing sex worker activist participants, I could empathize with their willingness to learn about their own health and teach others (both women and men). I listened intently while they told me about their own journeys as activists and their political passion for wanting to stop the violence and stigma that their peers would encounter. I did not characterize these participants as victims of sex work during these interviews, and I was also careful not to romanticize their experiences; however, I recognized that they may have only been sharing those stories that would place them in a favourable light, omitting stories of violence that they may have experienced. I appreciate the contributions that sex positive feminists (scholars, activists and sex workers themselves) have made, specifically in regard to providing a platform for a plurality of women's voices to speak and politicize sex work in a way that intends to honour
female subjectivities. However, I also see how this debate has created two opposite poles that cannot seem to work together to achieve gender equality, given the disparate visions on what equality for women "looks like". How can the sex-positive approach to sex work constructively engage with the violence and trafficking that many sex workers (especially minors) experience? How can abolitionist feminists accept that some women choose to engage in a range of sex work-type activities and that some women, in fact, enjoy it? My take on this debate thus far, is not rooted in sex work per se, but rather in discussions of the social constructions of female and male sexuality and desire, sexual dignity and sexual health education that all women and men deserve.

My "Dangerous" and "Humanitarian" Research

Last year I made an acquaintance though a professional circle. I shall call her Roberta. Roberta sent me an unsolicited e-mail to tell me that the research I was doing with sex workers in Peru was very "dangerous" and that this research topic was very "humanitarian" of me to take on. These two labels that Roberta ascribed to me made me uneasy. Roberta suggested meeting me for coffee so that she could ask me more about my research and I accepted. During our conversation, she reiterated what she had written in her email to me--that she was impressed that I was doing such "dangerous" and "humanitarian work" in Peru.

I challenged these labels with her and told her that I did not believe that my research was very dangerous at all since all I was doing was observing educational talks and interviewing people who had given their informed consent--activities that likely would not be characterized as dangerous had I been doing my research in Canada. I suspected that because I was researching in Peru--in the "mysterious" Amazon--that my endeavours were considered dangerous. As for

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19 While I recognize that all social research carries with it, some risk to both the researcher and participants no matter where the research site is located, my point in this section is to illustrate the colonial characterizations of Two-Thirds World countries such as Peru as "dangerous". Sara Ahmed (2007) refers to this phenomenon as "stranger danger" (p. 162).
her other remark, I told her that my research could hardly be characterized as "humanitarian". Humanitarian work is synonymous with a wide spectrum of charity work, often undertaken by westerners, individuals or non-profits, to help the "less fortunate" in the Two-Thirds World. Historically speaking, Rachel Bailey Jones (2011) maintains that: ". . . the officially stated goals of Eurocentric humanitarianism were to build western-style schools in order to spread the light of civilization to the dark places on the map" (p. 23). The goal of this research was not to bestow charity. I only surmised that Roberta may have been projecting her own fears of travelling to a Two-Thirds World country and her own biases about the "kind of women" sex workers were--which I guessed would have been women of ill-repute and/or women who were bound by culture and require saving (Mohanty, 1988)--hence, my alleged "humanitarian" intentions. I did not want to contribute to the discourse of "danger" in the Two-Thirds World contexts by concurring that conducting research in South America by its very nature, is dangerous. I deduced that the general public's opinion of prostitution or of HIV/AIDS epidemics in the Two-Thirds World is deeply rooted in the victim perspective. However, Roberta steadfastly clung to these labels and sweetly told me that yes, my research was indeed "very humanitarian". Part of what the project of colonialism has accomplished is a divide between "the west", or "civilization" and "the other" in the South/East. The perceptions that Roberta held about doing research abroad in the Two-Thirds World are not uncommon. In casual conversations within my social network, others have also alluded to my very "noble" work with sex workers and HIV affected communities in "dangerous" places. Showden (2011) explains that, "Because 'feminine' has been coded to mean 'weak' in relation to masculine, sex work is seen as dangerous" (p. 146). To add to the association between sex work and danger is that sex work in the Two-Thirds World adds another dimension to the notion of "danger". A few people have praised my efforts to "help" people by educating
them about how to run their HIV programs. I respond by countering their comments and say that I am not directly helping them or educating them about their programs because I do not have the expertise to do so, nor do I think it is my place to tell them what to do. This is a study about how women activists create and disseminate their own knowledge about HIV/AIDS to their communities (and to me, as the researcher). In fact, this project has caused me to reflect more deeply about my own position of power amongst the communities that I engaged with to consider how I could have done this research differently in a way that would further emphasize participants' power in the research process. Simply travelling to a Two-Thirds World country to conduct research does not make the research humanitarian and thus, "a good deed"; rather, motivations behind eco-tourism, volunteer tourism and research in the Two-Thirds World require us to re-think how westerners' movements across borders to help, research, learn, "find themselves" or consume the "traditional" knowledges of "the other" perpetuate the political and economic disparities that separate the west from "the rest" (Azarya, 2004; Benson, 2011; Cabezas, 2008; Crossley, 2012).

**Michael Glawogger's Documentary Film: "Whore's Glory"**

"Even though most people know nothing about the realities of prostitution, most people believe they are an expert" (Lotus Film & Glawogger, 2012).

At the 2011 Toronto International Film Festival, I watched a film called *Whore's Glory*, directed by Michael Glawogger. It depicts the locales of sex work and the sex worker-client relations in three different cultures: a "gentlemen's club" in Bangkok, Thailand where women were "on display" behind one-way glass (called a "fish tank"), seated on risers and wearing numbers for potential punters to select; a district in Reynosa, Mexico, where men in cars and pick-up trucks slowly drive up and down a select street in the hopes of securing one of the many
women standing outside the rows of motel rooms; and finally, a jammed brothel-complex in impoverished Faridpur, Bangladesh where generations of girls and women live and work in the sex trade. There was no narrator to guide the viewer through a story or to sway the viewer to adopt a particular point of view. This was a purely voyeuristic exercise. In the segment about the brothel-complex in Bangladesh, we see a few women who are running them. What struck me about this segment was the foul language and insults that the brothel manager women were hurling at younger, inexperienced sex workers. Although I do not condone the language and abuse, I was simultaneously pleased that we, the western audience, were hearing Two-Thirds World women's voices in this way—aggressive, abrasive, loud and forceful. The madams were initiating new girls into the routines and norms of the brothel by shouting, swearing and name-calling. To be sure, a western audience is not accustomed to hearing swear-words and witnessing bullying behaviour from South Asian women. This behaviour is indeed sharp contrast to prevailing representations of South Asian women that we see in film or other forms of media—demure, maternal, silently "strong" yet, nonetheless victims of their culture that they "endure". I emphasize that I am not in favour of the belittling verbal abuse used by the women brothel managers; I want to call attention to the politics of "bearing witness" to this representation of women who hold positions of authority to manage the social relations in this environment. Within the confines of the brothel, the madams were not portrayed as having a victim status but rather as having a status of respect, presiding over the affairs of other sex workers. The documentary film has no doubt become a popular genre in recent years and is gaining respect as a form of contemporary cinema for the average movie-goer. It was an invigorating change, therefore, for western audiences at Glawogger's screening in Toronto, to see prostitution in the Two-Thirds World from a different perspective. Similarly in this dissertation, I am concerned
with women as *activists* situated within historically exploited communities of HIV status and sex workers status.

These three experiences dealt with both relations and discourses of domination between the west and the Two-Thirds World. The postcolonial interpretation of Two-Thirds World women's experiences engage us to think of in terms of heterogeneity, diversity, multiplicity as counter-narratives and counter-actions to understandings deployed by radical feminists in the West and forms of mainstream media that generally portray Two-Thirds World women as helpless and Two-Thirds World men as violent. In the last section I justify my rationale for merging theories of gender relations with feminist postcolonialism.

**Gender Relations and Feminist Postcolonialism**

Gender has long been identified as a key structural factor affecting HIV risk and prevention strategies (Campbell, 1995; Rao Gupta & Weiss, 2009; UNAIDS, 2009). For example, in many cultures, risk-taking behaviour (such as no-condom sex) or acquiring multiple sexual partners even outside primary relationships are revered expressions of hegemonic masculinity. By contrast, sexual naïveté and submissiveness in sexual encounters and courtship are considered traditionally feminine. These culturally-driven expressions of gender (often referred to as “gender roles”), shape both women’s and men’s risk of contracting HIV (Rao Gupta, 2009). Yet only recently has the attention shifted away from past theories of gender “roles” to gender relations (Bottorff, Oliffe, Kelly, & Chambers, 2012; Connell, 2002; Connell, 2011; Schofield, Connell, Walker, Wood & Butland, 2000) to understand the gendered effects of health behaviour practices and attitudes. My discussion in this section therefore draws on theorists who conceive of gender as relational and therefore, “active” multi-layered and dynamic as opposed to gender as static and role de-limited. I apply Raewyn Connell's (2012)
understanding of gender relations as a multidimensional "varied body of thought" (p. 1677) in which gender is theorized as a complex set of relations that involve a range of bodies, institutions and social processes at both the micro and macro levels (Connell, 2012). In this vein, I argue that a gender relations analysis is essential for uncovering the nuances of female collective and individual agency and its relevance to the marginalized identities of women activists in this study, particularly within the social context of HIV/AIDS prevention education. A second benefit of using a gender-relations framework is that it provides a way to challenge conventional discourses that portray sex workers or HIV positive people as non-agentic in the company of “dominant” male clients, or as a uniformly downtrodden group in the wake of HIV/AIDS.

A gender relations analysis offers new ways to conceptualize and address gender in its broadest sense, and in health research specifically (Bottorff, et al., 2012; Connell, 2002; Howson, 2006; Scholfield, et al., 2000). To further this claim, Bottorff et al. (2012) assert that a gender relations analysis can “. . . examine men’s and women’s interactions and the means by which these interactions influence health opportunities and constraints” (p. 178). As Bottorff et al (2012) above claim, close attention to interactions lays bare the many contradictions in how gender is enacted and allows us to challenge essentializing assumptions about attitudes and behaviours of men and women.

Another benefit of gender relations theory is that as it invites further theorizing about the varying expressions of gender within the categories of “masculine” and “feminine”. For example, Howson (2006) offers a pragmatic conceptualization of gender diversity within genders. He argues that the category “femininity” can be subdivided into “emphasized”, “ambivalent” or “protest” femininities. Each of these categories is described in relation to its proximity to upholding hegemonic masculinity (Howson, 2006). For sex worker activists, I argue
that “protest femininity” aptly characterizes the way they conduct their relationships with male clients. I take up this point in *Chapter Six*.

Altogether, this shift away from “role theories” disrupts the essentializing discourses about women in the Two-Thirds world where women are assumed to be innocent victims that require immediate rescue from men. Sex worker activists in this study often talked about the culture of *machismo* that defines relationships between men and women in the Amazon region of Loreto. Like most of Latin America, Peru is a patriarchal society marked by men’s monopoly of public and political space, while women’s activities are confined to the domestic sphere and low-wage jobs (Fuller, 2000; Fuller, 2004). However, there are regional differences that show a greater openness in the Amazon with respect to homosexuality and expressions of gender non-conformity (Salazar, et al., 2009). For instance, I showed in *Chapter Two* that Iquitos has a vibrant and rapidly growing gay, lesbian and transgendered community. Activists have successfully run annual gay pride parades since 2005 and are routinely involved in anti-homophobia and HIV awareness campaigns to sensitize and educate general public. That said, the heterosexual majority is still largely constrained by hetero-normative attitudes, behaviours and beliefs, especially concerning men’s health practices such as inconsistent condom use and infidelity outside primary romantic relationships (Cáceres, 2002; Fuller, 2004). Sex worker activists are acutely aware of the systemic power differential between heterosexual men and women in Iquitos and the stigma associated with sex work; these are two central issues that drive sex worker organizations’ political and educational agendas.

Gender relations also allows for fresh thinking and insights about the possibilities about how gender norms and attitudes can change. Too often, "gender issues" imply a need to rescue women from male domination and less often, the relational elements of gender that constrain and
liberate both women and men. Connell (2011) warns against categorical thinking about gender and advances her point to think about gender relationally. Hence, this dissertation articulates a need to conceive of women's agency as relational and embedded within their social worlds with men and with other women, in their public and their private spheres.

I contend that the combination of key tenets of feminist postcolonialism, coupled with the "sharper", more focused lens of gender relations that contextualizes social actors' actions and words, are valuable. Empirical studies on HIV/AIDS interventions with women mainly focus on women's concerns with less regard to the social relations (micro and macro) in which they are embedded. Postcolonial feminist theory asks why social relations that are raced, gendered, classed and sexed ought to be taken up; and in this study that leads with gender as the principal social category of analysis, a gender relations analysis encourages a constructive application and visualization of these sites of resistance and protest.

At the centre of a relational perspective of gender also illustrates how expressions of gender affect both women and men's vulnerability and risk to HIV. Again, while this dissertation does explicitly explore the experiences of women activists' for the purpose of gaining insight into the new problem of women's vulnerability, I also make it clear that men are implicated in the social relations that lead to HIV risk. I believe that gender relations analysis cannot discuss women's experiences without discussing their experiences with institutions or other social actors (e.g. men or other women). What a postcolonial feminist perspective invites in the same vein is an interrogation of multiple expressions of femininities and masculinities in the Two-Thirds World. Finally, I argue that the merging of postcolonial feminism with gender relations are helpful in paying specific attention to the complexities of contexts and processes that surround HIV risk, vulnerabilities and agency for both women and men.
In sum, much of the literature that has dominated HIV/AIDS prevention in the Two-Thirds World has treated gender as two distinct categories of masculine and feminine. However, conceiving of gender as the catch-all word to imply two categories does not adequately capture the finer details of social realities (Connell, 2011). Connell argues that a relational perspective with respect to gender and health ought to be adopted to encompass the range of relations that constitute the complexities of social life. The work of Mohanty (1988; 2003) and Connell (2002; 2011) can be merged to articulate the importance of these complexities particularly when unlikely categories of relationships that entail teaching and learning (for example, sex worker-client relationships in Chapter Six) produce unexpected, yet positive, health outcomes. The conceptual framework I use in this dissertation is thus one that illuminates acts of resistance that facilitate learning opportunities for women activists themselves, their peers (compañeras) and their targeted beneficiaries. Using a gender relations lens within a lens of feminist postcolonialism works to highlight these perspectives that often go unnoticed in discourses of the gendered nature of HIV/AIDS.
CHAPTER FOUR
METHODS

Introduction

The purpose of this research was to understand how HIV positive and sex worker activist groups produce and disseminate HIV-related knowledge. The secondary goal was to understand these activists' local concerns about the role of gender in HIV transmission. In Chapter One I stated that women activists' experiences as health educators position them with an "insider view" of what they perceive to be the social and cultural forces that shape HIV risk. As such, I make the case that the narratives of women activists as health educators arm them to make critical commentary about gender relations in the region of Loreto. While this dissertation mainly draws upon data from women activists, I also include data from three non-activist beneficiaries that highlight the problem of HIV in women in Loreto as well as corroborate the knowledge that activists gained through their experiences. In this chapter, I provide a rationale for a feminist ethnographic approach to studying selected women activists' and other members in their community-based organizations.

I focused on women's narratives to fill a gap in knowledge surrounding women's experiences of HIV/AIDS education. As I outlined in Chapter One and Three, the AIDS epidemic in Latin America primarily contained amongst gay men and MSM. The experiences of women in the discussion of HIV have not been given the spotlight where prevention education is concerned. Scholars, state health officials and international aid agencies such as the World Health Organization or the Pan American Health Organization show data concerning the risk factors affecting men or MSM in Latin America (PAHO, 2009; UNAIDS, 2009) but little is known about risk factors affecting diverse groups of women and how HIV/AIDS education and
local knowledge within activist networks can combat the spread of HIV in women. Thus, my methodological choice to examine HIV education using only women's perspectives, I believe, was sound, given the paucity of data and the urgency that the issue brings.

This chapter proceeds as follows: first, I justify my research approach by outlining the key literature related to qualitative research and ethnography in health education. Next, I discuss my social position as a researcher in Iquitos, Peru. I describe my first and subsequent entries in the field which I include in Appendix G. I also take up my race and class position, briefly drawing upon my parents' immigration experiences from Africa, to the U.K. and finally to Canada where my story began (see Appendix H). These descriptions serve to acknowledge the complexity of my privilege as a racialized, middle class western woman researcher in the Two-Thirds World. The descriptions of my previous periods spent in Peru justify my methodological decision to conduct an ethnography. In the subsequent sections, I describe the research communities and gaining access to the organizations, recruitment and participant sampling processes and chosen methods for data collection: semi-structured interviews and participant observation. I include other informal experiences that I believe add texture, description and a "feeling tone"--a term that Lincoln (1993) borrows from Studs Terkel to connote a sense of "authenticity" to the text. In the final sections I discuss the ethical issues and limitations of the study.

A Qualitative Paradigm: Critical Ethnography

... it is also possible to do useful participant observation in a matter of weeks or months, especially if the researcher has a history at that particular field site or is already well versed in a particular culture or community (Simmons, 2011, pp. 477-478).
The quote above captures my rationale for carrying out an ethnography of activists' HIV/AIDS education activities in Iquitos, Peru. A primary reason for conducting this study in Peru was because of my comfort, familiarity and longstanding personal interest in Peru that dates back to 1995. Similarly, to fulfill the requirements of my Masters degree in 2004, I chose to revisit an all-boys high-school in the UK where I was previously a full-time teacher to understand women teachers' experiences in this all-male school culture. Thus, in the spirit of Simmons' (2011) quote, both my Masters and my doctoral research interests arose from prior experiences in cultures that I sought to re-explore using ethnographic techniques.

The traditional segue into a rationale for using qualitative research involves depicting the qualitative paradigm in contrast to the positivist research paradigm. The positivist research tradition is driven by methods that value quantifying results through deductive processes, testing hypotheses, operationalizing variables, drawing generalizations ideally applicable to particular populations. Simply put, quantitative research strives for objectivity through the control of variables in order to isolate the mechanisms and phenomena under study for the ultimate goal of measuring those phenomena (Mason, 2002; Neuman, 1997; Patton, 2002). The social location of the researcher is generally not considered significant because quantitative research designs are set up in such a way that disconnects the researcher (or, scientist) from the object of study. However, despite the intentions and goals towards “objective science” in quantitative research, researcher bias is nevertheless implicit in methodological decisions involving what warrants scientific inquiry and in the way that human error is managed.

Qualitative research even within its evolving historical “moments” (Denzin & Lincoln, 2005), can be characterized as a pursuit of "thick description" (Geertz 1973)\textsuperscript{20}. Qualitative

\textsuperscript{20} Clifford Geertz borrowed the term "thick" description from philosopher Gilbert Ryle's 1949 work, Concept of the Mind (Ponterotto, 2006). Geertz is often discussed as the creator of the term "thick description"; however
research has been adopted in many disciplines in the social sciences and is gaining respect and recognition as a complimentary investigative method in health sciences and in medicine (Green & Britten, 1998). Qualitative research is also characterized by its attention to epistemological concerns; the researcher’s social location affects how they will interpret the social realities under study. In qualitative research, it is not assumed that the researcher can, through their research, “know” all aspects of what they have studied. Lived realities differ, are temporal, evolve and are governed by structures of social relations, thus making the exposing of power relations embedded in multiple levels of social life (e.g. individual, community, institutional, global), a strong theme and guiding concept that drives many qualitative research agendas.

Although the tradition of ethnography stems from the discipline of Anthropology and has further been applied in other disciplines in Social Sciences (Quantz, 1992) ethnography in health research and HIV/AIDS research in particular is gaining recognition (Parker & Erhardt, 2001). Ethnographic approaches in HIV/AIDS research are useful in that they provide unique opportunities to observe and experience aspects of communities and populations that otherwise might go unnoticed if relying on traditional approaches to research in health such as tighter time-bound program evaluations or surveys to extract quantitative data. Parker and Ehrhardt (2001) claim that ethnographic approaches in HIV/AIDS are immensely valuable to:

. . . “uncover” what otherwise might remain “hidden” aspects of social reality, particularly in settings characterized by extensive stigma, discrimination, and denial, providing vivid portraits of social worlds (and associated forms of HIV vulnerability) that would otherwise fail to be acknowledged. . . (p. 111).

Ponterotto's (2006) article outlines the geneology and meanings of "thick description" and traces the term back to Gilbert Ryle.
In this study, the "vivid portraits of social worlds" suggested in the above quote are the narratives that emerged from interviewing and spending time with women activists in and outside of their organizational settings. Drawing on my prior experiences of living and working in Iquitos, I was better equipped to make sense of these portraits. Using Geertz (1973) and Denzin's (1989) interpretations of "thick description", I aimed to not only capture what participants would say or do but also ensure that context and participants' intentions and feelings were acknowledged. As such, some of the quotes that I include in this dissertation are lengthy so as to highlight how particular participants spoke to me, using my name to emphasize the seriousness and enthusiasm of the topics they described. As, Lincoln (1993) puts it:

The reader should come away from such texts with heightened sensitivity to the lives being depicted, and with some flavor of the kinds of events, characters and social circumstances that circumscribe those lives (p. 37).

Denzin (1989) asserts that thick description can also encompass relationships either between the researcher and the participant or, an awareness of the relationships that surround the participants' lives. Denzin (1989) states:

The descriptive and interpretive thick description records interpretations that occur within the experience as it is lived. . . These types of statements are difficult to produce and obtain. They require a person who is able to reflect on experience as it occurs. (p. 98)

I discuss my reflections and relationships with participants in the interviewing and participant observation sections of this chapter.
My Linguistic and Social Location

I approach this study as a Canadian-born woman of South Asian descent. While Spanish is not my native language, I possess language acquisition skills and talents that worked to my advantage as a western woman-of-colour researcher. My formal second language training in Spanish includes one high-school credit, one first-year undergraduate course and an intermediate level continuing education course for adults. While these courses introduced me to the bare essentials of Spanish pronunciation and grammar, my verbal proficiency emerged as a self-directed learner. My own methods included a combination of cultural immersion, book-learning, rote memorization of verb tenses and vocabulary and where possible, immediate application of new words, grammar and idioms into real-life conversations. I had therefore reached a level where I was competent enough to participate in most aspects of social life in Iquitos such as cultivating friendships, finding and maintaining employment, making idle small talk and jokes, and negotiating administrative transactions such as visas, travel arrangements and banking.

Rarely did I feel helpless, despite the fact that it would take me a bit longer to explain complicated situations, emotions or concepts. Currently, I have reached a plateau in my linguistic competency and I plan to enrol in formal Spanish classes in the near future so that I can work towards verbal and oral proficiency at a more advanced level.

Locals in Peru's province of Loreto fondly refer to their regional accent as *charapa*. Because of the slow pace of speech and broad inflections, they liken the Loreto accent to the slow movement of a region-specific species of water turtle (*charapa*). When describing the *charapa* accent to non-Peruvians, I explain that it is much like the “southern drawl” and accompanying incorrect grammar spoken in some parts of the United States. Friends and new acquaintances in Iquitos affectionately, and often, poked fun at some of my *charapa* speech patterns that I had “picked up”. In Russ Bernard's (2006) comprehensive research methods book,
he provides Anthropology students with a "how-to" guide of language learning to maximize anthropologists' opportunities for cultural immersion and strongly suggests inserting local idioms, slang and regional vocabulary into conversations. These are practices and challenges that I enjoy and engage in, even as a tourist in any non English-speaking country. Bernard (2006) stresses that:

As you articulate more and more insider phrases like a native, people will increase the rate at which they teach you by raising the level of their discourse with you. They may even compete to teach you the subtleties of their language and culture (p. 363).

Since my linguistic and cultural competency developed when I lived in Iquitos in 1997-1998, I was able to find a comfortable space as a foreigner within social life in Iquitos and by and large, people were delighted by my command of charapa Spanish, marked by the gentle teasing.

Despite having lived, worked, volunteered and researched in Iquitos and surrounding areas for close to two years of cumulative time, no amount of time spent in Iquitos could re-inscribe my lived experience as a privileged, formally educated, English-speaking person from a developed country. Simply being seen speaking English with other travellers set me apart and raised eyebrows; my dark skin but twangy “American” accent was an instant reminder to myself and to local onlookers of my western status. Eating out in restaurants regularly, my clothes, shoes, bags, gait, body language, my use of urban space, and other markers of difference cleanly separated me from the local population. From this point of view, I was a western person with seemingly unlimited access to wealth and resources and endless possibilities of directions that my life could take. In their eyes, because I was not trapped in my country, I could pretty much do anything and go anywhere. I entered Peru on my own terms with my own funds and could leave
the country on my own terms, making my citizenship as a Canadian a powerful source of my privilege. Peruvians cannot travel to most countries without a visa. Obtaining a visa requires a substantial amount of personal wealth, even if members of the host country formally invite Peruvians to visit. Most people in Iquitos cannot afford to travel even within Peru given the remote location and necessity to rely on air travel.

In Appendices G and H, I trace the history of my class privilege and interest in people and nature, that originates from my parents' experiences of a colonial education in Africa and the United Kingdom. Their experiences of education, immigration and their ongoing passion for world travel set the conditions for my own interest in and critical interrogation of tourism and colonial interpretations of cultures in the Two-Thirds World.

Research Communities

There are four organizations that have been involved in this research in various stages of the research process. Below I provide a brief description of each organization and its role in this study.

Amazon Promise (AP)

Amazon Promise was founded in 1993 by an American woman, Patty Webster (see Appendix G for more on Webster). AP is a registered United States-based non-profit organization. The objective of AP is to provide a range of health services to people in hard-to-reach areas in the Peruvian Amazon. AP relies on medical and non-medical volunteers from abroad to participate on two-week medical expeditions (for detailed information on my participation with AP, see Appendix G). More recently, AP has expanded their range of operation to provide medical care to indigenous populations near the Pastaza River (see Figure 2). These communities are very remote and volunteers can only access them through the oil company
aircrafts that routinely fly to these hard-to-reach areas. AP receives funding from various private donors. Patient data is regularly communicated to the Peruvian Ministry of Health. AP was the catalyst for my decision to conduct an HIV/AIDS study in Iquitos and rural environs based on my first experience with this organization in 1995.

**Lazos de Vida (LV)**

*Lazos de Vida* is a community-based organization in Iquitos that was founded in 2002 by Silvia Barbarán--one of the first people in Peru's province of Loreto to go public with her HIV positive diagnosis. LV began as a support group for PLWH and has expanded into an activist group that provides counselling to recently-diagnosed HIV positive people, HIV/AIDS education to the general public and as a care home for HIV positive mothers and their children. At the time of fieldwork, LV was in the process of constructing a larger building outside the city of Iquitos to support more HIV positive people, creating an on-site poultry farm to generate a portion of their income.

**Asociación Civil Selva Amazónica (ACSA)**

*Asociación Civil Selva Amazónica* is a Peruvian non-governmental organization in Iquitos dedicated to clinical research and community education related to HIV/AIDS and other sexually transmitted infections. ACSA has research partnerships with McGill University, the University of Washington and the University of Chicago. ACSA also collaborates with public health scholars at the Universidad Cayetano Heredia and the non-governmental organization *Impacta*, both in Lima. ACSA's other research and funding partnerships include: The *HIV Prevention Trials Network* and the *HIV Vaccine Trials Network*. Most of ACSA's HIV/AIDS research and education targets gay, transgendered and MSM populations in Iquitos. For this study, ACSA staff members aided in recruiting women participants as well as providing me with
background information about how the LGBT movement in Iquitos has mobilized around HIV/AIDS issues and human rights.

**Sarita Colonia (SC)**

*Sarita Colonia* a sex workers organization in Iquitos. It is run by Silvia, one of the main participants in this study. SC has received administrative support from *Selva Amazónica*. The purpose of SC is to encourage solidarity amongst women sex workers in Iquitos, to provide HIV and STI education and self-esteem workshops for sex workers and through regular meetings, and, to keep sex workers informed about political issues affecting their work and lives. There are two other sex worker groups: *Las Amazonas* and *Las Loretanas*, each of which have presidents but *Sarita Colonia* is the only one that has legal backing. The three organizations make up a *colectivo* (collective).

**Access to Research Communities and Participants: A Timeline**

Access to the research communities and participants and experience in the research context was a process that evolved over time. Below, I include a timeline of when and how I accessed the organizations and made contact with the gatekeepers who facilitated participant recruitment.

1995- two week medical expedition with *Amazon Promise* (previously *The Rainforest Health Project*), where I met Patty Webster for the first time. The expedition involved visiting several villages outside Iquitos to provide western and traditional medical assistance and support.

1996--two week medical expedition with *Amazon Promise* with Patty Webster to the same villages as in 1995 plus a few new ones.

1997-1998--lived and worked in Iquitos as an English teacher and freelance translator (cultural and linguistic immersion).
2000--returned to Iquitos for a two-week vacation.

2009 (September)--reconnected with Patty and participated on a third medical expedition to villages in the Pacaya Samiria Natural Reserve. I met Dr. Elena Deem, the Director of Educational Programs for Amazon Promise and creator of ¡Soy Capáz!, Amazon Promise's HIV/AIDS education program. Through Dr. Deem, I met activists, Lupe and Victor from Lazos de Vida who gave their consent to participate in this study after I had gained ethical approval in May 2010. While researching HIV/AIDS in Iquitos prior to this September trip, I discovered Selva Amazónica and made email contact with one administrator who I met in person in September. She introduced me to another administrator in charge of HIV/AIDS education. I wanted to investigate whether Selva Amazónica could help me recruit women participants in Iquitos.

2010 (June 1st--August 30)--recruitment and data collection. I learned that the two administrators I connected with in September were no longer employed at Selva Amazónica. I was then directed by the receptionist to speak to Carlos Vela in the first week of June. Vela, who is a gay activist and one of the education co-ordinators at SA, expressed interested in my research about HIV/AIDS education. He introduced me to Silvia, (president of Sarita Colonia) as he thought she may be of some assistance to recruit women and provide some insight into HIV/AIDS education for women.

**Participant Recruitment**

In their book entitled *Overseas Research: A Practical Guide*, Barrett and Cason (2010) claim:
expatriates can be useful for making contacts in the field—both social and academic—and these contacts are usually most useful in the early stages of research (p. 63).

In the spirit of Barrett and Cason's quote, I made my first contact in the local research context in 1995 when I met Patty Webster, the founder and President of Amazon Promise. Meeting her, and my experience living in Iquitos armed me with a few more contacts and the required confidence and competence (linguistic and cultural) to be able to lay the groundwork for a participant recruitment plan.

The recruitment process of participants for this study is best described as fluid and situational (Bernard, 2006; Patton, 2002). While the chief objective of this study was to interview women in the city of Iquitos and in the rural villages while participating on a scheduled medical expedition with Amazon Promise, I learned in the field that I had to take up some opportunities to interview men and allow for some flexibility in the way that the data emerged. I interviewed one gay man and one transgendered male-to-female person. I did not deliberately select these participants, but rather, our paths crossed casually. Both of them defined themselves as activists engaged in HIV/AIDS prevention education work or anti-oppression work in stigma reduction for HIV positive people or for the gay, lesbian and transgendered community in Iquitos.

**Recruitment Process of Women in Rural Villages Outside Iquitos**

To recruit women participants from rural villages outsider Iquitos, I relied on Dr. Elena Deem, the Director of Education for AP. I met Elena in September 2009 and participated with her and the AP team on a medical clinic for two weeks. During that time I was also able to get a sense of how Elena ran the HIV/AIDS education program (¡Soy Capáz!) in the villages. My role
on this AP expedition was mainly the same as on past AP expeditions—to translate for medical volunteers however during the times when there were enough translators I helped Elena with the charlas if she needed me. I did not carry out any formal observations or interviews because at that time I did not have a research proposal written and of course, no permission from the University of Toronto Ethics Review Board to collect any data. The broad purpose of my participation with AP in September 2009 was to re-acquaint myself with the research context (Iquitos and rural environs) and to re-establish a connection with AP.

Elena was interested in my research which, at the time, was very broad in scope with no specific research questions; I told Elena that I was interested in women's experiences of HIV/AIDS prevention education and asked her whether she thought any of the women who attended the HIV/AIDS charlas (¡Soy Capáz!) would be interested in being interviewed. Elena was keen to connect me with the women in the villages who have experienced the ¡Soy Capáz! program. When I returned to Canada at the end of September 2009 to formulate my research proposal and apply for ethics approval from the University of Toronto, Elena and I exchanged a few e-mails to share ideas and ask each other questions about how the research would unfold. Since AP does multiple medical expeditions per year to the same villages, the next time Elena went with AP to do the HIV/AIDS charlas in the villages which was in February 2010, I asked her if she could take that opportunity to alert potential participants of a study about women's experiences and opinions of the ¡Soy Capáz! program. I am aware that this move could be considered risky from an ethics perspective—that I had gone ahead and instructed a key gatekeeper to make an announcement about my study and inform individual health promoters in each village. However, I could see no other alternative since, once I arrived in Iquitos during data collection (June 2010-August 2010), it was not feasible for me to access each individual
village on my own without reliable transport and also without being affiliated with AP. Elena was my only "link" to the people who have experienced her *charlas*. Furthermore, Elena only does these *charlas* on select AP trips and emphasized to me that she was certain that she would not be in Iquitos at any time during my scheduled field-work. In light of these scheduling issues, I decided that minimal risk would be presented to potential participants if Elena informed people in villages about my study prior to gaining ethical approval. In fact, I believe that Elena's announcement to people prior to my arrival made the recruitment process smoother and more ethical. I believe that the risk to potential participants would have been greater had I simply swanned in unannounced with AP trying to recruit participants there and then. Potential informants may have felt pressured to participate or uneasy without any prior knowledge about me. AP only visits one village per day and does not return until the next expedition cycle (months later), thus, I only had one opportunity to interview and decided that Elena's announcement would have helped participants feel more comfortable to participate since they knew that I was the friend of "La Doctora Elena" who she had spoke to them about previously. In terms of timing, it would have been logistically challenging for me to announce the study initially, then return to these rather remote villages on my own to conduct the interviews. I also felt that my safety was a priority. I could have hired a boat and driver from Iquitos to take me to the villages but I was not prepared to take that risk at the time.

After Elena returned from her medical expedition in February 2010, she e-mailed me with a list of names of women who expressed interest in the study, based on her general announcement. A few of these women were the village health promoters. I took the list of names of the people and the villages they lived in with me on the AP medical expedition. At the beginning of each clinic in the morning almost the whole village would gather in a common area
to wait their turn to be seen by volunteer doctors or local shamans. In order to locate the people on my list, I would simply ask one person (anyone) to tell me where I could find the said person. Since villages are small and everyone knows each other, I was able to locate each person separately within a few minutes. At that time, I explained the study and informed consent form before commencing with the interview.

**Recruitment Process of Women in the City of Iquitos**

The principal gatekeepers for women I interviewed in Iquitos were also participants in the study. Based on previous connections that I made with people in Iquitos, specifically Patty Webster and two administrative people at *Selva Amazónica* during my reconnaissance trip in September 2010, participants were recruited through snowball sampling. Snowball sampling is a strategy that uses the social networks of one or more individuals to recruit potential participants. Snowball sampling has been particularly effective to recruit informants in hidden populations such as sex workers or HIV positive people (Bernard, 2006; Faugier & Sargeant, 1997).

Knowing one key informant in a particular population is the first step to get to know others within the same population as the original informant uses his/her social networks to alert others. Activist women participants from both LV and the SC served as gatekeepers to facilitate my meeting potential participants from their respective organizations.

My original intention to recruit organization stakeholders was through a recruitment flyer method (see Appendix D); however, once I arrived in the field, I learned that it was not going to be an effective strategy for recruitment for two reasons. First, there were simply not enough people who would pass through the *Centro de Referencia* office, the *Asociación Civil Selva Amazónica* office or the *Lazos de Vida* headquarters house to see the flyers posted on the walls. Second, using recruitment flyers required potential participants to pay to make contact with me.
Making a local call to my cell phone number at the bottom of the flyer or, finding an internet café to send me an e-mail to answer the call for recruitment both cost money and thus do not provide enough incentive for potential participants to involve themselves in the study. By contrast, the gatekeepers at Amazon Promise (Patty Webster and Elena Deem), Lazos de Vida (Lupe and Angela), Selva Amazónica (Carlos Vela) and Sarita Colonia (Silvia Torres) had regular contact with women in their respective organizations. I decided then to rely on the social networks of the above named individuals to recruit participants.

*Table 1* summarizes all information about participants who gave informed consent. Data from all participants is not used in this dissertation because I decided after being in the field for a few weeks to shift my focus to the learning and knowledge networks in activists communities; thus, the interviews I conducted in the villages during the two week medical expedition with Amazon Promise did not fit the new focus. I solidified this decision upon returning to Canada during the data analysis stage.

As described earlier, I gained access to Amazon Promise in 1995 as a volunteer and through Patty Webster. I accessed HIV positive activists through my relationship with Patty Webster and the Director of Educational Programs, Dr. Elena Deem. Elena was also instrumental in putting me in touch with Lupe and Angela from Lazos de Vida. I discovered Selva Amazónica independently while reading peer-reviewed publications about the AIDS epidemic in the Peruvian Amazon; research teams at ACSA are spearhead many clinical studies about gay men and MSM groups' risk for contracting HIV in the region of Loreto.
### Table 1

**Participant Information Table**

<table>
<thead>
<tr>
<th>Name/ Pseudonym</th>
<th>Gender</th>
<th>Type</th>
<th>Organization</th>
<th>Interview Location(s)</th>
<th>Education Level</th>
<th>Number Of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lupe</td>
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<td>Activist</td>
<td>LV</td>
<td>Cuna/Belén/Restaurant</td>
<td>Secondary</td>
<td>4</td>
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<tr>
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<td>F</td>
<td>Activist</td>
<td>LV</td>
<td>Cuna/Belén/Restaurant</td>
<td>Secondary</td>
<td>4</td>
</tr>
<tr>
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<td>M</td>
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<td>LV</td>
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<tr>
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<td>T</td>
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<td>Cuna</td>
<td>Primary</td>
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</tr>
<tr>
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<td>Cuna</td>
<td>Primary</td>
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<td>Carlos</td>
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<td>Primary</td>
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<td>Marta</td>
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<td>Village</td>
<td>Primary</td>
<td>1</td>
</tr>
<tr>
<td>Demelza</td>
<td>F</td>
<td>Stakeholder</td>
<td>AP</td>
<td>Village</td>
<td>Primary</td>
<td>1</td>
</tr>
</tbody>
</table>

Legend:

- **ACSA:** Asociación Civil Selva Amazónica
- **AP:** Amazon Promise
- **Belén:** shantytown district of Iquitos where Lazos de Vida has a workspace
- **Cuna:** nickname of Lazos de Vida headquarters house
- **F:** female
- **LV:** Lazos de Vida
- **M:** Male
- **SW:** Sex Workers
- **T:** Transgendered
Primary Sources of Data

Interviews

The primary instrument for data collection in this study was semi-structured interviews. I conducted interviews with twenty-five participants (see Table 1). Some participants were interviewed more than once and others were interviewed in pairs or groups, depending on participants' preferences. For example, Lupe and Angela in Lazos de Vida asked if they could be interviewed as a pair because they worked together and could help each other out with answering the questions and could feed off each other's commentary. Similarly, when I set up an interview with Rosi, a sex worker participant, she brought a friend with her (Jessica), who also wanted to participate. I did ask Rosi and Jessica if they wanted to be interviewed separately but they just laughed and said they already know each other's secrets and therefore had nothing to hide. I took these opportunities as they arose, making the interview stage partly driven by the participants themselves. I decided that if I had denied participants' requests to be interviewed with their friends, I would give them the impression that I, as the researcher ought to be in complete control of the research process.

I designed the interviews for two types of participants. The first was "NGO administrators" and the second, for "NGO stakeholders". For the NGO administrators, the purpose of the interviews was to understand the role of administrators in these organizations, the main messages of their HIV/AIDS curricula, how they deliver the curricula, who their audiences are and finally, to understand what they believe are the most important things that both women and men in Loreto need to know about HIV/AIDS prevention. For the stakeholders of the organizations, the two broad themes I aimed to explore were participants experiences of the HIV/AIDS curricula and their understandings about what women and men in Loreto ought to
know about HIV/AIDS prevention. As discussed earlier in this chapter, I learned that administrators were concerned about protecting their human rights comprised a large part of their work and thus, politics, as well as health promotion caused me to re-think the label "administrator". In the ethical protocol and interview schedule I used the word "administrator" because prior to fieldwork, I was not aware that their jobs entailed much more than simply teaching curricula and doing paperwork delegated by others. In light of this discovery, I changed the label to "activist" to describe all the official "administrator" participants of the study because of their personal, emotional and political investment in HIV/AIDS research, education and higher-level decision making that involved lobbying with municipal and regional politicians. Following the label change was a change in educational "lens". I began to understand that these activists were creating new knowledge based on their personal experiences as sexual minorities and sought to disseminate this health-related knowledge in a variety of different settings. I discuss these health education settings in Chapter Four. "Stakeholders" were those participants who were the targeted beneficiaries of the organizations and who did not possess any leadership roles but rather whose participation would best be described as "recipients" of HIV/AIDS education. Interview schedules are in Appendices C and F.

A central goal of this research was to foreground subaltern knowledges in activist communities. In light of this goal, I deployed semi-structured interviews with participants so that they could assume some control over the dialogue. I believe that some portions of participants' interviews could be characterized as testimonios. John Beverley (2000), defines testimonio as a kind of "... emergency narrative involving a problem of repression, poverty, marginality, exploitation or simply survival that is implicated in the act of narration itself" (p. 556). The word testimonio was used often by HIV positive activist participants in this study to describe the
segment in their educational talks to the public where they would tell their personal stories about becoming HIV positive. As testimonio also connotes a re-imagining of voice and authority particularly with respect to marginalized communities, interviews with sex worker activists can also be characterized in this way. I contend that activists' interviews with me were a medium through which they could communicate their testimonios to a different audience (myself, the researcher).

In this study, the metaphor of dance described by Valerie Janesick (2000) aptly describes how the relationships and experiences with interview participants played out. As a result of this "dance", sometimes it was not possible to interview people more than once or even for more than twenty minutes. The interview data gleaned from this study varies from "thin" to "thick" in terms of the level of depth to which participants and I explored particular topics. I contend that this variation is attributed to the personality of the person being interviewed or in some cases, the power differential that separated myself from the participant. I designed the interviews as "semi-structured" and "in depth" to allow for other topics to emerge whether they were related to the research questions or not and also to take the opportunities "in the moment" to follow up on topics that participants introduced themselves. Consequently, the data gleaned from the interviews with the twenty-five participants lasted between twenty minutes and two and a half hours.

Mishler (1986) defines interviews as "speech events" (p. 50) that are "partial representations" of participants' realities. Mishler's notion that interviews are but one medium through which to engage with research participants was evident during my fieldwork. In one sense, the interviews were indeed "events" because they were planned, social engagements. Some of participants came to my apartment to be interviewed and were served Inka Cola™ and
cookies and thus these interviews resembled social visits. I conducted other interviews at the *Lazos de Vida* headquarters house where there was always a bustle of activity and as such, interviews needed to be slotted in around LV's work schedule. Interviews were not only "events" because of location and the logistics of scheduling, but also, in Mishler's (1986) sense, interviews do not encapsulate the whole of respondents' realities; interviews are temporal and only provide a portion of insight into informants' lives. The text that surfaces from interviews and their transcripts are not a complete picture of participants' experience and Mishler (1986) warns researchers not to cling too tightly to what interview transcripts tell us as non-verbal communication is generally not recorded on an interview. Mishler (1986) maintains:

> At each stage of analysis and interpretation they must be wary of taking their own transcripts too seriously as the reality. Transcripts tend to take on a life of their own, especially given the effort, attention, and time involved in their preparation and analysis (p. 48).

To compensate for the rigidity of transcripts, Mishler emphasizes the importance of listening to recordings multiple times to pick up on anything that could have been communicated non-verbally. For instance, in *Chapter Five* I unpack why some women participants laughed or scoffed when I asked them questions that pertained to men's fidelity in long term relationships. Participants' laughter and accompanying facial expressions cannot adequately be recorded on a transcript, hence, my research journal and analytic memos that I wrote after each interview were tremendously useful to capture these non-verbal patterns in participants' responses.

In a similar vein to Mishler, Hannerz's (2003) unpacks the semantics of the word "interview" in this paper about multi-site ethnographies. He writes that the nature of ethnographic research requires the researcher to participate in the social life of the culture under
study and thus, he prefers the word "conversations" rather than "interviews". Hannerz (2003) states:

. . . I much prefer describing my encounters with correspondents as conversations, suggesting a more personal quality, rather than as interviews, although I certainly also want to convey the idea of only rather mildly structured exchanges, with room for spontaneous flow and unexpected turns (p. 209).

Some of the interviews I conducted for this research could also be characterized as conversations rather than interviews and the "unexpected turns" that Hannerz (2003) refers to above were most certainly present. Small talk, humour and laughter defined the dialogues as informal and familiar. For instance, there were occasions where a few participants reversed the roles of "interviewer" and "interviewee" and asked me about my opinions on certain issues and specifics of my personal life. I was comfortable to answer these questions because of the easy rapport that we had developed. For example, in the very last group interview I did with Lazos de Vida activists Lupe, Angela and Victor, Victor frankly asked me: "Yasmin, does your partner make you feel like a woman? Does he make you feel sexy?" He asked these questions in the context of personal experiences about sexual pleasure and sexual arousal--topics that Victor and Lupe introduced themselves. I was not surprised about the personal nature of these questions because throughout the course of my interactions with Lupe, Angela and Victor in interviews and while observing their HIV/AIDS charlas, I learned that they were accustomed to speaking openly about sexual practices and recognized that open and honest dialogues about sex and relationships lead to positive health outcomes such as negotiating condom use. Thus, when topics of sexual experiences and sexual pleasure came up, we all spoke earnestly, and modeled, in a sense, the kind of dialogue that LV encouraged their stakeholders to engage in, in their own relationships.
The nature of interviews, such as the pace and emotions expressed also depended on informants' personalities. For example, Maria, a stakeholder of one of the sex worker organizations was tremendously talkative and disarmingly open with me from the moment I met her. I first met Maria while waiting for the president of one of the sex worker organizations, Silvia, outside the Centro de Referencia office in Iquitos. As we were both hanging around waiting with nothing to do, we made conversation outside the entrance and almost immediately she proudly launched into telling me stories about her children. Although Maria was unsure whether she wanted to participate in an interview with me during the recruitment stage, she changed her mind a few days later and gave her consent. During our interview she talked passionately and expressed a range of emotions in the two and a half hours that we spent in my apartment. She reversed roles as well on a few occasions to ask me about my life and my relationships. On the other hand, Ana, an HIV positive stakeholder who lives at the Lazos de Vida headquarters house, was very shy and needed lots of gentle probes in order for the conversation to move forward so that it would not trail off into silence. Both Lazos de Vida stakeholder participants, Veronica and Ana, were born in rural areas and migrated to Iquitos to find work in their late teen years. Based on the interviews with Veronica and Ana and the interviews with several women in the rural village communities, I noticed a general pattern that women from rural areas, at least in the presence of westerners, appeared to be more reserved than women born and raised in the urban centre of Iquitos. I can corroborate this assumption with my previous experiences as a translator with Amazon Promise. I have spoken to hundreds of women in villages and was able to get a sense of how people in villages interacted with Amazon Promise volunteers. I briefly discuss the power differential between people in villages and western volunteers in the next section.
**Interviews in Villages**

A few of the women I interviewed in the villages with *Amazon Promise* were reserved and hesitant to speak to me, as they assumed that I was there to test their knowledge about HIV/AIDS. The power differential between the participants in the villages and myself were the most palpable. Although the people I spoke to in the villages appeared to be used to interactions with westerners via *Amazon Promise’s* regular, scheduled mobile health clinics, none of the potential participants appeared to be familiar with the logistics of a research interview that required reading and signing and informed consent form. I sensed the awkwardness immediately during the first two interviews and in subsequent interviews I changed my approach and gave participants a choice of either reading the consent form silently to themselves, reading it aloud to them or explaining the contents of the form verbally to them. Almost all participants in the villages preferred that I read and explained the study in simpler terms to them, not necessarily because they could not read but the consent form is at once necessarily and unnecessarily wordy and well-outside the range of typical activities that people engage in their daily lives in their villages. I used my judgment to explain the objectives of the research, confidentiality, informed consent and compensation. My explaining the research to them in a casual, conversational way was natural, less contrived and put potential participants at ease.

The awkward dynamic of power differentials did not play out in all the interviews I conducted in the villages; there were some fascinating conversations that I had with enthusiastic women there who were eager to talk frankly and with some humour, about the need to address HIV prevention and condom use in their respective villages. There was indeed a spectrum of perceived power differentials between all of the women I interviewed and myself. This chasm in power by and large determined participants' willingness to elaborate on certain topics or to simply "follow my lead".
In the villages, participants were not familiar with the purposes of interviews and the older women I interviewed were quite reticent in general. To add to this challenge, since the Amazon Promise clinics were taking place at the same time as my interviews, participants appeared to be conscious of time because they needed to make sure they could be registered and seen by the doctors or shamán. The busy setting of having the Amazon Promise clinics in each village could have also contributed to participants' restlessness, since the entire village would congregate in the village school or some other community gathering area where the clinics are held from about 9:00am until 4:00pm, thereby disrupting the natural routine of daily life. Had I travelled to the villages on my own without Amazon Promise, participants may have been more relaxed and less concerned about how they spent the day.

This was also my objective for all interviews and focus groups I conducted. I digitally recorded all interviews and focused on creating amicable relationships with informants. I decided that having a notepad and scribbling notes as they spoke would detract from participants’ narratives and put undue pressure on participants to perform. Moreover, starting and stopping while writing notes also disrupts the flow of conversation. The power differential was clearly felt during one of my interviews with a woman in a rural village. She assumed that my questions about her experiences of HIV/AIDS talks were geared to test her knowledge of HIV because her answers seemed “canned” and her demeanour was nervous at first. I had to keep gently reminding her that I was not testing her knowledge but rather interested in how she felt about the HIV/AIDS talks, how she spends her day in her village and her thoughts about men and women’s relationships in her village.

**Participant Observation**

Anthropologist H. Russell Bernard (2006) writes that participant observation involves:
getting close to people and making them feel comfortable enough with your presence so that you can observe and record information about their lives (p. 342).

A significant component of this ethnography involved observations in controlled and uncontrolled settings. In terms of controlled settings, I was interested in the pedagogies and principal messages that accompany the activists’ agendas for HIV/AIDS education and the ways in which they related to their stakeholders (audience members). I chose to do observations of HIV/AIDS charlas (talks/chats) in order to answer my research questions about how activists educate and the educational spaces that they produce in their work. I aimed to observe HIV/AIDS educational charlas delivered by activists in Lazos de Vida and Sarita Colonia.

**Observations with Sex Worker Organizations**

My intent was to also observe HIV/AIDS prevention charlas led by Silvia (the main gatekeeper participant) or any of her compañeras (peers) in the sex worker organizations. Unfortunately, it was not possible to observe any charlas associated with sex worker organizations. Most of the activities that Silvia was involved in during the time I was in Iquitos were concerned with preparing the proposals and associated paperwork to apply for funding from the Global Fund to Fight AIDS Tuberculosis and Malaria. The HIV/AIDS charlas were not activities that were pressing or urgent during the time I was in the field. There was one occasion however when Silvia decided to try an impromptu charla using the Blanca Segura curriculum document (see Chapter Six), with sex workers in their respective venues (nightclub and the street); sadly, she was not able to gather any of the sex workers to listen because they appeared to be too busy trying to find clients. (For a detailed description of this event, see my journal entry in Chapter Six). Despite the fact that I was not able to observe the charlas, the attempt to observe them was an observation in itself. Both Silvia and Magnolia (another sex worker activist) said
that sex workers are a "población difícil" (difficult population), meaning that many of these women work in clandestine areas or do not want to claim a sex worker identity, thus choosing to exclude themselves from sex worker organizations' political and educational initiatives. I take up the issue of sex worker identity and its implications for HIV/AIDS education in Chapter Six.

**Observations with Lazos de Vida**

With LV, I observed five of their charlas at these locales: Backus warehouse (Peru's leading alcoholic drinks company), Seda Loreto (the province of Loreto's public water company) offices, Hospital Iquitos, an orphanage and at Amazon Promise's clinic in the district of Belén. I did not choose these locales, rather, I was invited by Lupe and Angela to "tag along" with them and other activists in LV to observe the charlas that were scheduled during the time I was in Iquitos. There were other charlas that LV had scheduled apart from the five I observed but I only attended the ones to which I was invited.

I did not take notes during observations but rather wrote detailed analytic memos after each observation, describing the setting, target audience and main features that stood out. I deliberately chose not to take notes during observations for two reasons. First, because Spanish is not my first language, I needed to be alert during the whole presentation and needed to be able to see participants’ faces as they spoke to maximize my comprehension. Unlike in English, I could not afford to listen whilst taking copious notes. Secondly, because of the power differential between participants and myself, I did not want to suggest that I was judging or “testing” participants through the act of writing notes in their presence. The discipline of Anthropology for example, has a long history of “othering” the researched by practices of objectification through documenting “the exotic” from largely white, western perspectives (Quantz, 1992;
Russell, 2006). Instead, I wanted my presence at observations to be perceived by participants and audience members as allied as possible.

**Other Sources of Data**

There were other sources of data that I gathered while in the field and also prior to this research during my previous visits in Peru. I argue that these "informal" and, "organic" sources of data were useful to of course stay true to the ethnographic approach to understanding a phenomenon more fully using multiple data sources. I briefly sketch out these other sources of data below.

**Meeting with Dr. Carlos Cáceres in Lima**

Dr. Carlos Cáceres is Peru's leading expert in HIV/AIDS and is a professor in the department of Health, Sexuality and Human Development at the Universidad Cayetano Heredia, located in the trendy district of Miraflores in Lima. While doing the background research on HIV/AIDS in Peru for my comprehensive exam paper and my research proposal for this study, I read many of Cáceres' sole-authored and co-authored publications, some of which included studies conducted in Iquitos. I contacted Dr. Cáceres by e-mail before I started data collection to alert him of my upcoming fieldwork. He agreed that he would be able arrange a meeting with me in Lima to discuss my progress and preliminary findings. About halfway through my fieldwork, I booked a round-trip flight from Iquitos to Lima.

Once I arrived at the reception area at their faculty building, Dr. Cáceres greeted me and introduced me to his colleague, Xiména Salazar, an Anthropologist. We occupied a meeting room and Dr. Cáceres and Dr. Salazar invited me to tell them about my study and what I had found so far. They both expressed interest in what I found regarding sex worker identity. Dr. Cáceres remarked that it is "sad" that one has to be a sex worker to access HIV/AIDS education
since health messages about condom use typically do not reach women in the general population in the context of activism. I concurred with Dr. Cáceres but also added that sex worker identity is a key factor as to whether sex workers decide to use condoms (see Chapter Six). Overall, my short visit to Lima was worthwhile. Dr. Cáceres encouraged me to keep him updated as my work unfolded and I was pleased that I had made the effort to meet him to expand my network of HIV/AIDS researchers in Peru. Overall, this meeting helped me understand how my work is situated within the current scholarship on HIV/AIDS research in Peru.

Meeting Other Researchers in Iquitos

In Chapter One I mentioned that the Peruvian Amazon and the city of Iquitos attracts an array of researchers, NGO volunteers and university partnership programs. Iquitos feels small despite its large population and hence it is very easy to meet other researchers and NGO workers from abroad. Barrett and Cason (2010) attest that in general, "... expat communities tend to be clannish and incestuous, hived off from local society to exhibit all the characteristics of very small towns" (p. 64). Friends and acquaintances I have met in Iquitos often say, "En Iquitos, todos se conocen" (In Iquitos, everyone knows each other), or when explaining why everyone knows each other's personal details and dramas, an often-used stock reply is: "¡Iquitos es chiquito!" (Iquitos is small!). From my experience, the Iquitos expat community fits Barrett and Cason's (2010) description, even more so now that internet and blog culture are powerful platforms where expats and tourists communicate and share local gossip. Most expats tend to stay and spend time in the central part of the city within about a five-block perimeter of the Plaza

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21 A popular blog about ex-pat culture in Iquitos is run by the American owner of the tour company, Dawn on the Amazon. The website covers various topics ranging from restaurant reviews to reports on local events. In replies to a blog dated 2009, I noticed that several ex-pats participated in angry (and some offensive) back-and-forth comments about women in Iquitos. While I did not do a content analysis of these public postings, I did get a sense of how women in Iquitos are perceived by the (mostly western) men who posted on the website. For more detail, see: http://dawnontheamazon.com/blog/2007/08/13/you-could-love-iquitos-peru/
de Armas (Main Square). This small area makes it easy to run into the same people multiple times per day at the popular lunch spots, pharmacy, internet cafes, convenience stores and bars along the Boulevard. During my fieldwork and prior living experience in Iquitos, I met many researchers and NGO folks from abroad. Their research topics and charitable projects were concerned with: infrastructure (sanitation, health effects of wood-burning for cooking), economics (micro-credit for women), tropical diseases (malaria and leishmanisis), ecology and conservation (carbon emissions from falling trees, herpetology, zoo maintenance), social issues (orphanage volunteers, milk donation for mothers who are unable to breastfeed or buy formula for their babies, art and "clowning" projects in the district of Belén initiated by Hunter "Patch" Adams), culture (language practices of the Bora indigenous group) and other specific health matters (infant mortality, cervical cancer). I include myself in this group of foreign researchers and as Barrett and Cason (2010) state:

Contact with other foreigners doing research in the field also provides information on what others are doing, which can provide for intellectual stimulation and is a way to avoid the potential disaster of duplicating another's research (p. 63).

While in the field I did not meet anyone else collecting data about gender, activism and HIV/AIDS education so it was always a pleasure to casually meet these other researchers, to ask them how their work was going and what they were learning. Research and writing can be isolating, especially in a different country so I always welcomed the banter and chat with other researchers and travelers that I met while in the field.

**Research Journal**

If a writer ever wanted to write my biography, they would not gain a very rich understanding of my life without pouring over the pages of my many journals. I have been a
regular journal writer since 1989. I have spent countless hours in coffee-shops and libraries or sitting on the floor leaning against my bed with a pen and notebook. Entries are not always very long or very profound but writing my personal thoughts has always provided me a kind of comfort and company I cannot obtain anywhere else. Sometimes, before posting letters I have written to people, I photocopy them--for my own records. I consider these letters to be so indicative of my feelings, thoughts and my life circumstances that I cannot part with! I file away these photocopied letters in the correct chronological point in my journal. When I took a feminist politics course ten years ago during my Masters degree, one of our assignments was to keep a "feminist diary". I was thrilled. I could not wait to express myself in this diary to begin or end each day. While living in Iquitos, Peru in 1997-1998, I also kept a journal and wrote nearly every day; some of the details presented in this dissertation are informed by those documented memories, feelings and descriptions.

As a result of my natural inclination to document my experiences, I have always placed a high value on journal writing. Valerie Janesick's (1999) article, A Journal About Journal Writing as a Qualitative Research Technique: History, Issues and Reflections deeply resonated with me as an introverted person who is more inclined to internalize her thoughts and ideas through writing rather than externalize them (although writing before externalizing makes that transition much easier!). In the spirit of using journal writing to "think through" ideas, Janesick invites us in to her thinking process about how she could go about writing an article for an academic journal in the style of a personal journal at the request of the Chair of a workshop Janesick ran at the American Educational Research Association conference. The style of Janesick's (1999) article is personal, but focused. For example, she writes:
Today, AERA is a memory as I sit at my computer with a view of the sweltering sky of Ft. Lauderdale. I am glad to be avoiding the hot sun on this a 90-degree day in April. I want to reshape my ideas to teach about journal writing as a viable technique for qualitative researchers (pp. 505-506).

What I appreciated most about her article is that her section headings were not "titles" or "themes" but rather, days of the week. The objective of this article was to illustrate a thinking process through documented reflection and expressing her intentions about the task. Janesick (1999) therefore considers reflective writing to be a useful technique in qualitative research in order to make sense of the various stages, emerging ideas or conundrums about the research process. The language and phrasing in her article clearly indicates that she is thinking. She uses phrases such as, "This makes me wonder. . .", "I remember. . .", "I am trying to think about. . ." and when uncertain, she writes, "Should I mention. . .?" (Janesick, 1999). In short, she argues that journal writing in research is a helpful, if not necessary exercise to document, clarify, express curiosity and gut instincts that define the qualitative tradition.

In relation to my own research journal that I kept while doing fieldwork served these purposes for me. Given the ethnographic approach for this study, the details I recorded, no matter how seemingly insignificant at the time, added a layer of texture to the scholarly literature that I had read prior to beginning fieldwork and also provided me with other avenues to explore on theoretical and methodological fronts. I outline these future research ideas in Chapter Six and a journal entry of one memorable experience is included in the Appendix I.

Throughout the data collection period (June 1st 2010 through to August 28th 2010) I kept a detailed research journal. The purpose of the journal was to document my thoughts about the research process, to mull over the key themes surrounding HIV/AIDS in this region and how
these themes are, if relevant, connected somehow to my daily activities—whether my daily plans included interviews or observations or not. There were many days when I did not have interviews or observations scheduled. On those days I would continue thoughts from previous days or write about relationships with new people I would meet or ideas and meanings exchanged through conversations. As I mentioned earlier, Iquitos is a place where one cannot remain anonymous for long; one is bound to find new friends both local and expatriates alike. Iquitos' small town-like character was ample inspiration to write about people, patterns and routines I noticed or events. In particular, whenever I was not interviewing participants or observing charlas, I would spend part of this "dead time" in cafes near my apartment located near the Main Square. I did come to realize from the people I met in these cafes that Ayahuasca is a big attraction for tourists to come to Iquitos. When I lived in Iquitos in 1997-1998 Iquitos was not "on the map" as an overpopulated tourist destination but one which could have been characterized as "off the beaten path" of the standard Cuzco-Machu Picchu-Lake Titicaca tourist itinerary. In the last few days of data collection, I also got a quick peek into the behaviours of a sex tourist and wrote a detailed description of that night's events (see Appendix I). The common writing topics however were my reflections on themes in the interviews and observations that I already saw emerging such as male infidelity, activists' political agendas and activist participants' concerns about condom education. Lastly, my journal included lists or tables of research activities that I had done, needed to complete in the field, and next steps upon my return to Canada.
Data Analysis

Omitting the Data from Rural/Village Participants Recruited Via Amazon Promise

The original intent of this study was to understand how women experience and understand HIV/AIDS education. The women I proposed to interview were women who were the targeted beneficiaries of Amazon Promise, Lazos de Vida and Asociación Selva Amazónica. Shortly after my first interviews with Lupe, Angela (LV) and Carlos Vela (ACSA), I decided to change the focus to the ways that knowledge is created and communicated within activist networks in Iquitos. After the first few interviews with women participants from Lazos de Vida (PLWH organization) and Sarita Colonia (the sex workers organization), it became very clear to me that these women were driven by, not only their enthusiasm to “educate others” about HIV/AIDS prevention, but also by their politics. Through our conversations I learned that their political agendas included anti-stigma campaigns, anti-homophobia campaigns, human rights and labour rights. These are the issues that fuel their work, some of which is voluntary. As I mentioned earlier in this chapter, I had originally “named” the people who work in the organizations as “administrators”, not fully realizing that their administrative work is firmly grounded in their politics about HIV/AIDS, sexuality and gender inequality. Thus, I wanted to keep the data “grounded” in the voices of activist women in Iquitos. Throughout the dissertation however, I do draw some attention to rural-urban health issues but these concerns are voiced by the women activists’ themselves.

While I was genuinely interested in how women interpreted the HIV/AIDS prevention education talks given by the Director of Educational Programs in Amazon Promise to people in villages, I decided that for the sake of staying true to the strong activist meta-narrative that runs throughout this dissertation, I would work with the data from the rural populations for a different
dissemination opportunity. In other words, the concerns and issues affecting people in the rural villages, I believed, deserved a separate analysis that I aim to pursue in future. Therefore, I did not analyze data from participants in rural villages. It is beyond the scope of this dissertation to include data analysis of HIV/AIDS education narratives of rural populations.

**Transcription**

Data for this study was collected in two languages. All interviews were conducted in Spanish while all field-notes, journal entries and analytic memos were conducted (written) in English. In terms of transcription, I outsourced interview audio-files to a transcription service. I listened to each interview while reading the corresponding transcript to correct any errors of which there were very few (errors were mainly regional words and names of locations that were likely not familiar to the transcriber). The decision to not transcribe the interviews myself was a difficult one even though I knew it would save time. I knew that I had the linguistic competence to do the job myself and also knew that the act of transcribing one's own data could strengthen the analysis (Neuman, 1997); however, since I had written detailed analytic memos in English immediately after almost every interview, I did not think I would have "lost" a great deal of analytical insight by outsourcing the job. Each completed transcription was e-mailed to me as a Word™ document. I saved all transcripts electronically on my laptop hard drive and on a password protected USB flash drive. I printed two copies of each transcript--one master copy and one copy which was free to write on and cut up during the manual coding process.

**Grounded Theory: The Coding Process**

A grounded theory approach involves coding large amounts of data into smaller categories. Ryan and Bernard (2005) state that grounded theory “…is an iterative process by which the analyst becomes more and more ‘grounded’ in the data and develops increasingly
richer concepts and models of how the phenomenon being studied really works” (p. 278). For instance, mainstream understandings of gender relations in Latin America would likely depict men as sexist and unfaithful to their female partners while Latin American women would be characterized as victims of male infidelity or sexual prowess. Through a grounded theory approach to analyzing narrative data, findings revealed that women in the Peruvian Amazon also seek sexual partners outside their primary partners thereby providing other vantage points through which to understand gender in this culture.

Another central feature of grounded theory is that it is an inductive process, meaning that preconceived concepts do not need to be used to guide the coding process. "Fresh" codes are identified from raw data from the ground up (Charmaz, 2006; Glaser & Strauss, 1967; Miles & Huberman, 1994). For this reason, Kathy Charmaz (2006) asserts that when using a grounded theory approach to qualitative analysis it is imperative to "stay close" to the data and to code data "as actions" (p. 48) to avoid interpreting the data too early or, as Charmaz (2006) cautions, to avoid taking off on "theoretical flights of fancy" (p. 51).

Before I began the coding the transcripts, I listened to each interview while reading the transcript. I did this for two reasons. First, to correct any errors or missed words or phrases that the transcriber may have made. Second, listening before coding to allowed me to become immersed in the data, "re-live" and "feel" the interview as a social experience (Ritchie & Spencer, 1994). For example, background noise such as children crying, doors opening and closing, the roars of motocarros whizzing by and audible non-verbal communications such as laughter, pauses and the familiar charapa intonations helped to place me back to the setting and the feeling of being there again. As a qualitative researcher, being aware of my feelings and personal experiences while in the field, helps me facilitate the "heavy" theoretical thinking that is
required to analyze and synthesize the data. Thus, the act of listening to the interviews in concert with reading them (as well as re-listening to the interviews without looking at the transcripts on various other occasions on my Ipod™) proved was advantageous during the analysis process.

Miles and Huberman (1994) define codes as:

. . . tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study. Codes usually are attached to “chunks” of varying size—words, phrases, sentences or whole paragraphs, connected or unconnected to a specific setting (p. 56)

After I had listened to all the interviews while reading the transcripts, I began initial coding (by hand) in English. I coded the activists' transcripts first (Lupe, Angela, Silvia, Magnolia, Fiorela, Carlos, Rosi) and then the stakeholders (Veronica, Maria, Jessica). Drawing on Miles and Huberman's definition (1994) of codes in the above quote, I created codes in English next to each defined chunk of Spanish text. I wrote the interview identifier number and corresponding transcript page number next to each bracketed code in the margin so that I would be able to locate the chunk of text again if need be, in the master copy. While Charmaz (2006) recommends coding to be done with a degree of "speed and spontaneity" (p. 48), I coded slowly because I was reading the raw data in my second language and needed to translate or interpret (in my head), the chunks of Spanish text into English. This was not a difficult task, cognitively speaking; however, it was a much slower process had my raw data been in English. The act of translating from a second language into my mother tongue is of course a limitation to this study that I discuss in Chapter Seven.

Once I had coded all the data that I decided to include in this dissertation, I employed Glaser and Strauss' (1967) method of constant comparison to generate themes from all the codes.
I cut up all the codes from all the transcripts that I decided to use in this dissertation. I then grouped the codes based on similarity. For codes that I was unsure how to categorize, I grouped them together to see if they might fit with another group later on.

**Analytic Memos**

Analytic memos are pieces of writing that document initial impressions of interviews, observations or any other form of data collection. Memos can serve as a preliminary stage of data analysis while still in the field. Charmaz (2006) suggests that analytic memos should be "spontaneous, not mechanical" (p. 80) and written in "informal, unofficial language for personal use” (p. 80). As per Charmaz's (2006) recommendation, I wrote analytic memos after each interview that I did in the city of Iquitos. I wrote them quickly (in English) to avoid censoring myself and to maximize the opportunity to include as much detail as possible. Using my penchant for journal writing, I documented details that I thought were significant *and* insignificant whether they directly related to answering my research questions or not. While doing interviews in the jungle during the two-week medical expedition with AP, it was more difficult to document my thoughts with the same level of detail because I did not have the convenience of a laptop computer to type at the same rate as my thinking. Each clinic day was very long and evenings were short in order to prepare for the next clinic day. Thus, although I did record my thoughts and experiences in my notebook while in the jungle, entries were shorter and contained less detail.

The most constructive purpose of my analytic memos was that I was able to use them as references to structure subsequent interviews and to engage in member checking with certain participants (Creswell & Miller, 2000; Kvale, 2007). For instance, I learned that I needed to gain a better understanding of the socio-political context of sex worker organizations in Iquitos.
Therefore, I requested to interview both Carlos (ACSA) and Silvia (SC) a second time. Since they were the community leaders of the LGBT and sex workers organizations respectively, I wanted to understand the recent history of how these marginalized communities strengthened, politically. This was a question I had after having interviewed them once using the interview guide; thus, my analytic memos documented my further questions about the politics of being a sexual minority in Iquitos and fuelled a focused, subsequent interview with these two community leaders.

**Ethical Considerations**

This study was approved by the University of Toronto Office of Research Ethics on May 31st, 2010 (see Appendix A). It is important to note that when preparing ethics protocols using western paradigms to be used in some contexts in the Two-Thirds world, western assumptions of "ethical practices" do not always map onto other cultural contexts. There is a complicated dance of exercising caution and taking risks with participants with respect to managing the flow of dialogue and activities with participants. For example, confidentiality is a western construct informed by values of chiefly individualist societies. In Peru, especially areas that are not defined as metropolitan or urban, confidentiality around certain issues appeared to be an unfamiliar concern in this research. As van den Hoonard (2001) writes, in a compelling if not controversial article about dogmatic approaches to individual consent in some qualitative research studies:

> Such an individualistic tradition may be quite foreign to other cultures where collectivism prevails and where individual rights are defined by the collectivity.

In such cases, the seeking of individual consent may be an affront to the larger group (p. 22).
For instance, interviews that I conducted in rural villages sometimes involved children or other adults as silent and curious onlookers of interviews. People would walk in and out of the houses where I interviewed and likely heard snippets what the interviewee was saying. Interviewees insisted they did not mind the onlookers and bystanders when I asked them if they would prefer to go somewhere more private. One memorable example was when I was conducting interviews in a village during one of AP's medical clinics. It somehow worked out that the location of the interviews would be taking place in the same place as the vaginal exams: in a woman's house. AP made an arrangement with the woman who owned the house to use her living room for patients who needed vaginal exams. The woman agreed and AP staff hung up floor-to-ceiling blankets to ensure that patients' exams only included the physician and the patient behind the blankets (or sometimes the "on call" translator to translate as I was asked to do on one occasion). My interviews were going on at a small school desk and benches only a few feet away from the physician and patients behind the blankets. I always asked each participant if she preferred a location with less people around but no participants expressed any concern about other people coming in and out of the woman's living room while we talked. This poignant example illustrates that in cultures and contexts where personal privacy is at times, not a major concern, "letting go" of the western preoccupation with privacy can be beneficial in order for the experience of interviewing in these contexts to feel as natural as possible for the participant.

By contrast, in interviews with activists in the city of Iquitos, in hindsight I felt that I could have "gone deeper" with these informants. It could be argued that I was too cautious with them with respect to the topics I explored with them in interviews and the topics I did not introduce. For instance, with activist participants, I did not directly ask them how they became HIV positive or what led them into sex work. The broad research topic in this dissertation is
HIV/AIDS education and their role in it as educators and activists in their communities; thus, I chose to keep my questions (structured and unstructured questions) relatively close to these "safer" topics of education and their interpretations of gender. At the time, I felt that my asking direct questions about their personal struggles with becoming HIV positive or their motivations for doing sex work would have been interpreted negatively as a moral judgment. I thought that if I asked Lupe or Angela how they became HIV positive, they might assume that (a) I would think they could have/should have prevented it (b) I "only" wanted to know these details and little else. Also, I was cautious because I did not want to stir up any kind of painful memories or life events, if they had any. I thought that because they presented themselves to be resilient and strong educators and leaders, my probing into the nitty-gritty of the circumstances behind the history of their identities as PLWH or sex workers would shift the focus away from their successes as activists and educators. It was only after a conversation with my doctoral supervisor that I paused to re-think my interview agenda; I could have asked riskier questions about their stories of becoming HIV positive or how the circumstances of their lives led them to sex work.

In this research I upheld the tenets of the University of Toronto's Research Ethic Board to the best of my judgment where confidentiality was concerned. Although it is usually imperative for researchers to take intentional steps to protect participants' identities during all stages of the research process, there are instances where participants say that they are not concerned if they are identified. This was the case with activist participants in this study: Lupe, Angela, Carlos, Silvia, Magnolia, Fiorela and Victor. These participants were leaders in their communities. Their names, photographs and quotes are included in local and regional newspapers and websites; they have appeared on television, on YouTube™ and were often approached by -- journalists, both local and foreign to weigh in issues that pertain to sex work, HIV/AIDS or
sexual identities. In my first interview with Silvia, she asked me, "Do I say my name?" I told her that she could say her name or she could make up a fake name so that she would not be identified. She hastily replied, "No. I'll tell you [my name]." She then leaned in closer to the digital recorder and announced in quite a formal fashion, her first and last time followed by the title of her leadership role in the sex workers organization. Similarly with LV activists participants, they insisted their real names be used.

It is critical to acknowledge here that a large part of their activist work involves a kind of politics of "coming out"--coming out as HIV positive to their family, friends and the public or coming out as a sex worker. These marginalized identities typically invite rejection. Thus, accepting and claiming their identities publically as a person who lives with HIV or a person who practices sex work facilitates the process of de-stigmatization. Had I told these participants that I would not use their real names and would use pseudonyms instead, could have undermined their political process. I chose to trust these participants to advocate on their own behalf instead of putting my priorities as a researcher ahead of their priorities as activist participants. I end this chapter with Ells and Gutfreund's (2006) analysis of this dilemma in their article on the discrepancies between the Tri-Council Policy Statement and what actually is possible or desirable in qualitative studies:

Yet, contrary to this "requirement", qualitative researchers are aware that some research participants wish to be identified. Participants may have an additional motive in participating in research that requires their identity to be disclosed. For example, a participant may be an activist on the topic being researched and want readers of the research results to know her name so that they may be able to

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22 The November 2011 issue of XTRA! (a free weekly newspaper in Toronto covering LGBT events and social issues) is a case in point. The front page story was piece on Trans Activists in Peru and included a write-up about LGBT political activism for health and human rights in Iquitos.
contact her or even be aware of her ideas and beliefs. Some participants are proud of their participation in research and want that participation acknowledged. (p. 363. Emphasis added).
CHAPTER FIVE

WOMEN ACTIVISTS' UNDERSTANDINGS OF GENDER RELATIONS AND HIV RISK IN THE PERUVIAN AMAZON

Introduction

This dissertation is concerned with subaltern subjects (women activists) as key creators and sources of knowledge about masculinities, femininities and gender relations and disease transmission in the Peruvian Amazon. As mentioned in Chapters One and Two, when individuals participate in social movements, they collectively engage in political and learning processes (Holford, 1995; Schugurensky & Myers, 2008; Walters, 2005). Additionally, if their participation in social movements originates from a particular status or social identity (such as being HIV positive or being a sex worker, as shown in Chapter Two), they are able to draw upon their own experiences to generate new knowledge about themselves and for others. Furthermore, these new understandings derived from people's engagement with social movements also have the potential to shape curricula, influence policymakers and the wider public about their concerns (Polletta & Jasper, 2001). In light of these assumptions, this chapter brings women activists' nuanced experiential knowledge and observations about gender relations and HIV risk in the city of Iquitos and its rural environs into sharp relief. I argue that HIV positive and sex worker women activists' identities that stem from their engagement in social movements (Lazos de Vida and Sarita Colonia) in Iquitos, uniquely position them to critically comment about how gender shapes HIV risk in the Amazon region of Loreto. Since gender and its HIV/AIDS-related subcategories such as gender and sexual identity, sexual orientation and sexual HIV modes of transmission (male-to-female, male-to-male for example), are critical points of discussion in many social movements dealing with HIV/AIDS-related issues, participants in these types of
social movements have gained critical knowledge of the ways in which gender influences the spread of HIV. As such, this chapter answers my first research question: How do women activists understand gender relations, masculinities and femininities in the Peruvian Amazon; and, how do they understand gender-related risk to HIV? The narratives of women activists are the central voices in this chapter; however, I also include a few non-activist participants' (stakeholders) experiences and interpretations of gender relations to substantiate activists' claims.

This chapter is divided into three main sections. The first section explores women activists' observations about the culture of sexism (machismo) and both male and female infidelity in heterosexual relationships in the context of Iquitos and its surrounding rural environs. The first section serves as a segue to the second where I discuss women activists' concerns about men's and women's resistance to condom use. In the final section I showcase women activists' concerns about amas de casa (housewives), as a vulnerable population that needs to be engaged in HIV/AIDS education.

"Mujeriegos", "Conformistas" and "Pegadores": Women Activists Talk About Machismo in Loreto

A common theme in many of the interviews with women activists and their stakeholders was their interpretations of gender relations in the region of Loreto, making specific reference to expressions of masculinities and femininities in heterosexual relationships. Lupe and Angela, two activists in Lazos de Vida often called attention to the culture of machismo in the province of Loreto and would describe "typical" Loretano men using the adjective, machistas. In Lorraine Nencel's (2001) ethnography of prostitution in Peru, she defined machismo as:
an all-embracing concept determining women's subordination. It is often assumed to be synonymous with male dominance; the site where gender and sexual oppression conflate (p. 57).

There are several examples of Lupe and Angela's interpretations of *machismo* (male dominance) in Loreto. Both women spoke candidly about expressions of *machismo* and drew on their experiences of past relationships with their male partners and their observations of others' relationships. For instance, Angela told me that her ex-partner's mother scolded him for touching Angela's underwear, based on the local belief that if a man touches a woman's underwear, he is considered a *sacolargo* or a *pisado*. These are regional words to describe men who are perceived by their peers as weak because they appear to be dominated by their wives or girlfriends. The physical handling of women's undergarments diminishes a man's status outright. Men who participate in household tasks, or, "women's work" are also subject to intense critique by their male peers and are perceived to be "tied to their wives' apron strings" (Fuller, 2001). Lupe explained:

If you see someone, I don't know, maybe someone in the family, "¡Cojudo!" they say. "You do laundry? You're an idiot!", just like that! "You're a *sacolargo*. Surely your wife bosses you around!", stuff like that. So sometimes the man would say, "No, no, I'm not a *pisado*, I'm not bossed around by a woman!" So that's why we say that there is a lot of *machismo* here [Loreto] (10/06/10).

Here, Lupe used the regional words *sacolargo* and *pisado* to describe how men were perceived by other men if they are seen to be dominated by women. Simply participating in "women's work" (whether his wife has instructed him to do so or not) is a sign that a man has little control over his wife. Lupe then provided a personal example of *machismo* about her ex-husband who refused to participate in household chores. She exclaimed:
Fourteen years of my life I lived with that man. I had given him... I had given him four beautiful children and I don't regret my children, right? But I always had to be there serving him his meals while he just sits there with his fork and knife and everything, right? He never lifted a finger! If I got ill, then the laundry would just pile up like this big [gestures with her arms]! And why? Because he couldn't do the washing, he didn't do anything because he's a man! Because he's a man!

Well, the day came when that relationship ended and I separated from him (10/06/10).

It is evident that Lupe disapproved of the power differential that separated herself from her ex-husband and that she was expected to cater to his needs. Even during occasions when Lupe was not physically well enough to do housework, her ex-husband did not interpret that situation as an opportunity to assume some of the responsibility to keep the house in order. Furthermore, it is clear that Lupe condemned the sexism in her previous relationship, calling attention to what she believed was "unearned" male privilege, shown in her emphatic statement, "Because he's a man!". Correspondingly, in Fuller's (2001) article about male gender identity in Peru, she explains how men's necessity to maintain their gender privilege is enacted in the domestic sphere:

> Although men hold the ultimate authority, especially with respect to matters related to the outside world, the house itself (especially the kitchen) is defined as feminine, and therefore when a man is inside its walls, he runs the risk of being feminized simply by his presence (p. 319).

It is evident from Lupe's reflection that she did not agree with how male privilege excused her ex-husband doing housework, although she did tolerate it until the relationship came to an end.
To add a layer to her experience, Lupe went on to critique more generally, the dynamics of what she believed to be "typical" long-term relationship scenarios between men and women in Loreto. Lupe depicted these dynamics in the following passage:

The husband comes home drunk, and maybe he's had a sexual encounter outside the home. He comes home drunk, he doesn't use a condom and he comes and hits his wife, has sex with his wife. . . stuff like that, right? Loretana women, we don't learn! I say this because I've only learned just recently. . . I say this because we haven't learned to say: "Today, I want to have sex. Today I want to feel pleasure." Or, "Today I don't want to have sex because I'm tired." Here [in Loreto], if you say to your man, "I don't want to have sex", well, then the man will hit his wife or he might tell her, "You know what? Since you won't do it with me, I'm going out to find a woman who will." That's the typical machista man here in Loreto. . . the typical machista. (10/06/10).

Similarly, in Fuller's (2004) superbly nuanced piece about femininities in the lower Amazon region of Peru, she highlights the different meanings of machismo between Lima, Cuzco and Iquitos:

. . . in Lima and Cuzco, women equate machismo with the lack of male contribution to domestic chores as an abuse of power; by contrast, in Iquitos, the word machismo is associated with violence (Arias and Aramburú, 1999, p. 53) and, secondly, with infidelity (p. 128, my English translation).

While listening to Lupe's accounts of the local manifestations of machismo such as drunkenness that could lead to intimate partner violence or infidelity that Fuller (2004) also identified, I could hear the anger in Lupe's voice. In these interviews, Lupe and Angela were educating me about gender relations in their culture. I also felt as though they used this opportunity to vent about how gender inequality shapes the unfair realities of women's lives. For instance, in the above
quote, Lupe proclaimed that Loretana women "haven't learned" to communicate their sexual desires or to have their husbands respect their choice to not engage in sex on a given day. According to Lupe's interpretations, she believed that for the most part, men in Loreto feel entitled to get their sexual needs met elsewhere if their wives or girlfriends refuse their advances. I discuss this issue in more detail as it relates to HIV risk in the last section of this chapter.

Another expression of machismo that informants recognized was how and where men chose to spend their time outside the home. Lupe exposed this detail as a double standard between men and women:

He [the man] can come back home at whatever time that suits him! But if we women do the same thing, and say: "You know what? I'm going out and I'll be back tomorrow." No. You can't do that. If you do, you're a crazy woman, you're a prostitute. . . stuff like that. Or maybe you're cheating on your husband with someone else. . . (10/06/10).

Once again, Lupe illustrated with palpable frustration, the unfair gendered arrangements of daily living for women. Male privilege endows men with authority to make non-negotiable decisions about how they spend their leisure time; they can leave the house and return (or not return home for days at a time) whenever they please. By contrast, women would be perceived as sexually permissive, unfaithful or unhinged if they attempted to assert their autonomy in similar ways.

Norma Fuller's (2001) qualitative study on marital violence in Lima, Cuzco and Iquitos reported that, "Males have greater standing within the family and enjoy greater liberty to do what they want with their lives" (p. 26). As I discussed in the literature review using Fuller's research masculinity is constructed and performed in the public domain, more specifically, "en las calles" (in the streets) (Fuller, 2001). Maria, a non-activist sex worker in her fifties, confirmed Fuller's observations that public spaces, in a sense, "belong" to men:
Here in Iquitos, there's a lot of diversión [fun/partying]. A lot of diversión, a lot of parties. Men have a job, they have their "wheels" (like their motorcycles) and a bit of money and then he owns the whole city. He's the owner of whatever woman he can conquer. That's how men are (13/08/10, emphasis in English translation added).

Maria reported that in Iquitos, men take advantage of the pulsating nightlife to meet new women (often younger than their wives, according to informants, Veronica and Victor) at parties and local live music venues with the intention of sexual conquest. Iquitos is known in Peru for its culture of revelry and alcohol consumption; there are indeed numerous locales in the centre of town and in the unpaved peripheral districts of San Juan and Punchana, with live music, hole-in-the-wall bars, nightclubs (straight and gay), strip clubs, brothels and small "rough and ready" cheap hotels. Maria's interpretation of the social geography of masculinity in Iquitos suggested that if men are employed and have some disposable income and a motorcycle to get around the city, these material goods bestow men with sufficient power and status to "own the whole city"--including girls and women that they encounter in bars and discotecos who, for their own reasons, might accept their advances (discussed later in this chapter). Maria goes on to describe her reading of men's interactions with women within the context of Iquitos' party culture:

Parties, venues... a lot of parties. And who do men go to parties with? Well, they just pick up a girl and then go to the party. That's it. They continue going out with her, a second time, a third time until he gets a kid out of her. He leaves that one [woman] and then finds another one. Again, they go to a party and then to a hotel. And what can a man and a woman do in a hotel, right? And it goes on and on like that. People categorize Loretano men as mujeriegos [womanizers].

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23 Since Iquitos cannot be accessed from other cities by land, cars are not a necessity and are therefore scarce. Motorcycles and motocarros (three-wheeled taxis) are the most abundant vehicles because they are better suited to traverse the limited road space within the city and its peripheries.
Based on Maria's interpretation of men's leisure activities in the city, their masculinity is socially constructed through their interactions with women they meet at parties or discotecs. Maria believed that these interactions sometimes result in the fathering of children from different women. This observation corresponds to Fuller's (2001; 2004) accounts of masculinity in Peru where she illustrates that fatherhood and virility are strongly associated with successful performance of hegemonic masculinity. Secondly, Maria cited intimate partner violence as another signifier of masculinity in Loreto, though she carefully avoided generalizations in the last sentence ("not all of them are like that"). Likewise, Lupe acknowledged the propensity for intimate partner violence displayed by Loretanos to which she vehemently objects because of her clear feminist principles:

**Lupe:** Here in Loreto, the man will always raise his hand to a woman. That is the "classic" Loretano man. So much that if his wife backchats him, he raises his hand to her. I do not agree with that.

**YL:** No... **Lupe:** Never. I am the kind of person. . . people say that I'm a feminist. And I say, I'm a feminist but not the bad kind but the good kind! Because I do not agree when a man says: "Ok, because I am a man, I get to go out dancing, drinking and enjoy myself but you stay at home." If I go out, because I am a woman, he'll hit me or mistreat me, right? And I'm always having debates with _______. He's always saying things about me like, "That crazy woman is a feminist." He always says that and asks me, "What would you do if Victor had another woman?" "I'd leave him." Just like that. "But why would you leave him if he comes back home to you anyway?", he asks me. "Because if he has another woman it's because he doesn't love me." I tell him. "What does another woman
have that I don't have?" I tell him stuff like that so... and then he says, "Ha ha" He laughs, right? "That Lupe always has an answer for everything!" he tells me (06/07/10).

In this passage, Lupe proudly re-enacted a conversation she had with her male friend, explaining to me how this friend balked at her feminist convictions. Based on Lupe's own attitudes towards gender equality in Loreto, she was aware that her feminist principles are uncommon. Once more, it was apparent that Lupe abhorred the double standard concerning how men and women spend their time; men can go out, drink and enjoy themselves whilst women are expected to stay home and could experience intimate partner violence. Further on in the passage, while Lupe's friend assumed that she would tolerate infidelity from her partner (Victor, who was a male activist participant in this study) as per the gender norm in Loreto, Lupe took a different approach. She proclaimed that she would sever the relationship with Victor if he were unfaithful--a conviction not widely held by most women in Loreto. It was evident from Lupe's remarks that she believed men in Loreto use their privileged positions as men to demand sex with their wives and feel entitled to look elsewhere to get their sexual needs met if his wife does not comply. Lupe asserted that this behaviour was "typical" to describe men in Loreto although in her own current relationship with her husband Victor who was also HIV positive and an activist in Lazos de Vida, she suggested that the division of labour in their household is shared. Lupe asserted in reference to Victor:

  My partner, because he helps me wash clothes and because if I'm ill, he cooks, his brother tells him that he's a sacolargo. But he [Victor] doesn't care. (05/07/10).

Lupe believed that Victor was "atypical" in that he actively participated in household tasks such as doing the laundry or taking on the responsibility to prepare meals when necessary. Victor's gender-nonconforming behaviour could be attributed to the values and practices of his
participation and learning experiences in Lazos de Vida. Based on other interview data from Lupe and Angela, members of Lazos de Vida, identified teamwork as essential to their success as a community-based organization. For example, in an interview with Lupe, Angela and Victor, Lupe exclaimed: "¡Como un equipo de hormigas trabajamos!" (We work like a team of ants!). Moreover, because members of Lazos de Vida on the whole, learned through the processes of social activism of the ways that gender inequality shapes HIV risk, they spoke about gender relations in their own lives with a kind of critical sensitivity that may have primed them to make adjustments in their gender-related behaviours or attitudes that they believed were unfair.

Thus far, I have drawn upon data from Lupe, Angela and Maria to illustrate their interpretations, experiences of and acts of resistance to machismo in Loreto. I now turn to Magnolia, a sex worker activist, peer educator and health promoter. Like Lupe, Magnolia expressed her discontent with how mainly working class Loretano men behave, citing conformity as a characteristic akin to laziness. She drew particular attention to what she understood as men's idleness, lack of interest in learning or "getting ahead". Also similar to the interviews about machismo with Lupe, Magnolia appeared to use our interview as an opportunity to unload her feelings of frustration with the majority of men in Loreto. The excerpt I include below is lengthy so as to illustrate these feelings of dissatisfaction:

**Magnolia:** The Loretano man is a mujeriego (womanizer). Not all, but most. They like to drink a lot. Some like to live off women. They don’t work. They’re conformists.

**YL:** And why do you say “conformists”?

**Magnolia:** Because…who knows? It comes from the home, no? They’re conformists. They’re not men who have a projection about progress for the future. They just settle for
what they have. . . with having a bed, a TV and a table. And eating their plantains every day. They don’t have a future plan, to have a nice house like this, no? They’re conformists. They’re satisfied with just having a place to sleep and to eat.

YL: Doing what kind of job?

Magnolia: They conform by, for example, selling stuff. . . [pause] working in construction or by driving *motocarros*. Nothing else.

YL: Nothing else?

Magnolia: They’re not interested! You know how in love and in studies, there is no age, right? They’re not interested in training themselves in other things. And it comes from the family, no? Generations of conformists. Not all, but there’s always been one who overcomes it. I think that it comes from the home, conformist fathers followed by conformist sons. They have their woman, their kid and they drive a *motocarro*. Sometimes they aren’t able to support their wife and then she has to look for someone else who can support her. This is how the Loretano man is. The *costeño* (coastal) or the *serrano* (highlands). . . The *serrano* man is a much harder worker, like a mule, no? He likes to work, he persists, persists, persists. The *costeño* too, is. . . more intellectual. The *costeño* is more intellectual and likes to succeed through technology. But the Loretano is a conformist. There are very few Loretanos who have started their own businesses in tourism or in lumber. Mainly they’re from other places. You see all
these businesses around here? Mainly they’re owned by *serranos* or *costeños* or people from other places.

**YL:** And why do you think that is?

**Magnolia:** Conformity, generations of conformists. There are places where men conform, by having their hammock, their *chacra* (farm), their plantain, their *masato* and their fish. And that’s it. That’s how it is in the rural areas (07/07/10).

As demonstrated by Magnolia's extensive commentary about her understandings of men and masculinity in Loreto, Magnolia was not satisfied with the majority of men in her culture. Based on this excerpt, it is evident that contrary to what she believed were the typical characteristics of Loretano men, Magnolia valued an entrepreneurial spirit, a willingness to learn new things and hard work. At the time of our interview, she was working part time as a sex worker to help pay her electricity bills and other household expenses, but most of her time and energy were spent on her other duties as a health promoter for the Ministry of Health and a peer educator for female sex workers in Iquitos. Magnolia disapproved of men who, unlike her, showed little interest in learning or achieving more for themselves apart from "just" driving a *motocarro* taxi, for example. She described men in Loreto as "conformists" which she believed, reproduced a kind

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24 *Masato* is a regional drink made from fermented yucca.

25 From my own experience living in Iquitos, I deduced that on the surface, being a *motocarrista* looks like an attractive job because of the flexible work hours and geographic freedom that leasing or owning a *motocarro* affords. However, I noticed that there were just too many *motocarros* on the roads, making competition for passengers a tough game. I also noticed that the standard fare within the city had not increased since my first visit to Iquitos. The price for one fare in the city was S/1.50 (~0.60 USD) in 1995 and in 2010 it was the same. I wondered if these *motocarriistas* could make ends meet with such stiff competition and rising gas prices. Hence, Magnolia's judgment of men who try to earn a living by "just" driving *motocarros* implied that she thought they were not striving for better-paying, stable jobs or jobs that required education and training.
of male culture of idleness, unique to men in Loreto compared to men in the coastal regions and Andean highlands.

**Male Infidelity**

One of the most talked about expressions of *machismo* according to several informants, was male infidelity in long-term relationships with female partners. While it was understood that most men do have primary female partners such as wives, girlfriends or *convivientes* (live-in partner), participants in this study reported that it was common (and expected) that men will have *sus aventuras* (their adventures), with, *hembras* ("chicks"/girls) on the side--that is, sexual encounters with women outside their primary relationship. For example, in Veronica's case, she suspected that her husband had had sexual relationships outside their marriage. She said:

Well, sometimes I would draw conclusions, right? There are so many women who would sleep with a man for the money but from that, you don't know which of the two would have an infection (14/07/10).

As we learned in *Chapter One*, Veronica, her late husband and her two children were HIV positive. It was not known between Veronica and her husband "who infected who"; however, Veronica suspected that her husband may have had sexual encounters with other women. Added to this, Veronica told me that she and her husband had never used condoms. I asked Veronica whether she thought men could be faithful to their female partners. She replied:

Well, what can I say. . .as wives. . .I'm going to speak as if I were a wife, we should tell them [men] that if he. . .because no man is faithful. . .faithful to his wife. There are very few [squeezes her eyes shut for emphasis] who are faithful. And always, as a woman we should tell them [men] that if he has lovers outside the marriage, that he always use a condom because tomorrow he'll come back and have sex with his wife and infect her. So the wife should always tell him, talk to him that if he has his *aventuras* outside that he use a condom and that he take a
condom with him wherever he goes. That's my way of thinking if I were a wife.
(14/07/10).

Veronica's commentary about condom use was informed by what she learned living at the *cuna* (*Lazos de Vida* headquarters house) with her two sons. Although she did not participate as an educator with other *Lazos de Vida* activists to deliver educational *charlas* to the multitude of communities the organization arranges on a daily basis, she learned about the importance of condoms to protect herself from becoming re-infected with HIV or from contracting other STIs. Her remarks above demonstrates new knowledge that she gained through living amongst the *Lazos de Vida* activists and receiving counseling from them. At the time of the interview, Veronica was single and not focused on finding another partner. Her chief concerns at the time were caring for her two sons and finishing her high-school credits at night classes. Thus, she spoke to me in hypothetical terms about insisting that her future partner use condoms since, she believed he would probably engage in *aventuras* on the side as per the gender norm in Loreto and that she should take action to ensure that he use condoms in all his sexual encounters. Later in the interview, Veronica re-iterated her position on male infidelity, this time with a bit of humour:

**Veronica:** I would tell him [husband] that if he has a lover outside that he use a condom so that I don't get infected. That's what I would say to my husband. It's the only way because... to say that a man will be faithful... [pause] I wouldn't say that a man would "actually" be faithful.

**YL:** No?

**Veronica:** No because... [pause] that's how men are! [laughter] (14/07/10)
Here, it was clear that Veronica was aware of the health risks associated with a new potential partner. She was acutely aware that her future partner would feel entitled to his aventuras and that she would need to instruct him to use condoms with these other women. In the same way, Jessica, a friend of Rosi who was a sex worker activist, reported that she was all too aware that her husband had had sexual relationships outside their marriage. As a woman born and raised in the west, I learned that infidelity in long-term relationships was generally considered taboo and socially unacceptable. My own experience in western culture taught me that monogamy, while almost impossible to be successful at, is an ideal for couples to strive for. From my observations and experiences in my own culture, infidelity in the west could be reasonable grounds for divorce, a break-up or a few visits to a couples counselor to resolve the assumed "deeper issues" that led to the "guilty" partner's straying outside the marriage. Consequently, I found it difficult to relate to Jessica's laid-back position about her husband's behaviour. As Jessica spoke nonchalantly about her husband's extra-marital escapades, I could feel my own cultural and personal biases about ideal long-term relationships percolating under the surface of our words. Her attitude about her husband's aventuras could succinctly be translated into the English colloquial expression: "whatever", to express her frustrated but pragmatic approach to managing her relationship with him:

Jessica: I can't prohibit him [husband] from doing anything because he's a man. Some of his behaviours annoy me but I can't stop them. I don't keep track of what he's doing but the only thing that I tell him is, "Tienes tu hembra? ¡Cúdate!" (Do you have another girl on the side? Take care of yourself!). I buy tons of condoms

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26 Although, the concept and culture of monogamy has been subject to bold critique by western academics such as Christopher Ryan in his book Sex at Dawn. In his book he claims that from an evolutionary perspective, humans are naturally non-monogamous. Ryan was invited to speak about his book on the Savage Lovecast, the syndicated weekly podcast run by the American sex advice columnist Dan Savage. Savage coined the word "monogamish" to connote some western couples' leniency and mutual agreement of their partners' occasional sexual trysts with people outside their primary relationships or marriages.
and even put them in his wallet! [laughter] Everything my husband does, he tells me. Everything he does, he tells me about it. Like, if he's been with another girl, he says to me: "That girl has been with me."

**YL:** Really? And doesn’t that bother you?

**Jessica:** [laughter] It bothers me a lot! Sometimes when I'm really angry I feel like telling him off. But what am I going to do? That is part of my ignorance in wanting to tell him off. As I said, it bothers me but what can I do?

**YL:** Yes, but the fact that it's common, does that make it easier to live like that? Because it's common?

**Jessica:** It's common. . . it's normal. It's a part of nature here (06/07/10).

Here, Jessica articulated that she accepts her husband's infidelity. She described this behaviour as "common", "normal" and "part of nature", and thus futile to object to it. What is interesting however, was that because she was able to accept her husband's multiple sexual encounters outside of their marriage, she felt able to advise her husband to use condoms. Putting condoms in her husband's wallet in the event that he meets another woman for a sexual adventure, while not an ideal situation for Jessica emotionally, demonstrated her knowledge of condoms as an effective protection against HIV and STIs. Moreover, Jessica's supplying her husband with condoms showed a kind of proactive health-seeking behaviour that would benefit not only her husband, but also herself. Jessica and Veronica both shared aspirations to communicate with their male partners about the necessity for them to use condoms with other women. While Jessica and Veronica did not identify formally as "activists", they were exposed to activist discourse around gender and HIV risk through their affiliations with *Saria Colonia* and *Lazos de Vida*. Being connected to these communities gave them the space within which to
absorb the values, attitudes and behaviours of the organizations and ultimately reflect about their own behaviours and attitudes in their relationships. I believe that women's open communication with their male partners about the necessity of condoms (as shown in Jessica's and Veronica's statements), is an under-theorized area of gender relations and HIV/AIDS education. In light of this finding, I discuss the importance of acknowledging the politics of heterosexual relationships the domestic sphere in HIV/AIDS education in Chapter Seven.

Four Men in a Village

While the focus of this dissertation was on the narratives of women activists and stakeholders, there was one opportunity that arose during fieldwork to informally speak to a group of four men in one of the villages during Amazon Promise's medical clinic. The clinic took place in the village schoolhouse and I was not assigned to any doctors or nurses to translate, so I was free to spend the day how I liked. Since I always carried my black moleskin notebook and Tim Frasca's book, *AIDS in Latin America*, to each clinic to keep myself occupied during the boat journeys to and from the villages, I was prepared to get some reading and writing done at this clinic visit since my translation services were not required. The clinic in this particular village had just gotten underway and I was loitering outside the school when a man approached me for some idle chit-chat. He asked what I was doing with Amazon Promise and I explained that I was doing a study about HIV education. He then said he had some questions for me. For example, he wanted to know exactly how HIV was spread and what the symptoms were. As we stood there and talked, three more men came listen and to join the conversation. Rather than continue standing around, I asked them if they wanted to go somewhere nearby to sit down so that we could settle in to a longer discussion. The men agreed and led me to someone's front veranda of their house. We found a few chairs and sat down. They all took turns and asked me
about symptoms, transmission, how quickly someone could die if they have HIV; they asked me the difference between HIV and AIDS and how they could get tested. I answered their questions the best that I could, always reminding them that I was not a medical doctor and that if they wanted further detail they should ask their healthcare providers.

Eventually I shifted the conversation to heterosexual relationships and fidelity. I plainly asked them if they were faithful to their female partners. Smirks, guilty glances, shifty eyes and chuckles followed. One man, in the style of a stand-up comedian, animatedly explained to me that when men are out working and away from their female partners for a week or more at a time, they are tempted to engage in sex with women outside their marriages. Their reasons for engaging in sex with other women were based on male sexual desire that required "release". Another man piped up and added (while laughing), that there are "so many beautiful young women who are hardly wearing anything" and temptation to stray from their wives or girlfriends is strong. The other three men agreed.

The subject of male infidelity was so common in my interviews with most participants, that over time, I was able to detect a pattern of subtext beneath the words. Based on the interviews with Veronica, Jessica and the four men in the village, I observed that male infidelity, while recognized as a form of "bad behaviour" in relationships, was something that was so ordinary, that it could also be laughed about and taken light-heartedly. It was almost as if these informants were laughing at me, and my "ridiculous" question asking if men in Loreto were

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27 Peruvians comment (often jokingly) that the province of Loreto is a place where attitudes towards sex and sexuality are liberal and that Loreitanas (women in Loreto) are more sexually "forward" and less modest than women in other parts of the country. However, this stereotype was countered by women activists in this study (Silvia and Fiorela, specifically) who explained that it is the unbearably hot and humid climate that drives people's choice of clothing, not their libidos. They explained that short skirts and tiny halter tops are often worn by young women in Loreto, not necessarily because these women want to attract men, but because it is too hot to wear more modest outfits that cover their bodies. During a rare and unexpected "cold snap" in July 2010 during my fieldwork, the temperature dipped to 15C for four days straight and I struggled to find a retailer in Iquitos that sold affordable long sleeved shirts or cardigans for women.
faithful. That said, in Loreto, infidelity, while generally considered a man's activity, is a characteristic of some women as well. In the next section, I draw on additional interview data to outline the women activists' understandings of women's infidelity in Loreto.

**Procuring Providers: Women's Infidelity for Survival**

Norma Fuller (2004) writes:

The Iquitos woman will consider the fact that if her partner does not fulfill his part of the contract, she has the right to find a substitute (p. 128, my English translation).

By and large, discourses about HIV/AIDS risk and heterosexual transmission has largely painted men as the carriers of the virus who then pass it on to their unsuspecting female partners (Campbell, 1995; Giffin, 1998; Rao Gupta, 2009; Wingood, & di Clemente, 2000). While male-to-female transmission is indeed an established pattern based on the evidence that male sexual desire and conquest (masculinity) facilitates the common preference-based practice of no-condom sex with female partners, little has been discussed about female sexuality and the risky sex that women engage in. In this section I shed light on female sexuality in the Amazon using narratives from women activist and stakeholder participants. The women participants in this section shared their knowledge about gender relations in heterosexual relationships and cited women's infidelity and pursuing new partners as very real phenomena that women pursue for different reasons.

Generally speaking, our assumptions about infidelity, or the quest for multiple sexual partners, are deeply rooted in what we know about male sexuality and privilege. Rarely are we presented with data from the Two-Thirds World that shows the social, economic or emotional conditions under which women might seek sexual partnerships outside of their primary
relationships, or frequently change partners. Dominant notions concerning heterosexual married women assume that they are tightly bound to or controlled by their primary male partner or husband. While previous narratives illustrated that Loretana women are expected to stay at home and remain faithful to their husbands, there also exists a degree of latitude that women may exercise. Some women might be unfaithful or jump from partner to partner for two reasons: financial or sexual. For instance, Magnolia stated:

Women in the general population, some of them are alone, single and some have a partner. . . but I know a lot of young women, single mothers who have to maintain the household but there's no husband. They don't have a partner or a husband so sometimes they just meet a guy who can support them temporarily and who sleeps with them and they don't use condoms. That relationship ends and in six months or a year. . . there's no mutual understanding. So she looks for another one [man]. So for the most part women here are single mothers and change partners a lot (07/07/10).

As Fuller's (2004) quote at the beginning of this section asserts, many women in the Peruvian Amazon feel entitled to get their financial needs met by men and that if their current partner fails to provide for the household, then his female partner will seek another male partner. What concerned Magnolia in the above passage is the lack of understanding between partners in heterosexual relationships about the status of the relationship. Magnolia's main worry is that in these kinds of arrangements, condoms are seldom used. After the relationship ends, women engage in no-condom sex with a new partner, increasing her risk further. The financial need that many working class women have in Iquitos and in Loreto more generally, could therefore be deemed as greater than the need to take steps to prevent HIV.

It is not known whether sexual needs were met by the previous partner and that the new partner is simply a financial resource. However, as the following excerpt from Magnolia
suggests, jumping around from man to man to provide for her children is a well-established norm:

Sometimes the majority of men have women in other places, sometimes they deceive them, saying they're single until they stop having fun and then they leave. Same with women. Women sometimes accept a man so that he can support her but then she might have another guy somewhere else, right? But then maybe that guy can't support her economically like he's supposed to and that's why the woman has to find someone else who will (07/07/10).

In the above passage, Magnolia explained the cycle that women experience with respect to male partners and the economic function they serve. In Magnolia's eyes, some women might pursue several men for the financial reasons, contrary to conventional notions of marriage that suggest that whether the couple is financial difficulty or not, the couple will stay together during those hard economic periods. Magnolia also explained that when women in are "in-between partners", they are temporarily single, waiting for the opportunity for another man to come into their lives to support them.

Similarly, Victor, an HIV positive activist in *Lazos de Vida* plainly stated his theory of the reasons for infidelity in Loreto:

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There are of course exceptions that could be explained using a social class analysis. While living in Iquitos in 1997, I rented a room from an older lady, Beatrice (not her real name), who had two children. Beatrice was born and raised in Iquitos. She had separated from her husband years prior because he was unfaithful to her. Beatrice was not confident she would ever find a man in Loreto who would be faithful. She vehemently did not agree with the common practice of "putting up with" infidelity from husbands simply because the husband pays the bills. In a recent e-mail to me, Beatrice explained that from her observations, she has seen her friends' husbands treat their homes like hotels. The husband comes and goes when he likes and sleeps in his own room separate from his wife. According to Beatrice, these are "hombres de pantalla" ("screen husbands"), meaning that they are not present in "real life". Beatrice told me that in the main, women who accept their husbands' infidelity rationalize it with the following sentiment: "Si me mantiene, ¿qué importa?" (If he supports me, then who cares?). Beatrice interpreted this practice as a form of prostitution. Even though Beatrice was not wealthy, she was considered economically and culturally middle-class by Iquitos standards, financially independent and resourceful. For instance, she transformed part of her house to create rooms to rent out to foreigners so that she could earn extra money aside from her job as an educator at one of the local universities. Beatrice's peer group comprised of women in similar circumstances: middle-aged, single professionals who had separated from their husbands. Financial independence is thus, a critical element of women's emancipation from gender arrangements that constrain their autonomy.
**Victor:** Here [in Iquitos] we have infidelity. Why? Because it is a country. . . a city with a lot of poverty. So what happens? We see for example, a young woman, a family that has two young women daughters who are fifteen or sixteen years old and maybe they have two or three more children and there isn't enough [money] to go around to provide for those five or six children. . . to buy their clothes, right? So what happens? Those two young women, what are they looking for? They want the best of the best, some nice shoes, maybe they want to study so there might be a señor (older man) who has money, who works and earns good money and he offers her that and says, "You know what, darling? I'll put you through school. I'll pay." To him, he doesn't care if he has to spend 500 soles a month on that because he earns way more! Maybe he makes 3000 or 4000 soles a month!

**YL:** And that señor has a wife?

**Victor:** That señor has a wife. So, what happens? That's how she gets her money. Why? Because there is poverty and at the same time that young woman needs something. So that's why we see here in Iquitos that there is a lot of . . . we say, infidelity. But really, in other countries infidelity isn't with minors but rather between people who are twenty-something years old or people of the same age. And with women it's even worse, like. . . it's worse because I've seen it [infidelity]. I don't see it with adolescents but on the other hand, here [in Iquitos] I see it. Why? Because of the poverty (20/08/10).

Here, Victor explained that because of the poverty in Peru and in Iquitos more specifically, infidelity and/or the pattern of severing relationships and finding someone else, benefits both women and men. For men, paying for a young woman's expenses that she cannot afford could entitle him to some form of sexual relationship and/or companionship. For women who do not have the means to buy their basic needs, luxurious "extras" or even tuition to pursue their education, being the "girl on the side" to a señor may seem like a small price to pay to obtain
various forms of material or cultural wealth, however temporary. Victor also pointed out the age differences he had observed between women and men in these arrangements. Older married men, or, señores, as Victor mentioned above, coupled up with young women who could be teenagers is also a cultural norm. According to Victor, in other countries, infidelity occurs between people of the same age group whereas in Loreto, Peru, infidelity in intergenerational relationships produces a financial-sexual contract. Rosi, a sex worker activist also explained women's infidelity that is driven by financial need:

**Rosi:** For example, there are women who are not just with their husband. They have lovers too. Two or three lovers. If her husband doesn't have much money, the lover has money. And if that lover doesn't have money then the *other* lover has money! [laughter]. That's how it is here. Women are with three or four different men (06/07/10).

It appeared that while men feel entitled to get their sexual needs met elsewhere if their wives cannot do so, women feel entitled to get their financial needs met elsewhere if their husbands cannot do so.

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29 While at a restaurant in the touristic zone of Iquitos with Beatrice (mentioned in the previous footnote) during my fieldwork, she inconspicuously drew my attention to the party of four eating at the next table. With some disapproval in her voice, she explained that the two teenaged girls each sitting with a man who appeared to be twice their age, were likely engaged in some kind of "inappropriate" relationship. Beatrice sensed that the two men were not local but from another part of Peru. She speculated that they worked in the oil or mining industry and were in Iquitos on business. Beatrice playfully told me to casually turn my head to have a look for myself. I saw two girls who looked like teenagers (one who was wearing braces) sitting with two men who looked to be in their thirties or forties. The girls were giggling and playing with their mobile phones. The men were mostly silent and appeared uninvolved in the girls' conversations with each other. In fact, there was no conversation that I could see (or hear), occurring between the girls and the men. Of course it is impossible to be absolutely certain about the status of their relationship of these people on a brief observation alone; however, intergenerational relationships between young women (some of them minors) and older men is common in Iquitos and most people recognize that it is a problem. Similarly on the Boulevard, a pedestrian promenade in the touristic zone of the Iquitos, it is common to see middle-aged foreign men in the company of very young women at the bars and restaurants in this area. See Chapter Six and Appendix I for more detail.
Women's Infidelity to *Sentir Mujer* (to Feel Womanly)

Although the chief reasons explained to me about women's infidelity and need for multiple male partners was financially driven, Victor, one of two male participants study and the only heterosexual male participant explained in one interview that some women might engage in relationships outside their marriages to *sentir mujer* (feel womanly). Victor described a scenario where a married woman might feel inclined to "stray" outside her marriage:

So, in the home there is a couple who are forty, or thirty-eight years old and the husband comes back home tired, arrives at home, throws himself on the bed, has sex with his wife just for the sake of it. The woman doesn't feel pleasure. She does it because she feels she has to. So then maybe her girlfriend says to her, "You know what, amiga? I have a birthday party to go to. Let's go out and have a few beers with a few more girlfriends". So they go to a discotec, drink some alcohol and maybe there are a few cute guys there. They dance with them and make them feel womanly. In what way? By dancing with them, making them feel beautiful and pretty. And here in this region there are many men who like to talk the talk with women if they want something. Yes! So then, she feels good. She feels womanly and she feels wanted by someone in a way that her husband doesn’t give her (20/08/10).

Victor explained a typical scenario in which a married woman might want to pursue a man outside her marriage so that she could feel "beautiful and pretty". Gathering a few other girl-friends and heading to a party or discotec in town, according to Victor, could be a viable outlet for women to feel appreciated and attractive. Victor believed that if a woman's primary partner does not fulfill this need, then other men could fill this temporary role. Recall in *Chapter Four* I provided an example of occasions where informants would reverse roles with me to ask me questions; Victor asked me if my partner makes me "feel womanly". I sensed that Victor believed that the answer to this question could be indicative of whether my relationship was successful or
not, or indicative of whether my partner was "doing his job". From Victor's point of view, my husband would be fulfilling his role by making me feel pretty, feminine and attractive. Clearly, traditional expressions of femininity and masculinity were viewed as necessary to a successful relationship or marriage. According to Victor, a woman needs to feel beautiful--to *sentir mujer*--and it is the husband's duty to ensure that she does. If not, then, a woman might seek male attention elsewhere, as illustrated in Victor's quote. It is not clear in his quote however, whether women would engage in sexual relationships or whether the purpose of these outings with other girlfriends is limited to flirting. In Chapter Seven I therefore suggest that further research using a gender relations framework on the dynamics of long-term relationships or marriages is warranted. A focus on "stable" relationships could provide insight into risk factors and educational responses needed to address relationships in the domestic sphere.

In rural areas, women also reported sexual relationships outside their marriages. In one village, two women participants, Eleni and Adela, maintained that women do engage in sexual relationships outside their primary relationships. Although the focus of this dissertation is not on the narratives from women I interviewed in the villages, I included the excerpt below from Eleni and Adela for the purpose of impact. Below they talked about the impact of multiple partners on HIV risk:

**Eleni:** We thought it was... we thought... well, like, I can't remember, like, that we live in a world where there is this illness called HIV/AIDS. And mostly a lot of young people, women... there are women who sometimes don't just live with one man and have kids... but with other men and that's why Señorita Elena explained that we should just have sex with only one man. And... but if you want to have sex with other people, I don't know... and you're not like a "saint" with your husband and you want to have sex with others, that you should put on the... what's it called?
Adela: Condom.

Eleni: Yes, condom (04/08/10).

In this conversation, Eleni understood that women engage in multiple partnerships for their own pleasure, as, in her words, "you're not a saint with your husband". It is evident that Dr. Elena Deem from Amazon Promise was aware of these cultural norms and advised Adela and Eleni (as well as the rest of the people present at the charla she gave in this village, a few months prior) to either be faithful to one person or to use condoms with others. Rosi, a sex worker activist also mentioned women, as well as men, engage in sex with men outside their primary partners: "por la plata o por vacilón" (for the money or for fun) (06/07/10) In this quote, Rosi confirmed that the two main motivations for women to pursue other relationships are money and a bit of fun for themselves. Indeed, there are health risks (HIV and STI) attached to these pursuits of sex outside seemingly stable relationships; yet, participants reported that both men and women resist condom use.

"Prefiero carne á carne": Men's and Women's Resistance to Condom Use

A chief concern for women activists was men's and women's resistance to condom use. As we learned from Chapter One, Veronica reported that she had never used a condom with her husband because of the falta de costumbre (lack of habit of using condoms). Within long term relationships, however unstable they may be, the status of "primary partner" or "boyfriend", seemed to be associated with "safe sex". If two people are married or "going steady" then condoms were generally understood to be unnecessary. Magnolia explained:

I also know women who have a boyfriend and don't protect themselves. Sometimes they get pregnant because the man is very machista. He would say, "Why? If you're my girl, my girlfriend, why do we need to protect ourselves?" (07/07/10).
According to women activists, they understood men's resistance to condoms based on the belief that they reduce sexual pleasure and therefore say that they prefer sexual contact to be carne-á-carne (skin-to-skin/flesh-to-flesh). Being in a long term relationship, despite the norm for infidelity on the part of men and women, makes safe sex an irrelevant topic, as interpreted by Magnolia in her example above. Even Maria, a sex worker affiliated with Sarita Colonia, explained that if she had a stable partner, then she would not use a condom:

If he's my partner, if I'm with him [pause] . . . if I am with him then I'm not working. I'm with him and I would do it without a condom but knowing that he is my partner (13/08/10).

What is most striking here is that informants reported that women also were reluctant to use condoms to protect themselves against STIs and HIV. Magnolia was eager to share with me a conversation she had with her female friend (not a sex worker) who was constantly in and out of the doctor's office with an array of vaginal discharge problems. Even though Magnolia always offered her friend her expertise about the benefits of condom use, her friend continued to engage in risky sex with multiple male partners. According to Magnolia's conversations with this friend, she reported that her friend echoed what women activists claimed were men's reasons for not wanting to use condoms: no es rico (it's not pleasurable) and as such, a carne-á-carne (flesh-to-flesh) sexual experience is preferred. Women activists in this study understood that both men and women believed condoms reduced sexual pleasure. This sentiment alone was sometimes enough to convince people not to use them.

However, Silvia reported that more often than not in heterosexual partnerships, it was women who want to learn and take the lead on safer sex practices, not men (we also learned this in the previous section from Veronica and Jessica). For example, one woman I spoke to in one of the villages during Amazon Promise's medical clinics was worried about her urine test sample
and told me that she suspected her husband had had sexual encounters with a man. This woman went on to tell me that because she believed that all homosexual men were *enfermos* (ill with HIV or AIDS), she wanted to protect herself from contracting HIV from her husband after he had been away for a few days on a job. As condoms are scarce in villages, she insisted that her husband use a *bolsa* (generic plastic grocery bag) as a substitute for a condom. She then said that she noticed a yellow discharge in the grocery bag afterwards, which amplified her worry since she knew that it must be a sign of some kind of sexually transmitted infection. Although her health-seeking behaviour was driven by fear and negative stereotypes and about gay men (she told me that *todos tienen SIDA* ("they all have AIDS"), she was capable of finding an alternative solution and put it into practice. It is important to note here that the fear that drove her behaviour was because she suspected her husband had sex with a *man*. It is not known whether this woman would have gone to such lengths to find a barrier protection had her husband had sex with another woman. As I illustrated earlier in this chapter, participants reported that male infidelity in Loreto was an expression of masculinity that almost all men were assumed to engage in and that infidelity sometimes involved sex with another man. It was beyond the scope of this dissertation to adequately explore gendered risk involving bisexual men's heterosexual partnerships.

**Women Activists' Concerns About Amas de Casa**

The translation of *amas de casa* is "housewife". Women activists were quick to point out that housewives were a population at risk for HIV and other STIs because of the risky combination of male infidelity and primarily the men's gender-related resistance to condom use. From Silvia's perspective, she believed that sex workers who had learned about safer sex practices through sex worker-specific curriculum (explained in Chapter Six), had more
knowledge and skills about how to protect themselves against HIV and STIs than non sex-
worker identified women such as *amas de casa*. Silvia emphatically talked about infidelity and
the role of sex workers in mitigating HIV risk:

**Silvia:** Infidelity. . . for a person to be unfaithful to his wife doesn't take a lot of
time. In one moment, in a couple of hours. . . there you've got infidelity!

**YL:** Yes, it could happen. . .

**Silvia:** It *does* happen! It happens. . . so, number one: the sex worker has to
protect her client because if she protects her client, she protects his wife. I think
that there should be more dissemination to use condoms in society. . . in the
general community (14/08/10).

Additionally, Rosi identified *amas de casa* as vulnerable to HIV/AIDS due to their male partners'
sexual relationships outside the home:

Because, the majority of men here in Loreto. . . you don't know inside what
infection they might have. And that is dangerous because he could infect his
wife. That's why they say that out of ten women, nine have been infected by their
own husbands. . . their own partners. Because. . . in the end we are stay-at-home
women and we don't know what our husbands are doing outside the home. There
is no trust. Well, it's possible to have a faithful man but not here. Maybe in other
countries men are faithful, but not here (06/07/10).

Rosi called attention to the risk for HIV within heterosexual partnerships, specifically
pinpointing the fact that if men contract a sexually transmitted infection from sexual encounters
outside their marriages, these infections could be spread to their wives (*amas de casa*) at home.
Rosi warned me in that in other countries, perhaps men are faithful to their wives but drawing
from her own experience in her own culture, she steadfastly did not believe that men only have
sex with their wives and no one else.
Correspondingly, Veronica, through her own experience of becoming HIV positive despite having been in a "stable" partnership with her husband, was acutely aware of the risks facing women in long-term relationships. Our conversation about this unfolded as follows:

**Veronica:** Like, right now there's a lot of cases of HIV in young people and in *amas de casa*.

**YL:** Yes. Could you tell me a bit more about that? Because I've also heard that there are more cases of women here with HIV . . . in *amas de casa*.

**Veronica:** Yes, in women because sometimes . . . generally men don't want to use condoms even though they have partners or wives, they go out and sleep with whoever they might meet in the streets, right? They just sleep with them.

**YL:** And why do men do that?

**Veronica:** I don't know. . . could be just for fun. I don't understand it, actually. And not using condoms that's how you get infected and then they go back to their wife or their partner and it's getting worse. . . and it's like a chain of events. They [men] are not just with one woman. They're with several. That's the truth. That's how it is here in Loreto. Men have several partners and unfortunately they could sleep with someone who has HIV and then they leave that person and find another and that's how the chain works. That's how HIV gets around (14/07/10).

It is wholly apparent that Veronica, Rosi and Silvia had strong opinions about the vulnerability of *amas de casa* as a group that could be exposed to HIV, primarily driven by the twin expressions of *machismo*: infidelity and no-condom use. Their critical observations of gender relations within heterosexual partnerships demonstrate the marriages and long-term relationships involve a range of other actors apart from the husband and the *ama de casa*. Being married or living with a partner, according to participants, was not understood as "protection" against HIV or STIs in their culture. Even if married women are faithful and conduct the majority of their
lives in the space of "home", it is no guarantee that these women are exempt from encountering sexual health risks. Furthermore, as Silvia maintained above, sex workers involved in sex worker communities acquire the necessary knowledge and skills to be able to reduce HIV risk in themselves and their male clients (I discuss this point further in Chapter Six). *Amas de casa*, or, women in the general population, do not have access to sex worker-driven knowledge that could in fact, be of service to them as well.

**Conclusion**

This chapter considered women activists' (and Victor's) understandings of gender relations in Loreto as well as their understandings of the ways that particular expressions of masculinity or femininity influence HIV or STI risk. Women activists in *Lazos de Vida* and *Sarita Colonia* identified *machismo* in Loreto as a key indicator of risk. Specifically, they pinpointed how male privilege endows men (assumed to be married or partnered) with the freedom to structure their time and that with this freedom, participants understood that many men would engage in sexual relationships outside their primary partnerships. By contrast, women activists understood that partnered women are expected to stay at home and would be publically or domestically scrutinized (or abused) if they enacted similar behaviours. At the same time however, we also learned in this chapter that these binary images of "public man" and "private woman" are not fixed states; there are spaces of agency within the category "woman" that have both risky and protective effects in relation to HIV/AIDS prevention.

While participants cited male infidelity as the most palpable risk behaviour for HIV they also drew our attention to circumstances where women might seek out other partners to either reinvigorate their feelings of femininity or for economic reasons. Tied to these claims, given that both men and women were reported to be resistant to condom use (albeit men more so than
women) according to participants' observations, the social construction of femininities in this region illustrates that women are a vulnerable population based on two factors. The first factor is the most obvious: since regional expectations of gender assume men to be unfaithful and to be reluctant to use condoms, they put their wives or partners at home (amas de casa) at risk for contracting HIV or STIs. The second factor is one that is often overlooked: women's resistance to condom use or falta de costumbre (lack of habit) of condom use with stable partners compounded by their personal or economic needs that lead to their having several partners, also places women at risk of HIV that is driven by their behaviours. Women's risk of HIV is generally assumed to be a situation where women are passive or unknowledgeable about sex or methods to enact safer sex practices. Put another way, what women activists in this chapter have shown, is that femininities in Loreto are heterogeneous, context-specific, and can be potentially "risky" and active.

To be sure, "active" femininities were also associated with health-seeking behaviours and not always with health-dismissing behaviours. Jessica and Veronica boldly asserted that insisting their male partners use condoms with other women would be essential to reduce their own risk of HIV. Furthermore, women activists themselves, through their community involvement in either Lazos de Vida or Sarita Colonia held opinions and enacted gender-related behaviours that illustrated their critical consciousness and political commitment to gender equality.

Overall, women activists in this study communicated their sensitivities to the contexts and cultural norms that constitute gendered risk in the region. This chapter has thus shown that these subaltern knowledges and understandings of gender are essential to advance our understanding of the relationship between gender and HIV risk that all too often go unnoticed in discussions of gender and HIV risk in the Two-Thirds World.
CHAPTER SIX

WOMEN ACTIVISTS PRODUCING EDUCATIONAL SPACES FOR HIV/AIDS EDUCATION

Pedagogy, at its best, implies that learning takes place across a spectrum of social practice and settings. (Giroux, 2003, p. 61)

Introduction

This chapter is concerned with the ways that women activist participants' communicated HIV/AIDS and gender-related knowledge to their targeted beneficiaries. While in Chapter Five I showcased women activists' critique and commentary about how particular expressions of gender and categories of relationships shape HIV risk, in this chapter I lay out the curriculum content women activists used and the ways in which they created spaces for learning opportunities. Thus, this chapter addresses my second research question: What kinds of educational spaces do women activists produce in light of their understandings and knowledge about how gender shapes HIV risk? From a feminist postcolonial perspective, this chapter explains how women activists considered to be marginalized based on their public identities as HIV positive or sex workers, aimed to communicate their understandings about gender, HIV risk and how to prevent HIV. This chapter exemplifies the value of these subjugated knowledges (e.g. knowledge generated by marginalized communities) in HIV/AIDS educational initiatives.

Women Activists Creating Spaces for Condom Education

As I discussed in Chapter Three an abundance of literature explains that in general, men in heterosexual relationships prefer not to use condoms in sexual encounters (Burja, 2002; Campbell, 1995; Courtenay, 2000; Giffin, 1998; Higgins, et al., 2010; Waldby, Kippax & Crawford, 1993). Men's preferences for no-condom sex are considered an expression of
hegemonic masculinity (Courtenay, 2000; Evans, et al., 2011) and consequently increases their risk to HIV and other STIs. Similarly in this study, I showed that women activist participants drew particular attention to men's dislike of condoms, saying that men put their health at risk to increase their own pleasure; women activist participants also insisted that no-condom sex was a cultural expression of *machismo* in Loreto. Sex worker activist and HIV positive activist participants in this study intimately knew the socio-sexual landscape of their culture (the Amazon region of Loreto), and were able to articulate gendered risk factors based on the knowledge they gained through activism. Accordingly, they emphasized the importance of condoms in their educational *charlas*. In the following section, I used participant interview and observation data to illustrate the enacted HIV/AIDS curricula women activists mobilized in non-formal learning spaces. The major themes in the curricula included the use of *testimonio* (by *Lazos de Vida* activists) and the importance of condom use for both men and women.

**Non-formal Educational Spaces**

Women activists in this study-- Lupe and Angela from *Lazos de Vida*, and Silvia, Magnolia and Rosi from *Sarita Colonia*, shared a common goal to educate others about safer sex practices to prevent HIV which specifically centred on condom use for protection against HIV and STIs. Each organization had their own curriculum document that they delivered to different populations--sex workers and the general public. Yet the underlying message of both documents was the importance of using condoms to prevent both HIV and STIs. Based on my observations of *Lazos de Vida*, their target population was the adult heterosexual majority. The curriculum document that *Sarita Colonia* used was geared to women sex workers. The spaces in which both organizations delivered their curricula are best described as non-formal. Non-formal education in this case means that activist members of each organization consulted with local communities...
to take the curricula to the communities themselves to engage their audiences. In the case of *Lazos de Vida*, they would take their curricula to a range of venues such as workplaces, schools and particular neighbourhoods and districts in Iquitos. Once there, they would gather their audience in one area and present the curriculum in a casual lecture style whilst encouraging audience members to ask questions. Women activists in *Sarita Colonia* employed the approach of peer education (discussed in Chapter Three), to enact their curriculum in sex work venues such as nightclubs and *plazas*. In the following section, I describe the HIV/AIDS curricula that selected women activists deployed and the spaces in which they communicated their knowledge to their targeted beneficiaries.

**Testimonio as Agency and Knowledge Production**

As I outlined in Chapter Two, ensuring ARVs for people living with HIV in Iquitos and other smaller cities in the Amazon was the initial political agenda of *Lazos de Vida*. A more recent concern has been the issue of dignity for people living with HIV; thus, a central element to their activism involves stigma-reduction and educating the public about HIV through the vehicle of "coming out" to the public with personal stories of being HIV positive, or, *testimonio*. People living with HIV have a history of being cast as either unfortunate victims of their illness or deserving of their illness. Despite the fact that the scientific community has made great strides in treatment and testing since the late 1990s, the stigma and discrimination that accompanies HIV/AIDS is still a significant concern (Rintamaki & Brashers, 2005).

Consequently, a central philosophy of *Lazos de Vida* was communicating to the general public through their *charlas* that people living with HIV or AIDS are capable of performing a number of different roles in their personal and professional lives to counter the stigma. The use of *testimonio* provides people with an alternative view about what it means to live with HIV or
AIDS. Bartow (2005) argues that contrary to the genre or practice of autobiography, *testimonio* serves a more pressing purpose, usually a kind of counter-response to dominant narratives or oppressive political regimes. Social movements can be appropriate sites for *testimonios* to emerge and, according to Bartow (2005), *testimonios* "... generally carry the collective import of group experience. ... (p. 12). In the case of *Lazos de Vida*, group members would take turns telling their stories and experiences of being HIV positive to their audiences as a part of their *charlas*. Thus, *charlas* were not only meant to inform audience members of how HIV is transmitted and how to prevent it, but also as a means to speak with authority. The telling of these stories was meant to be educative for the audience but also to the person telling his or her *testimonio*. For example, Angela described the first time she publically "came out" with her *testimonio* in front of a large audience. Angela's partner was in the audience. She described:

... I turned really red and my partner was looking at my face to see what I was going to say. He was thinking, 'and the person who infected me was him!'--he thought I was going to say that. In the end, people applauded us when we stepped off the platform they hugged us tightly and congratulated us. Like, a lot of people think that HIV is synonymous with death and that, that's it, right? So for people to see other people who are recuperating and who have a happy face, like, people have started to become more conscious that it's not just about becoming really skinny. ... (21/06/10).

Angela's narrative of her "initiation" in a sense, to the *Lazos* community and its focus on personal testimony was framed as a positive outcome for her. Paxton (2002) has documented the benefits of HIV positive people "coming out" as speakers to educate others and while she frames the experience as a paradox, her study of HIV positive speakers from twenty countries revealed that for the most part, individuals gained a sense of empowerment for themselves. Paxton (2002) asserts:
In countries where large numbers of PLWH have put a human face to AIDS, speakers perceive they have made their communities aware of who can become infected with HIV and dispelled many of the myths surrounding transmission. This has led to greater community acceptance and support of PLWHA, decreased stigma and more sensitive health care policies and services (pp. 563-564).

As illustrated in Angela's narrative of her first public "coming out" story, the audience reacted positively to her story and she received praise. A key objective to the personal testimonies is to illustrate to the public that people living with HIV are not to be feared but rather accepted as they are. Lupe put forward another critical function of the use of testimonio that is connected to health education:

And also, we're contributing to public health by giving our testimonio, like, by explaining how one should take care of themselves so that they don't experience what has happened to us, right? To teach people to learn how to prevent HIV, to educate themselves, right? We feel good giving our testimonio, like, going out and giving prevention charlas, to accompany people to hospitals. . . we feel good. . . (21/06/10).

Not only does giving one's testimonio give one a sense of purpose and confidence but within these testimonios, health education messages can be imparted, as described by Lupe above. Lupe articulated that through testimonio, she is actively "contributing to public health" since, audience members were engaged hearing personal stories of becoming HIV positive that did not entail personal defeat as a result of the illness. Fiorela, a transgendered activist in Lazos de Vida explained that her "coming out" story was "very" public:

We're like "blood brothers", that's what we all say. Because we all have HIV and we work together, we suffer we cry, we laugh about things that happen in our
lives as people living with HIV. Actually, I made a big step and I came out on TV saying that I am a person living with HIV. My brothers and sisters and my mom found out that way. And they all accepted me, thankfully. I didn't get rejected by my family (02/07/10).

*Testimonio* is also concerned with how groups of people choose to represent themselves. According to Lupe and Angela, they (and their colleagues) aimed to represent themselves as hard-working, knowledgeable and honest. They compared this philosophy to the attitude that other HIV positive individuals that they encountered have taken regarding their *diagnóstico* (HIV positive diagnosis). According to Lupe and Angela:

**Lupe:** [some] people with HIV, when they are recently diagnosed, they say, "Oh, I want people to pity me and to see me as a pobrecito!"[^30] . . .

**Angela:** They take advantage of their *diagnóstico*.

**Lupe:** They take advantage of their *diagnóstico* to ask for stuff (10/06/10).

Lupe and Angela (and Lazos as an organization) strongly disapprove of this opportunistic approach to identity politics in seropositive communities. Lupe complained:

They go to a person who they see as having money or who has money and they go to them and say, "You know what? Can you help me? I have AIDS". Stuff like that. So people pity them, give them money and then they get used to practically living off their *diagnóstico*. We want to change, or rather, we're succeeding in changing because before, there was a lot of that. We always say, "We are not pobrecitos with HIV", right? We can work, we can study and we can come out on top (10/06/10).

[^30]: *Pobrecito* in this context is a word used to describe someone deserving of pity. The literal translation is "poor little one".
The public "branding" of *Lazos de Vida* is thus an issue that members such as Lupe and Angela are wary of, given their experiences with other PLWH who allegedly seek to take advantage of their HIV status. Speaking from a position of authority and fortitude is central to the practice of *testimonio* in the community of *Lazos de Vida*.

"**Somos Sidólogas**: Creating New Roles in the Medical Community**

The production of new knowledge through *testimonio*, for members in *Lazos de Vida* had practical applications outside the non-formal and planned educational settings of their *charlas*. HIV positive communities have a history of involving themselves in how they are represented in research and in healthcare provider settings (Epstein, 1996). Rather than adopting a passive approach with healthcare practitioners, HIV positive activist communities have created opportunities to both question and collaborate with scientists and physicians. For example, *Lazos de Vida* members counsel people in hospitals who think they might be HIV positive and people who have been recently diagnosed as HIV positive. Much of their time is spent in hospitals helping people to manage their medications, their relationships and their doctors.

Through these experiences, and their own experiences of living with HIV, they believe that they have acquired specialist knowledge. The following excerpt of Lupe and Angela illustrates this point:

**Lupe:** I want to tell you something, Yasmin.

**YL:** Ok... 

**Lupe:** We aren’t... we aren’t... we’ve never gone to university, right? But we always call ourselves *Sidólogas*. *Sidólogas*— a branch of the discipline of medicine! [laughter] Why do I say that? Because... we are involved with doctors and every time we’re with them, we are curious about what medications the doctor is giving the patient. And you how doctors have students, right?
Angela: By their side.

Lupe: By their side, right? So, the doctor asks their students, ‘What medication can I give this patient who has this, or that’? or whatever, right? And the students don’t know. So, they ask Angela who is more studious but in Sidología. ‘Look, for this girl, what would I give her?’ And Angela says, ‘AZT, doctor.’ Zidovudina, right? [Angela] has never been to university, you know!

Angela: And the patient asks the student to write down Zidovudina and the student writes it in abbreviated form because he/she doesn’t know how to spell it. So I have taught the medical students.

YL: So you gals are Sidólogas ["Aidsologists"]!

Lupe: That’s what we call ourselves! [laughter] (10/06/10).

Sidólogas is an invented word that Lupe and Angela created to professionalize the knowledge they had acquired about HIV/AIDS by virtue of their own experiences as HIV positive people, and through their activism. They believed that this kind of knowledge deserved its own “title” or, "distinction" in the field of HIV/AIDS. In English, the translation of Sidólogas would be “Aidsologists”--one who possesses specialized knowledge in AIDS. In Spanish, “AIDS” translates as “SIDA”, hence, Sidóloga and Sidología--“Aidsology”.

In the same way, Jenkins' (2008) study of women health promoters in Lima, Peru illustrated that women's voluntary activism in health promotion endowed them with "professional" knowledge borne from their years of experience in grassroots organizations. Knowledge derived through one's experience then, does not necessarily have to "compete with" formalized "professional" knowledge but rather, it can facilitate acceptance into particular institutions (such as hospitals) to potentially change practices and policies. For example, activists such as Lupe, Angela and Fiorela regularly counseled people in the Iquitos Hospital as a
way to engage in a kind of "doctor-patient" relationship, but without the power differential. Finally, specific health information that HIV positive patients needed such as reminders to adhere to their ARV medications was another example of how Lazos de Vida members' leveraged their experiential knowledge.

**Las Consecuencias de las ITS: Power Point Presentation at Seda Loreto and Backus**

In my interviews with Lupe and Angela, it was clear that they were passionate about their work. They told me several times that they were always willing to go anywhere to deliver their HIV/AIDS prevention education talks (*charlas*) whether it be in a primary school, secondary school, the local universities, businesses and even staff in orphanages. When asked how they engaged such a wide age-range of audiences, they emphasized that they modified the *charlas* to the specific audiences. During my fieldwork, I observed three *charlas*: in the Backus beer company, at Seda Loreto water company and to the staff at an orphanage. In this section I describe the content of the curriculum that they presented to the staff at Backus and at Seda Loreto. I have chosen to analyze these two observations because the curriculum document they used was created by Lazos de Vida members themselves and from an outsider's perspective, had the most impact on me. The curriculum they used for these two companies was a Power Point™ presentation made by various members of Lazos de Vida and was entitled: Las Consecuencias de las ITS (The Consequences of STIs).

*Lasos de Vida* created this curriculum document to target adult heterosexual audiences. The thirty-minute Power Point™ presentation contained images and very little text. Lupe, Angela and other Lazos de Vida members who were available on days when they delivered their *charlas*, explained each slide in front of a seated audience of about twenty people at both Backus and Seda Loreto. The presentation began with a title slide and the logo of the Regional
Government of Loreto. The next slide was a warning to the audience of the “potentially dramatic” images that follow\textsuperscript{31}. The series of four slides that followed were of conventionally attractive white women and men (copied and pasted from the internet) naked or nearly naked, posing sexually explicit positions and engaging in heterosexual sexual activity. For example, in Figure 4, the title of the slide is a question posed to the audience: "Do you want to sleep with him or her because they look like they would be good in bed?" (my translation). The slide is a pair of images, a man and a woman, posing separately appearing seductive. Other slides included photos of groups of men and women at what appears to be sex parties. One slide is two women performing oral sex on two men in the company of applauding onlookers and another shows two women kissing with a man in the background. The titles of these slides were: “Do you like casual sexual encounters?”

"Do you like to have sex and easy adventures because you think it feels better?" "Do you like to have oral sex without worrying? Or because you think that it feels good?"

"Do you like promiscuity and casual relationships?"

These slides of images are followed by an imageless slide that read:

If you answered yes to any of these questions, you should get an ELISA test done and it’s likely that you have an STI or the AIDS virus and if you don’t know, there is still time for you to change your behaviour and thinking if you don’t want to get infected with HIV. (Las Consecuencias de las ITS Power Point\textsuperscript{TM}, Slide 7).

\textsuperscript{31} The images in the presentation were indeed shocking, dramatic and likely offensive for some readers/viewers. The warning statement Lazos de Vida members provided their audiences at the beginning of their charlas, I believe, is also warranted here in this document (readers can choose to omit Figures 4 and 5 in their reading of this dissertation). My purpose for including two of these images as examples in this dissertation is not only meant to supplement my description of the curriculum but also as a way to prompt a discussion about what constitutes "legitimate" curricula. Members of Lazos de Vida created this presentation themselves and thus it is a product of their understandings of what the adult public in Iquitos should learn and be exposed to.
This quote served as a segue for the next part of the presentation which was a group of eleven slides. Each slide was a close-up, clinical-looking image (also copied and pasted from the internet), of male and female genitalia presenting advanced stages of various sexually transmitted infections. The sexually transmitted diseases shown in this presentation were vaginal and anal warts, herpes, oral candida, syphilis, gonorhea, clamidia and Kaposi's sarcoma. In Figure 4, I re-create the "effect" that this presentation aimed to achieve which was images of people enjoying sex followed by the "grim consequences" of sexually transmitted infections that unsafe sex can potentially bring about. Thus, Figure 4 shows the photo of the seductive man and woman and the image below is of Slide 14--two photos of vaginas infected with warts with the title above that read: "Women Who Have Irresponsible Sex!!!". Slide 16 shows two infected penises with the counterpart title: "Men Who Have Irresponsible Sex!!!" The other slides in this series also contained titles that were meant to question the audience about their behaviour and attitudes about sex: "What do you think? Does she look 'good'"?, "Was your conquest "easy"? Was it worth it?" "And anal sex! It will 'rot' everything. . . in life" (Las Consecuencias de las ITS Power Point™ Slides 12, 15 & 17).

During the charlas, I observed, members of Lazos de Vida (Lupe, Angela and their colleague, Mario), took turns to briefly talk the audience through each slide explaining in detail, the symptoms and modes of transmission of each sexually transmitted disease and accompanying photograph. The last two slides summarized the presentation with this positive message:

Safe sex is the practice of respect, responsibility and love. If it’s not, it’s better than you don’t have sex at all. Next time, think twice before doing anything. Remember! Your life and your family’s life are at risk so you decide! Life is ours with or without HIV. And if we live with it, we have to do everything possible to improve the quality of life and enjoy every moment, trying to realize our goals
and our dreams. Thank you (Las Consecuencias de las ITS Power Point™ Slide 20).

This way of attracting the audience’s attention was through shocking images, commonly known as “scare tactics” or "fear-based" curriculum in health promotion literature (Witte, 1991). The approach Lazos de Vida members deployed to communicate messages of safer sex practices was knowledge transmission through the use of these scare tactics. While the images may indeed contain some value about the consequences of unsafe sex and untreated STIs, I could not help but think that the images could have also have worked to (re)stigmatize individuals or groups of people who do have STIs or HIV. There was a conflicting message which was on the one hand, to use condoms to prevent people's bodies from looking like the diseased photographs. On the other hand, based on observation and interview data, a central message that members in Lazos de Vida communicated through their use of testimonio (publicly sharing their personal stories of being HIV positive) was that they led normal, healthy and fulfilling lives as people who live with HIV. The use of testimonio, as I explained above, was a form of knowledge production and agency because of its potential to encourage PLWH towards self-efficacy as well as to disrupt prevailing representations of PLWH. Yet, this question of how PLWH represented themselves and how the methods they use to steer their audiences away from unsafe sexual practices appeared incongruent. Using shocking images of diseased genitalia on the bodies of people of colour could in fact reinforce notions that people with STIs or HIV cause others to recoil and rein in their love, intimacy, depth of relationship or physical contact. The theme that underscored their presentation was that of personal responsibility for one's actions and the dire consequences of unsafe and "irresponsible" sex leading to HIV or to be burdened with other
sexually transmitted infections that render the body "ugly". According to Lupe and Angela, they emphasized that personal responsibility was an achievable goal for all individuals.

Lupe and Angela spoke with me about the issue of personal responsibility and linked “responsibility” to the social contexts of the drinking and partying culture in Iquitos. They explained that both men and women should “think twice” and be responsible by carrying condoms with them. Still, there was no explicit mention of how responsible behaviour could be enacted apart from one's own will. For example, in these presentations, gender was not taken up as a cultural factor that could impede the ability for women to always assume assertiveness and responsibility in sexual relations. However, in all the charlas that I observed, they followed the Power Point™ presentation with a demonstration of the correct way to put on a condom and how to dispose of it safely. Their instructions assumed that women would be active participants in safer sex using condoms. For example their presentation emphasized to the audience that if a woman carries a condom around in her purse, she will not be perceived as una chica fácil (an "easy" girl), but rather an intelligent person. An integral part of the educational materials that Lupe, Angela and other Lazos de Vida members carried with them to charlas was a wooden dildo, a roll of toilet paper and lots of condoms for each demonstration. During the charlas I observed, they instructed that one should use toilet paper to remove the condom so as to not damage the condom with fingernails or allow other debris to touch the skin. Also included in their demonstration were their frank discussions of oral sex for women. They showed the audience how to make dental dams by breaking an unused condom to increase the surface area of the latex to use as a barrier method. This demonstration was done by Mario, another Lazos de Vida member who used humour and local slang phrases to demystify the idea of safe sex and condom use. From a gender relations perspective, it was assumed in these charlas that women
were sexual subjects who, according to Lazos de Vida members, would engage in sex for pleasure. Therefore, even though their presentation reflected an individual behavioural change approach to HIV and STI prevention by not acknowledging the ways in which gender norms and relations constrain women's agency, there was a co-existing assumption that positioned women as sexual subjects. I unpack this dilemma below.

"Voy a tener una pareja casual" ("I'm going to have a casual partner"): How gender relations are conceptualized in Lazos de Vida curriculum

In terms of gender relations in the PowerPoint™ curriculum, only heterosexual sex and sexuality were represented. The curriculum utilized mainstream, white heterosexual pornographic images to capture the attention and erotic desire of the audiences at Backus and Seda Loreto. Despite the fact that the images were all of white people, the objective was to tap into the erotic desire of audience members who, it was assumed, attended the many and frequent parties in Iquitos where young girls and women and men mingle with strong possibilities of casual hook-ups. The role of alcohol and partying looms large in Iquitos; capitalizing on people’s desire for diversión (fun/a good time), was the intent in these images, despite the fact that the images did not ethnically represent the target population. The images however did symbolize a feeling—a feeling of fun, erotic desire and anticipation for sexual possibilities. The title slides of the pornographic images also categorized the images as representations of diversión.

After having observed the Power Point™ presentation twice, I had follow-up questions to ask Lupe and Angela about gender. I mentioned above that the title of Slide 14 was: "Women Who Have Irresponsible Sex!!" and that personal responsibility was a critical message that members in Lazos de Vida aimed to communicate in their charlas. As such, I wanted to ask
Lupe and Angela about how easy they thought it would be for women to simply engage in responsible sex, knowing that individual behaviour change as a sound method for HIV prevention has been subject to intense critique (Dunkle & Jewkes, 2007; Giffin, 1998; Rao Gupta & Weiss, 2009). Lupe and Angela's responses to my query mainly centred on the types of relationships that often unfold in Iquitos that position women as pursuers of sex in casual relationships. I mentioned in Chapter Two that Iquitos is known in Peru for its vibrant nightlife; the activities that characterize nightlife in Iquitos involve casual sexual encounters. Lupe responded to my question about women and "irresponsible sex":

We're not talking about partners or husbands and wives. We're talking about women who have... women... or men who have irresponsible sex as single people. Or maybe they're cheating on their partners, right? Like, they go to a party and say, "Come Saturday and I'll dress up, get dolled up and I'm going out dancing and I'm going to have a casual partner". That's what we're referring to. A casual partner. "Today I just met you and I'm going to have sex with you.", without knowing the person well, not using a condom. Same with men. They go to a party, meet two or three women, for example. two or three hembras. And they don't use condoms because they think they're macho. That's what we call irresponsible sex (05/07/10).

Lupe articulated in this quote that women pursue casual sexual partners in Iquitos and that the culture of drinking and diversión makes these activities easier and augments HIV and STI risk. This declaration is critical to acknowledge in discussions of HIV/AIDS education in the Two-Thirds World particularly because women there are often depicted as house-bound, submissive in heterosexual relations and not knowledgeable about sex (Higgins et al., 2010; Rivers et al., 1998). While it would not be fair to say that all women in Iquitos who participate in "party

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32 Hembra is a regional slang word used to describe a girl or woman who is not a man's primary partner but a casual partner/girl on the side.
culture" pursue casual sex, the educational messages in *Lazos de Vida's* presentation and the narratives from Jessica, Rosi and Magnolia that I exposed in *Chapter Five*, are solid indicators that some women do. As we learned in *Chapter Five*, Rosi, Jessica and Victor communicated that some women in Loreto are likely to pursue multiple partners either for financial need or for their own pleasure. Women's sexual agency therefore, made up the subtext of the Power Point™ presentation notwithstanding the lack of attention to how local expressions of gender relations that might limit women's decision-making power in sexual relationships in Loreto.

Further on in the interview, I had another follow-up question that pertained to the instructions that Lupe, Angela and other *Lazos de Vida* members provided their audiences in their *charlas*. Specifically in their *charla* at Seda Loreto, I think I had recalled that they did not instruct audience members to remain faithful to their primary partner but rather, in rudimentary terms, to "cut down" on the number of extra-marital partners! As I was observing and listening to this *charla* at Seda Loreto, I thought that I had misinterpreted or misunderstood what I heard about reducing the number of partners. I documented my confusion in an Analytic Memo that I wrote after observing this *charla*:

There is something else that Mario said that I think I may have heard wrong but will ask for clarification through Lupe and Angela. I think he said something about "reducing the number of sexual partners that you have outside your marriage"—the point was that it’s (apparently) not realistic/possible to *only* be with your wife so if you’re going to have relations outside marriage, then at least reduce that number so that you are safer. I really need to confirm whether this is what I heard or not. Because if it *is* what I heard, that that is a very important piece of cultural information about gender norms and HIV risk! (Analytic Memo SL, p.1).
I had assumed that the "best" health education message would be to advise people to restrict sexual relationships to one partner. However, Lupe challenged my assumption in a subsequent interview:

You have be realistic. Realistic in that HIV can affect anyone. Anyone. . . Here in Loreto, there are a lot of people who are infected. That's why we always counsel people saying that if you have two or three partners, try to reduce the number of partners. We try to say that because we're not going to just tell people: "Be faithful!", right? (05/07/10).

Lupe's approach to the issue of infidelity and HIV risk was one that fully accepted that fidelity in marriages or long-term relationships was not a realistic goal for most people in Loreto and thus was not considered to be an effective an educational message. Instead, their educational message acknowledged multiple sexual partnerships as a regional expression of gender relations and, to use Jessica's words from Chapter Five, as, "part of nature" in Loreto. Once more, this message was not exclusive to men, as articulated by Angela in this same interview:

A lot of times, men . . . well, not just men but women, even though they have a partner. . . there are women who already have partners but then they hook up with someone they might meet while they're away. Like, they see it as an opportunity. Maybe they do it for economic necessity and want to be with others so that they can support her. So it's not just men but also women (05/07/10).

Overall, these charlas emphasized the importance of condom use in all sexual encounters since, it was assumed that both men and women would pursue casual sexual experiences. The Power Point™ presentation aimed to capture people's attention with images of sexual diversión, followed by images of disease. While the charlas were delivered in an informal lecture style format, with the hopes of inspiring behavioural change at the individual level, what was most poignant about their presentations was the emphasis on testimonio as an anti-stigma strategy and
form of agency. And lastly, the assumption of women as sexual subjects was a solid example of how *Lazos de Vida* curriculum was created using local knowledge. In the next section, I turn to the curriculum used by sex worker organizations in Iquitos.
Two slides from Lazos de Vida's HIV/AIDS Education PowerPoint™ presentation.

**Figure 4.** Would you have sex with him or her because they look good in bed? (Translation of slide 1).

**Figure 5.** Women who have irresponsible sex! (Translation of slide 2).
Blanca Segura Siempre Se Protege (Blanca Segura Always Protects Herself): The HIV/AIDS Curriculum Document for Sex Workers

For sex worker organizations in Iquitos such as Sarita Colonia, the curriculum is deployed using adult non-formal education approaches (mainly peer education) and is presented to sex workers in actual venues (clubs, streetcorners, main squares) or in the Centro de Referencia at weekly meetings if there are enough members present. The curriculum document is a coil-bound eight and a half by eleven inch thirty-six page booklet with thick, laminated colour pages. During my many visits to the Centro de Referencia office in Iquitos, I noticed the document stood proudly open, on top of the bookshelves. During my first interview with Silvia Torres (introduced in Chapter Three), when I asked her about the main messages in the HIV/AIDS prevention curriculum for sex workers, she was eager to show the coil-bound book and began to briefly explain each page. With Silvia's permission, I photographed each page (See Figures 6, 7, 8 and 9 for sample pages) and also found a detailed version for peer educators online. The following is a summary of the main messages of the curriculum document.

“Blanca Segura Siempre Se Protege” (Blanca Segura Always Protects Herself) is the title of the document made by and for female sex worker peer educators. The education campaign is funded by Asociación Civil Impacta, an NGO in Lima that does HIV/AIDS research. “Blanca” is the sex worker protagonist photographed in the series of pages. In all the pictures, Blanca wears a long-sleeved shirt, her face is without much makeup and her body type and level of attractiveness is average. Blanca’s hairstyle is remnant of a nineteen-eighties shoulder-length “feathered” style and racially, she looks Hispanic. It is clear that she is meant to serve as a role model and be “the face” with which many female sex workers in Peru can identify. The document contains a moderate amount of text accompanied by photos of Blanca sporting a variety of facial expressions reacting to different scenarios relevant to sex work itself and
women’s health. For example, Blanca smiles confidently next to the text description of the benefits of using a condom with all clients and sexual partners (See Figures 6 and 7). She scrunches up her face or pouts in reaction to photographs of genital warts (see Figure 8), other visible infections or descriptions of abnormal vaginal discharge. She looks sad and worried while clutching her pelvis in reaction to abdominal pain. Figure 9 shows a potential scenario where a male client asks Blanca if she will attend to him without a condom. Blanca's speech balloon in reply to his request is: Sin ponchito, nada (without a condom, nothing--meaning, no sexual services). This message is meant to convey that Blanca will refuse the business of a client if condoms are not used in all sexual acts. Other messages of this flip-chart document include:

- The benefits of condom use to protect against STIs and unwanted pregnancies
- How to recognize particular sexually transmitted infections and their symptoms
- Information about women’s bodies (such as normal vaginal discharge as compared with abnormal)
- Warnings against using other women’s medications
- The necessity of vaginal “flora” and that only soap and water ought to be used when washing.

In the online version of the curriculum, instructions are given about how to negotiate condoms with clients and what to do if the client does not want to use a condom are clearly articulated. For instance, alternate sexual positions are suggested that aim to “hide” the condom without the client knowing. The online version of the curriculum suggests stock phrases for sex workers to use with a client to incentivize him to agree to a condom. For example: “I like you so much that I’d like to give you a prize!” (p. 41). (the prize being the condom), or, “This cool thing [condom] might look a bit weird but it’s the new thing these days!” (p. 44). In the laminate
booklet, the last two pages articulates sex workers’ rights to health care, health information, confidentiality, dignity, individuality, intimacy and decision-making and shows the protagonist, Blanca, seated in an office, smiling with a female health care professional.

The laminate curriculum document is meant to be taken to sex worker venues by sex worker activists and peer educators so that sex workers can benefit from learning in these environments. Like the *Lazos de Vida* presentation, the emphasis of the curriculum for sex workers is on correct condom use; however an important difference between these two curricula is that the focus of the Blanca Segura curriculum is on developing women sex workers' self-esteem as a necessary element to condom negotiation with male clients.

Silvia explained to me that she takes this laminate booklet with her to sex work venues to hold educational *charlas*. During fieldwork, I had planned to include observations of these educational *charlas* with Silvia in sex work venues; however, it was not possible in the time that I had, to observe the *charlas*. The reason for this was that at the time, Silvia's schedule was very busy with putting together funding proposals for The Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM) and consequently, she had less time devoted in her schedule to delivering the *charlas*. Nonetheless, Silvia wanted to help me recruit women participants to be interviewed about the *charlas* they had experienced and therefore planned a night for the two of us to accomplish two things: to recruit women sex workers for me to interview and to give an educational *charla* in one or more sex work venues, if possible. Although her plan to deliver a *charla* did not materialize, it is nonetheless important to show how Silvia intended to create a learning space for other sex workers. Below, I include an excerpt from my research journal that documents the difficulties involved in creating learning opportunities for other sex workers.
Pseudonyms have been created to protect the identities of the sex workers mentioned in this excerpt.

**On the Street**

Silvia and I hopped into a motocarro and made our way to the Plaza 28 de Julio, the largest “main square” in Iquitos named after the date of Peruvian independence. The driver wanted to know which side we wanted to be dropped off and Silvia said, “donde están las chicas” (where the girls are), to which the driver replied, “las chicas?” and she said, “yes, round the other side” and then she leaned over and told me with a smile, “las chicas de la noche!” (the girls of the night) and started to laugh a bit. It was odd to make light of the situation but then, Silvia herself once was a “chica de la noche” and somehow it seemed ok for her to say that.

We got dropped off on the side that’s closest to the Oro Verde hotel, and started sauntering over to where three women were sitting on a block of concrete. Silvia knew them. All three women differed in age, ranging from 20-40. They stayed sitting on the concrete block and Silvia and I stood over them. Silvia started to remind them who she is (health promoter for sex workers) and also introduced me and explained my study to them. They invited us to sit down so I took a seat next to Fernanda and Carla while Marisol got up and sat on the grass (on top of her sandals that she took off). Their demeanour was similar to the girls in the Emanuel club—disinterested, taciturn, indifferent. We explained that the questions in my study weren’t a “test” of their knowledge but rather, a conversation about their opinions of HIV/AIDS talks that they’ve experienced. They all kind of said that they don’t remember any of the information from the talks. Silvia and I didn’t really know what to do at that point. But Marisol said that she would be available on Saturday at her house. I asked her to write down her address but she quickly
told me to write it for her instead so she told me her address and phone number—very fast with no pauses. I had to keep asking her to repeat because I couldn’t write as fast as she was talking. I should be going to her house tomorrow afternoon for the interview. I’m a bit hesitant because she seemed hesitant but I’ll go anyway and see what happens. If she changes her mind when I show up that’s ok. The other two women (Fernanda and Carla) were generally unresponsive to our being there re: setting up interviews and Silvia’s reminders about the sex worker meetings held every Monday in the LGBT office. They both said they’d be there at the meetings but after we left them a few minutes later, Silvia told me she very much doubted they’d be there.

It seemed pretty clear to me that they didn’t want to set up any interview times, nor were they interested in attending Silvia's meetings. Silvia and I said our good byes and walked over to another part of the plaza nearby where more sex workers were standing in a group talking. Two were sitting on a bench. One of the ones on the bench then got up to go talk to a potential client. Silvia and I sat down next to the other young woman who was left on her own. She had a lightweight jacket draped over her. I guess she was cold; average temperatures at night in Iquitos hover roughly around 23 degrees Celsius, which for many Iquiteños, is a bit chilly. She was sitting with one knee up against her chest, didn’t say much, didn’t make much eye contact with us and cracked her gum. She looked in her late teens, early 20s, petite—tiny, actually. Silvia knew her and asked how she was doing. She said she’s pregnant. Silvia told her, using a motherly tone that why hadn’t she been taking care of herself (again, the word, “cuidarse” was used, pertaining to condom use) and she said, “tienes que cuidarte” (you have to take care of yourself). The girl said nothing. She just kept staring out into space and cracking her gum. Silvia turned to me with an expression on her face as if to say, “You see? They don’t listen. They don’t get it.” I shifted over closer to the girl and explained about the interview. She said nothing
but then finally said that she didn’t remember anything about the charlas. I asked her, “Not even a little teeny bit?” “No”, she said. I turned to look at Silvia who was sitting on the other side of me on the bench. She shrugged her shoulders. And then I asked her, since she’s brought her rotafolios (flipchart document of Blanca Segura) why doesn’t she gather all the girls here on the plaza (there were about ten or twelve of them) and give a charla since they claim they can’t remember anything? ”Not worth it", Silvia said. “I didn’t bring any condoms and that’s the only thing they’re interested in. They don’t really pay attention to the charlas and they only care about getting the free condoms at the end and I don’t have any right now.” We looked around wondering what to do with ourselves since these women did not appear to be interested talking to us. Then Silvia said, “Look at all these girls here, all doing sex work. It makes me feel…” And then she sighed.

It is evident that Silvia’s role as an activist, peer educator, organizer and spokesperson on behalf of all sex workers in Loreto presents challenges. Reaching out to sex workers for educational talks is not an easy task. Even during my interview with Magnolia, she expressed to me that sex workers are una población difícil (a difficult population) in that some are illiterate and difficult to engage and others are not committed to attending meetings. In Schugurensky and Myers' (2008) paper on informal learning in political processes, they call attention to the difficulty in motivating people in political learning experiences and state that:

Factors such as class position, gender, race have significant bearing on the capacity of people to engage successfully in civic learning, because those locations generate different levels of previous educational and political experiences, connections, feelings of confidence and the like (p. 92).
While Silvia and Magnolia believed that going to the sex work venues to engage their compañeras in peer education initiatives was one of the only ways to get their attention, they lamented that their compañeras were not always receptive as, they were usually getting ready to work or already working. Coordinating times to meet during the day or reminding them to attend the Monday meetings was usually met with empty promises, according to Silvia. In light of these perceived barriers, Schugurensky and Myers' (2008) quote above is applicable; Silvia and Magnolia, as community leaders involved in improving sex workers' lives in Iquitos through political processes, encountered problems achieving solidarity amongst sex workers. These difficulties could possibly be attributed to age or life experience, as suggested by Schugurensky and Myers (2008). I noticed that some of the sex workers I met and saw in the Plaza 28 de julio (referenced in my journal entry above) as well as two sex workers I met earlier that evening in a nightclub (also referenced in Appendix I), all appeared to be quite young. Silvia and Magnolia were both over thirty years old and other sex workers I met at the Centro de Referencia office all appeared to be "mature". It could be that younger sex workers did not have the confidence to become involved in the politics of their work or were not emotionally or mentally ready to politicize what they do. What Silvia was trying very hard to do was to strengthen the solidarity amongst sex workers in Iquitos which she believed was vital to securing resources such as funding from GFATM. In the next section, I discuss the challenges involved in creating learning communities for sex workers, specifically with respect to the young women who frequent the tourist area in Iquitos: The Boulevard.
Figure 6. Blanca Segura loves herself and takes care of herself. She always uses a condom (Translation).

Figure 7. Because condoms protect us from sexually transmitted infections, or, STIs. Syphilis, HIV, Chlamydia, Gonorrhoea (Translation).
Figure 8. With them [male clients] and us, be careful of warts. They are also called papillomas, They appear on the penis, vagina, anus or around them. Some can lead to cervical or anal cancer (Translation).

Figure 9. Remember: Many STIs can't be seen or felt. That's why, never do it without a condom. Potential client speech balloon: "Will you do it with me without a condom?" Blanca's speech balloon: "Without a condom, nothing." (Translation).
Challenges Reaching Out to Younger Sex Worker Women on The Boulevard

A key component of sex worker organizations is solidarity. Political and health-related outcomes are easier to achieve with a collective vision and commitment amongst members (Ghose, et al., 2008; Kempadoo, 1998; Minkler & Wallerstein, 2002; Polletta & Jasper, 2001). This study shows, however, that in some contexts, not all social relations can be neatly defined as “sex worker-client” and thus, complicate the agendas of sex worker organizations. I use Cabezas’ (2009) ethnography, Economies of Desire: Sex and Tourism in Cuba and Dominican Republic as a lens to depict how social relations amongst tourists and locals in Iquitos, while they may involve sex in exchange for money, are often indeterminate and consequently create disunity with sex worker organizations.

A strong parallel can be drawn between the goings on in the touristic social spaces described in Cabezas’ (2009) ethnography in the Caribbean and in the current study despite the stark contrast in the type of tourist experiences. To illustrate, Cabezas (2009) explains that in the 1990s, the rise in foreign investment in sunny destinations such as Cuba or the Dominican Republic essentially “manufactured” a particular kind of tourist experience where visitors can enjoy the comforts of boutique beach resorts, all-inclusive packages in brand-name hotels that promise nightly entertainment and 24-hour security within the confines of the hotel complex--in other words, a true “getaway” in a tropical paradise (Cabezas, 2009). The planeloads of tourists that now populate the beaches of the Caribbean open up an accessible space for tourists and locals to interact, albeit within hotel or resort grounds.

In the Peruvian Amazon, the appeal for tourists is vastly different; in Iquitos there are no clear blue oceans or white sandy beaches lined with chain hotels and all-inclusive resorts. Iquitos attracts a different kind of tourist--and a much wider variety of tourist than the typical
As discussed in *Chapter Two*, Iquitos is not an easy destination to access; it is surrounded by three rivers and dense primary jungle, and has only one road leading to another town which took several years to complete (Maki, Kalliola & Vourinen, 2001) (see the town of Nauta in *Figure 2*). Iquitos is only accessible by air or river despite being “landlocked”. Yet the city is no doubt becoming increasingly popular because of the diverse niches that it fills for tourists. The Amazon jungle and Amazon River, are not surprisingly, the main tourist attractions but they are experienced in different ways depending on the preferences of the tourists. For example, there are day trips to the jungle for those who do not want to be “too close” to nature, one and two week expeditions in the many “eco-lodges”; the search for authentic shamans is in demand for those seeking spiritual experiences using Ayahuasca (Holman, 2010); missionary groups from North America and United Kingdom fulfill altruistic desires and religious “callings” through short and long term community service in schools, orphanages or rural communities; and finally, in recent years, sex tourists have discovered Iquitos as a place where there are abundant opportunities for casual sex or short term “girlfriend experiences” with both minors and adults (Smallman, 2007; Fotiou, 2010). For some, the city of Iquitos, despite its romanticized location, is an ugly city, congested and noisy and middle-class locals have described it to me as “lacking culture”. Nevertheless, an assortment of Westerners now know Iquitos and have easily grown to love it, some of whom take up residence and join the small but vibrant ex-patriot community. In light of this changing socio-cultural landscape, sex worker organizations have come up against a distinct challenge in their educational community building as a result of ever increasing blurred boundaries of what constitutes “sex work” and who chooses to claim the identity of “sex worker” in tourism spaces.
Smallman (2007) references the similarity between the *jineteras* in Cuba (described in depth in Pope's 2005 case study and Cabezas’ 2009 ethnography) and *gringueras* in Iquitos. As quoted in Smallman (2007), *gringueras* are:

... young women who look for the company of tourists in order to receive invitations, money, and in the best of all cases to leave the country. They also call themselves “the gringuerillas” and a type of youth--which frequents the bars that they inhabit--calls them “hamburgers” in the sense that they are fast food for gringos (p.180).

Most tourists in Iquitos, when they are not on scheduled jungle expeditions or Amazon River cruises spend much of their leisure time eating and drinking on the *malecón*, commonly known as the “Boulevard”--a promenade overlooking the River Itaya where local families, street vendors and entertainers gather and circulate alongside the bars and restaurants. Among the crowd are the alleged *gringueras*. I have spent countless evenings and late nights on the boulevard myself as a former resident of Iquitos in the late 1990s and as a researcher more recently and have absorbed and participated in the boulevard culture, have casually befriended young women with much older American men and can confirm that young local girls and women in the bars and restaurants who are paired up with male tourists of all ages, is common to see. The topic of these young women on the boulevard came up in my interviews with Silvia, Magnolia and Rosi. I asked Silvia what she thought of the girls and women on the boulevard who seek out tourists. She told me that she and other Peps (peer educators) have tried many times to approach them, to gather them for HIV/AIDS prevention *charlas* (talks) and information about their rights. However, she lamented:
I think that there [on the boulevard], there are some compañeras who don’t accept the information. They don’t accept themselves because we here define sex work from the moment you receive a piece of clothing, a shoe, in exchange for sex. You are doing sex work (09/06/10).

Magnolia concurred:

But they [girls and women on the boulevard] can’t understand that from the moment they go with a man in exchange for something, they are providing a service, they are doing sex work but they don’t identify that way. They do it [sex work] but they don’t identify and that is where the risk is. A sex worker who self-identifies has high self-esteem and is going to protect herself (07/07/10).

Magnolia was one of the sex worker women activists who knew firsthand about the many venues that women sex workers of various ages choose to work and the particular risks and behaviours, expectations and clientele that characterize each venue. The Boulevard, though for the most part, a "family friendly" area, is one such space that draws tourists and locals alike thereby increasing the possibility for cross-cultural, intergenerational relationships to play out. Intergenerational relationships involving young local women and older men who are either tourists or even local men, is common. Magnolia stated that: "On the boulevard, there are only young girls. Tourists like young girls. They don't like people who are older" (07/07/10).

Mounting empirical evidence from studies conducted in Africa strongly suggest that intergenerational relationships between older men and younger women do contribute to HIV risk (Kelly et al., 2003; Leclerc-Madlala, 2008; Longfield, et al., 2004; Wyrod et al., 2011). In the Amazon region, this same phenomenon is understudied; however, the narratives of sex worker activists (and the narratives of HIV positive women activists) informants in this study showed that the motivations that fuel these relationships echo the conclusions drawn in African contexts:
young women seek older, employed (tourist or local) men for financial and social rewards while
men seek younger women for sexual rewards. Older men are either locals or tourists. For
instance, Longfield et al. (2004) note that the age gap between younger women and older men
amplify the gendered power differential that already exists between them. This power differential
therefore allows men more room to leverage their social and economic advantage so that young
women comply with their sexual preferences that could include inconsistent or no condom use
(Longfield et al., 2004). In a similar vein, Hamlyn, Peer and Easterbrook (2007) warn that
travelers and ex-patriots in developing countries take risks with their sexual health when abroad
that they would not take if they were in their home countries thereby augmenting HIV or STI
risk further still.

A central aim of sex worker self-organization is that it strengthens connections and
creates solidarity amongst sex workers. Although Silvia was a role model and leader in a diverse
set of spaces through her many responsibilities as an activist and educator, she also recognized
that those sex workers who identify as sex workers and are more likely to get involved in the
various community activities of *Sarita Colonia*, could and should be trained to deliver
workshops using the curriculum to other *compañeras*. She explained:

> We have many meetings because they [*compañeras*] need to be informed about
what’s happening because as you’ll see, and as I’ve told you that I am not always
in Iquitos. I’m always travelling so the ones who stay here can replace me so that
there is no empty spot because they [*compañeras*] can’t just have one person who
is fighting for them—it has to be all of them. . . for everyone to be strong
(09/06/10).

However, a major obstacle that affects sex worker activists' outreach work is how sex
work is defined. Silvia, Magnolia and Rosi all spoke about the young women (alleged
Gringueras) who spend their evenings on The Boulevard looking for tourists in the hopes of securing money, gifts or in the best case scenario, a stable relationship leading to marriage and a new life in a resource-rich country. Sex worker activist informants lamented that it is challenging to do the HIV/AIDS outreach work with this group of young women who usually define their relationships with tourists as friendships or romances and consequently do not believe the health education charlas apply to them. Like Silvia and Magnolia, Rosi believed that:

There are several girls who are there [on The Boulevard] who hang out with gringos... They think that they're friends with them. Like, they [the girls] are not "public" in society or front of us [compañeras]. For example, in the Plaza de Armas they're visible as sex workers. But there, [on the Boulevard], the girls are more pitúcas and they think they're just young women who hang out with tourists but they don't recognize themselves as sex workers (06/07/10).

Silvia also categorized the girls on The Boulevard as pitúcas—a word that signifies a kind of haughty attitude that one is entitled to based on observable social markers such as sporting brand-name clothes and shoes, attention to appearances or being seen patronizing trendy bars or restaurants. It is evident that there is a palpable tension amongst women on The Boulevard and sex worker activists as a result of their conflicting agendas. Based on my observations on the Boulevard, women appear to enact their femininity in traditional ways (coquetry, emphasizing their beauty, for instance), to attract the attention of tourist men. On the other hand, sex worker activists' agenda is to encourage these women to adopt the sex worker identity so that they can learn via the activist learning community, to include safer sex practices in their lives. Of course, simply identifying as a sex worker does not mean that they will want to learn or get involved politically, as shown in my journal entry above. The women Silvia and I saw and spoke to in the Plaza 28 de julio identified as sex workers yet appeared disinterested in talking about HIV/AIDS
education. Indeed, "peer education" and informal learning through civic engagement can be a
tough philosophy to put into practice.

Silvia went on to say that the common responses from women on the boulevard regarding
sex worker educational outreach were: “Yo no hago eso. Es mi amigo.” (I don’t do that [sex
work]. He’s my friend); or, “Es mi enamorado” (He’s my boyfriend). Some of these foreign
men may very well be “just a friend” and could just be looking for companionship with or
without sex. Romance, blossoming affections and the potential for a relationship, short or long
term are very real possibilities in these spaces. While I was living in Iquitos, I was invited to the
wedding of a forty year-old American man and a nineteen year-old Iquitos woman. Neither
spoke each other’s language but both seemed to benefit from the arrangement.

These ambiguous and complex social relations resist the “sex worker” label because it is
difficult to distinguish at which point an “exchange” has been made, what kind, for what
purpose, under what circumstances, whether or not parties expect an exchange to take place or
whether gestures such as gifts or paying for meals are plainly understood as part of a “dating”
schema. Cabezas (2009) addresses this point and asserts that:

Even in situations where money does change hands, ambiguity and inconsistency
mark these relationships as something other than sex work. We need to ask,
therefore, who is considered a sex worker? Who identifies as one? When is it a
productive category for instigating social change? (p. 10)

It is evident from my conversations with Silvia and Magnolia that they took issue with
the fact that, the women on the boulevard do not identify as trabajadora sexuales. Identifying as
a sex worker and belonging to any of the sex worker organizations in Iquitos can only be a good
thing in the eyes of Silvia and Magnolia. As Magnolia stated above, “... a sex worker who
identifies, has high self-esteem and is going to protect herself”. Sex worker organizations in Iquitos have had positive effects for the activists themselves and their compañeras, such as, opportunities to teach and inspire others about sexual health and human rights and the feeling of belonging to something constructive and life changing. Other studies have determined that people's involvement in HIV/AIDS risk-related community/activist groups encourages them to learn particular values and behaviours that would reduce their risk to HIV as well as to foster a positive sense of self (Ghose, 2006; Ramirez-Valles, 2002). Additionally, Schugurensky (2006) maintains that informal learning undertaken in what he calls, "communities of practice" (p. 168), can help people acquire skill sets needed to respond to the needs of their communities through political processes. For sex workers in Iquitos, the sex workers organization, Sarita Colonia is a "community of practice" in that members "learn by doing" (Schugurensky, 2006, p. 169). They learn how to liaise and negotiate with governmental officials such as the police or the local Ombudsman, to reduce violence against sex workers and acquire appropriate health information from health professionals. Thus, choosing to identify as a sex worker can be a productive category for locals interacting with tourists in touristic spaces such as the boulevard in Iquitos.

However, per Howson (2006), these tense social relations amongst the two types of women could be theorized as the clashing of two expressions of femininities: protest femininity and emphasized femininity. For example, Magnolia claimed that foreign men prefer to seek out local women who look young and conventionally attractive. According to Howson (2006), a key characteristic of emphasized femininity is “publicly objectified beauty” (p. 67), and, the boulevard is a public venue in Iquitos where “pretty girls” and foreign men meet. Howson (2006) argues further that coupled with the emphasis on conventional beauty in emphasized femininity is, “... a soft and docile personality that expresses such things as sociability rather than technical
competence. . . “ (p. 67) and, “. . . fragility in mating scenes. . .” (p. 67). Put another way, dominant expressions of heterosexuality may be more likely to play out in these relationships between local women and foreign men that could ultimately leave women more vulnerable to HIV and STIs. By contrast, sex worker women activists through their peer education initiatives that challenge masculine beliefs about condom use (protest femininity), aim to steer heterosexual relations in a direction that best serves both women and men to reduce HIV risk.

How can sex worker activists achieve their goals for self-determination, solidarity and health education without policing or excluding women who do not identify as sex workers? Using Howson’s (2006) categories of emphasized femininity and protest femininity, this study has illustrated how the tense relations amongst the two categories of femininity can obscure important health promotion messages; women who do not identify as sex workers may not believe that sex workers’ health curriculum applies to them and sex worker activists strongly believe that women on the boulevard should identify as sex workers, “for their own good”. I make the argument that, because claiming the sex worker identity is linked to positive health outcomes according to activists like Silvia and Magnolia (through enacting protest femininity), women who do not identify as a sex worker are therefore left navigating risky traditional heterosexual relations with tourist men (emphasized femininity and hegemonic masculinity) because of the discrepancies with the sex worker label. Therefore, part of sex worker organizations’ future contribution to engaging sex worker women in HIV/AIDS educational experiences could be to recognize the varying expressions of femininity that Howson (2006) describes. Even women who do frequent the boulevard may be expressing their femininity in a way that does not have to be associated with taking health risks, having low self-esteem or with being a sex worker. Sex worker organizations in Iquitos do approach the women and girls on the
boulevard from time to time and could continue to do so in a way that allows for a range of women to feel they still have access to the health information even if they choose not to publicly (or privately) identify as sex workers.

"¿Qué tal experta eres?" ("You're that much of an expert?"): Women Sex Workers Creating Informal Learning Spaces to Educate Male Clients

As we learned in the previous section and in Chapter Two, despite the isolated location of Iquitos, female sex worker activists have made significant strides in HIV/AIDS educational outreach and political advocacy for and with their compañeras (peers) in the last ten years. In this section, I describe how selected sex workers created informal educational spaces to reduce the risk of HIV and STI transmission through gentle but assertive talking about health and relationships with their male clients that resulted in a kind of "re-learning" of gender norms for men. I focus on the narratives of three sex workers introduced in Chapter Four: Rosi, Magnolia and Maria. Rosi and Magnolia were activists and peer educators while Maria was a stakeholder of sex worker organizations. In my interview with Maria, she told me she made an effort to attend meetings regularly to keep abreast of pertinent health and political issues. Each of these women described to me what I term a “teachable moment”, that is, an interaction with a client in which they intended to impart the knowledge they had gained about STIs or HIV (from the Blanca Segura curricula and other educational and political activities) to collaborate in safer sex, or, to initiate the process of refusing clients who did not comply with condom use. The interview excerpts I include in this section are deliberately long so as to adequately illustrate these re-enacted conversations that sex worker informants had with their clients.

I call attention to the gendered learning spaces that sex workers created with their clients during these conversations about condoms. Their narratives brought to life the private
conversations that they would have with their male clients about the health benefits of condom use. These re-enactments of their conversations with male clients suggested that part of their role as sex workers was to educate their clients about safer sex. Thus, the sex worker-client relationship can be interpreted as a viable space for informal learning where the client leaves with more knowledge and information than when he arrived. For example, in Sanders’ (2006) ethnographic study of female sex workers in Britain, she explains that sex workers are uniquely positioned to expand the boundaries of their role by providing clients with useful and sometimes crucial health information, albeit in an informal setting. Sanders also asserts that sex workers who do choose to assume an educator role in their work feel empowered and as though their role is broader and more meaningful (Sanders, 2006). Both Magnolia and Rosi reported that their involvement in sex worker organizations as peer-educators has improved their sense of health and wellbeing. Magnolia had a boyfriend who wanted her to give up doing sex work. Her response was, “The sex worker organization stuff... I’m not going to give that up. I like doing it because it’s good for me and because I am growing as a person. I am developing, intellectually” (07/07/10). Sanders (2006) also makes the point that, “...altering the role of the sex worker to include health education could work in favour of reducing stereotypes surrounding the female sex worker, swapping the image from one of immorality to a positive professional function in society” (p. 2442). While it is certainly commendable that sex workers, when empowered through health education and training, can skillfully manoeuvre reluctant men to use condoms thereby reducing HIV and STI risk, an interesting paradox emerges from this re-reading of the sex-worker client relationship. These sex workers do feel empowered and certainly have more than enough clinical knowledge to avoid risk and to consult health services autonomously. It has
also been documented in some sex work literature that sex workers do provide a valuable service that transcends “just sex” but into the realm of counselor and educator.

Earlier in this chapter I described how the Blanca Segura curriculum is used in the form of a laminated flip chart for the purposes of taking to sex work venues to provide sex workers with visual instructions about condom negotiation strategies. Sex worker informants in this study also communicated the main messages of the importance of using condoms are also communicated to the clients themselves. The interviews with these sex worker informants were also, I believe, opportunities for them to showcase their knowledge and successes to an audience (myself). This success, in theoretical terms, is agency.

Teachable Moments With Rosi: “If you have a disease, why don’t you go to a clinic and ask?”

What was most memorable about my interviews with Rosi was how proud she was about the progress she had made in her life. In her past, she described herself as mala (bad) because she used to drink too much, get into fights and generally be aggressive and argumentative with people. Her aunt introduced her to sex work and her preferred venue was the Plaza de Armas--the main square in the centre of town, one block from the River Itaya. During the time when PROCETTS (a health monitoring program that the state implemented in the late 1990s) were recruiting peer educators and health promoters (Peps), Rosi was chosen and this new position of responsibility made her feel valued and successful. She explained:

When I became a health promoter, that’s when I changed. I changed a lot. I started to value myself, to have self-esteem, to love myself, to be a responsible mother. . . my work made me change. Now, I’m a different woman (06/07/10).
The knowledge that Rosi acquired and became passionate about, from her job as a health promoter for other sex workers in Iquitos, made a direct impact on her male clients. She described an interaction and the “teachable moment” conversation was as follows:

**Rosi:** . . . women sex workers, they have the knowledge about STIs and how to check a client. And they go to a club and then they check him, check the client’s penis. That’s how they work.

**YL:** They check him?

**Rosi:** They check them well.

**YL:** And if they see something there?

**Rosi:** Then they don’t offer their services. The other day I had an experience. . . it was a client, right? And he wanted to go with me and I said, “Yeah” and he says, “How much?” “It costs whatever” “Yeah, let’s go.” And I told him that I use condoms, that I protect myself. “No problem”, he tells me. I take him, we go to a hotel and he turns off the light. “I’m going to the bathroom”, I tell him. (I know how to use condoms). And I turned on the light and then he turns the light off and I tell him, “Why did you turn the light off? I don’t want you to turn it off.” “No”, he tells me. “It’s nicer like this. Hurry up, hurry up.”, he tells me. “You have to put the condom on.” “Yeah”, he tells me. “Turn off the light.”, he says. And I don’t know how, señorita Yasmin, I go to the bathroom for a minute (I wanted to wash up), I come back, señorita Yasmin, and I find the light off again and PA! I turn on the light and find the man lying down on the bed. . . his penis erect to put the condom on and I turn on the light and his whole penis was like, eaten, eaten, eaten away, señorita Yasmin!

**YL:** By what?
**Rosi:** He had chancroid.\textsuperscript{33}

**YL:** What’s that?

**Rosi:** They’re like little ulcers with pus.

**YL:** Ulcers? But they weren’t warts? Or herpes?

**Rosi:** No, no. It was chancroid. *Chancro blanco*, as they’re called here.

**YL:** Oh, I’ve never heard of that. It’s an STI?

**Rosi:** It’s a sexually transmitted infection. It’s a venereal disease. Like little ulcers and on the tip, the whole thing was eaten away. I swear, it scared me! And I, “Wow, what happened?” I ask him. “Why do you have that? Look, that’s a sexually transmitted infection.” He looks at me and tells me, “I’m sorry but I’ve had this for a month.”, he tells me. “But if you have a disease, why don’t you go to a clinic and ask. . . ?” “I’m sorry, señorita” “I’m sorry, but I can’t do anything with you, you’ll have to excuse me.” “But with a condom can you?” “Not even then.”

**YL:** No?

**Rosi:** I can’t, even with a condom. These infections, they have like little granules that can break the condom. It breaks the condom and then it’s contagious.

**YL:** Was the guy annoyed?

**Rosi:** No, he wasn’t annoyed. Actually, I gave him the details of the clinic in San Juan. I gave him my card.

**YL:** Oh, so you sent him to the clinic?

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\textsuperscript{33} Chancroid is a lesser-known bacterial sexually transmitted infection that commonly affects people in developing countries (Lewis & Ison, 2006).
Rosi: I sent him. “If you want, tomorrow I’ll wait for you at the clinic to get your diagnosis. “Ok, señora, thank you.” “Tomorrow I’ll wait for you and I’m going to give you my cell number. Go there and I’ll wait for you there.” And the guy also gave me his cell number. And the next day I told him that I would give him his money back, the fifty soles, “No, don’t worry, keep it for yourself.”, he says. “Thank you for giving me your advice.” I talked to him about STIs and about a bunch of other things. Seriously, the guy was waiting for me at the clinic door very early! He showed up, they did his analyses. He had syphilis, chancroid and gonorrhea.

YL: All three?

Rosi: All three. Advanced. But I took the guy there and they gave him treatment. Now every time I see him, he thanks me (06/07/10).

This situation illustrates that because of Rosi’s involvement as an educator and activist with sex worker organizations, she was equipped with both experiential and clinical knowledge to be able to: (a) check a client to make sure that he has no visible signs of infection (b) recognize that because he client did have visible signs of infection that even a condom would not protect her. Rosi’s experiences as an educator and the personal changes she had gone through in her life that inspired her to become a better person endowed her with the authority to guide the interaction with this client towards a healthy outcome. As, not only did she decline his business to safeguard her own health, she went out of her way to direct him to healthcare professionals. Similarly in Diane Meaghan's (2008) piece entitled on sex worker knowledge communities in Canada entitled "Stigma to Sage", she writes that sex workers in her study saw themselves as educators who, like Rosi’s example above, also took appropriate steps to investigate clients' bodies before commencing sexual acts. Meaghan (2006) states that, "Utilizing a preliminary massage as an “ice breaker” allows her to check the client’s body for ulcers or warts around the
genitals, penile discharge and “nits” (crabs) in the pubic hair” (p. 61). Clearly, there are direct benefits that sex workers accrue from curriculum specialized for sex work scenarios that anticipate potential problems in the sex worker-client relationship such as a client who has an STI. Rosi explained in another example about a strategy she employed with a client who did not want to use a condom. Rosi explained:

A guy didn't want to use a condom and I started the condom negotiation with my mouth and put the condom on that way. When I had already put the condom on, when it was on half of his penis, I started to lower it down with my hand and he didn't even realize it. He didn't realize it. I sat down, right? I sat and attended to him and when the sexual act was over, he stood up, he looked straight at me and he said: "You're that much of an expert? You're so much of an expert that I didn't feel the condom? Give me your cell number so that I can contact you. You're a really good woman! Thank you!", he said. And he paid me more! (06/07/10).

In this instance, because Rosi was able to hide the condom and distract her client; he could not detect that there was actually barrier protection. His reaction upon discovering that a condom was used was indeed commendable and very telling in terms of men's attitudes towards condoms: he was not able to feel the condom and therefore he enjoyed himself more. Furthermore, he did not lash out upon knowing that Rosi had managed to include a condom into the sex act, contrary to his preference. As a result, Rosi received both verbal praise and more money for being able to enact this kind of health promotion technique. In Chapter Five, I drew upon women activists narratives of gender relations in Loreto to illustrate that men generally do not want to use condoms because they believe that is decreases sexual pleasure. However, in this brilliant example from Rosi, it is evident that pleasure can still be central to sexual acts that include condoms. Rosi's strategy to hide the condom while creating a successful outcome for her client, was appreciated. Thus, this client was satisfied, not only because he received a
pleasurable sexual service, but Rosi also reduced his as well as her risk of HIV and STIs by insisting (in her own way) that a condom be used. Rosi also went on to tell me about one of her caseros (a "regular" client) who sought her out purely for sexual health advice. Rosi explained:

. . . he went looking for me at my house. And he tells me, "Señorita, I'd like to speak with you." And he knows that I work in the San Juan health post and that I'm a health promoter and he tells me, "I'd like to speak with you." "Sure, come on in," "I've got a question. . . " he tells me. And he tells me that he's never used a condom and he had sex with a few women and one of them had gonorrhea. In the past, sex workers didn't use to use condoms . . . and they didn't have any kind of knowledge about anything. I tell him, "You didn't want to use a condom either? Now look at the mess you're in. From now on you have to use condoms. I know you like to find all kinds of girls from wherever.", I tell him. "So you have to use condoms. . . you have to use them. If you don't protect yourself, you'll continue like this and now there's this girl with an STI. . . you know that an STI is an open door for syphilis and syphilis is an open door for HIV and stuff." And he got scared when I told him that! I told him that he has to use condoms. "Ok", he tells me. And again he came to see me another time. So I gave him a note to let him in to see ________ [health professional]. I told her [health professional], "_______, please, can you have a look at this guy? He's one of mine." And he came to my house to tell me that he has fungus on his penis." I told him, "You have to use condoms. The only thing you have to use is use condoms. Use them in all sexual relations." And he tells me, "It's not my fault." But still, I told him, "If you don't use condoms, you're always going to have problems. The next time you come to me with your problems, I'm going to have to charge you. I can't be attending to your problems in front of the neighbours for free. "Ok." he says. And the next time he went to the San Juan health post (06/07/10).

In this excerpt, this man did not go to his nearest clinic to ask about his health issues but instead he approached Rosi, his sex worker. Some sex workers can therefore be a reliable point of contact or, "intermediate step", before clients decide whether to attend a health clinic. From
this example, the sex worker-client relationship must have been built on trust and established-rapport for the man to feel more comfortable asking Rosi and not going to the clinic as his first port of call. Furthermore, near the end of the passage, Rosi sternly told the man that if he came back again with more questions then she would have to charge him a fee. Clearly, Rosi believed that the knowledge she gained through health promoter training and her experience as a sex worker, was worth something and therefore demanded a kind of pay structure. Recall that in the previous example, Rosi did not provide any sexual services to the client because he had visible signs of an STI, but he nevertheless paid her for her astuteness in recognizing his STI and subsequently directing him to appropriate health services. Thus, the "sex worker-client relationship", in cases where trust has been established, need not include sex. Based on Rosi's examples, sex workers who have absorbed and have helped create the norms, values and behaviours of sex worker organizations such as Sarita Colonia for example, and have led their regular clients towards safer sex outcomes. Some clients may even come to recognize sex workers as "experts" in sexual health.

**Teachable Moments with Magnolia: “A condom is about self-esteem. . .”**

This section shows how Magnolia negotiated condom use with two clients on two separate occasions. In the first instance, the client she talked about was a young university student. In our interview, Magnolia told me that she found it easier to negotiate condom use with younger men than with older men as older men were more rigid in their preferences and are harder to convince. Magnolia re-enacted the conversation with a young client (C):

**Magnolia:** . . . it’s part of negotiating when he’s already inside [the room]. I can’t let a client go, so I tell him, “Hi, honey. . . I have all different kinds of
condoms. I have ribbed ones, black ones. . . come and see, honey. Which one of these do you want to use?”

C: "No.", he tells me. “I don’t use that [a condom].”

M: “Why don’t you use it?”

C: “Because it doesn’t feel good. . . I don’t feel anything.”

M: “Well, I use them.”

C: “Well, then no. . .”, he tells me.

M: “Well, then no. I’ll give you your money back.”, I tell him.

C: “No, it’s not that. . . “

M: “But how can there be a guy so handsome and so young. . . do you want to get infected with a virus or an STI?”

C: “What? Are you healthy?”, he tells me, “Or are you sick?”


C: “No, no it’s ok. . .”

M: “Yes, let me show them to you.”

C: “No. . . “

M: “But the condom is part of one’s self-esteem.”, I tell him. “If I love myself, if I value my health, then I’m going to care about you.”, I tell him. “. . . because if I didn’t love myself, then I wouldn’t care. . . If I was only interested in the money, then I wouldn’t care about you.”, I tell him. And he [the client] just stared at me.
C: “Yeah, I guess that’s true.”, he tells me.

M: “And why would a man, so handsome and so young want to get himself sick? You’ll regret it later.”

C: “Oh, ok fine, I’ll use it [a condom]” (07/07/10).

In this exchange, Magnolia began the interaction by giving the client a choice of types of condoms to use so as to remove the possibility of no-condom sex from the discussion. However we see that the client was not interested in condoms because he believed it reduces sexual pleasure. Magnolia then introduced the subject of sexually transmitted infections and the importance of using condoms to protect oneself. Magnolia explained to the young man that "condoms are about self-esteem"; they are a symbol that she loves herself and cares about the people she is sexually involved with. When Magnolia used words like "self-esteem" and "love" to express her genuine care for his health, the client admitted that she was right and agreed to use a condom.

The use of gentle but assertive talk with clients, according to informants, was key to negotiating condoms with clients. Sex worker activists who worked with clients aim to change men's attitudes and behaviours about what condoms represent. In men's minds, they represent the absence of sexual pleasure. However, selected sex worker activists asserted that condoms signify love for the self and for others. Thus, when Magnolia communicated this philosophy to her client, he came around to her way of thinking. In a related example, Magnolia re-enacted a conversation she had with an older man:

Magnolia: With respect to what you were saying about men and boys, boys are more manageable to get them to use condoms.
YL: But the adults have different beliefs?

Magnolia: It’s difficult.

YL: Difficult to change.

Magnolia: I sometimes tell them, “Do you have a wife?” “Yes, but she’s not here”, or, “She’s away travelling” or, “She’s ill and I can’t. . .” “But do you love her?” “Yes”, he tells me. “Aw, that’s a shame because it doesn’t seem like you do.”, I tell him. “No, you don’t love her. You can have your aventuras on the side with a pretty girl, beautiful, young, what do I know, or come to use this service and you have to protect yourself. That’s the way that you tell your wife, look, I love you. That’s the way to show your señora that you love her. Out there you could find yourself with a girl who has a virus, right? Then you go back home to your wife and. . . is that the way to love her?” I tell him. “Ah…well, I guess you’re right. You can put it [a condom] on now” (07/07/10).

In this excerpt, Magnolia initiated a conversation with her client about his personal life, asking if he had a wife who he loved at home. Again, she connected love with health and said that using a condom is a way to show that he cared about his wife's health. Moreover, Magnolia was aware of the risk of HIV and other STIs to amas de casa (housewives) from male partners who engage in sexual relationships outside the primarily relationship (discussed in Chapter Five), and thus capitalized on the opportunity to ensure that the client understood that using a condom would serve a dual purpose of protecting his wife as well as himself.
Teachable Moment with Maria: “What are you trying to tell me?”

Maria was a regular member at the Monday sex worker organization meetings chaired by Silvia and Magnolia. She was not an activist in that she had not received training to be a health promoter and had not participated in educational outreach activities as a peer educator. But, as a sex worker in her fifties, she said she had learned a lot by attending meetings to keep her informed about health education and any other political matters concerning sex workers rights and advocacy. I was impressed (and amused) by Maria’s enthusiasm and passion about prioritizing her health by flatly refusing clients who complained about condoms. Maria told me about a client who was expecting his “regular” sex worker to attend to him but because she was not available that day, he wound up with Maria instead. The client requested that she attend to him in the same way as his “regular” sex worker, to which Maria agreed. However, the client tried to use this request as a bargaining chip for no-condom sex. Maria re-enacted part of this conversation with the client (C):

C: Look, are you really going to attend to me like the other girl?

Maria: Of course, just tell me. I’ll do it just the same. . . maybe even better!

C: Look. . . but the thing is, I can’t get it up so I don’t want to use a condom.

Maria: So. . . what is it that you’re trying to tell me? What do you want to say to me?

C: You said that you would attend to me in the same way as the other girl!

Maria: That’s fine! I am going to attend to you in the way that you like, but with a condom!

C: No, no, no, I’m going to go then.
**Maria:** Oh well. That's fine. If you want to go, then go. I take care of my health (13/08/10).

Maria could tell that this client was angling for a no-condom sexual experience because his regular sex worker apparently attends to him without condoms. Yet Maria made it clear that although she would attend to him in the way that he liked, she would only perform the service with a condom. The client did not agree to this condition and Maria let the client go without hesitation. She continued:

> We have to be clear and definite with a client. Because look, sometimes a man will tell you: "I don't want to do it with a condom. I want carne a carne. I'll pay you between thirty and fifty soles to do it without a condom." I need those thirty soles. I need those fifty soles but then I get to thinking, Señorita Yasmin, for those thirty soles, for those fifty soles, who knows if that man is healthy or sick? And if he's sick, I get sick for thirty soles or fifty soles! And how am I going to pay unless the medications are free? In the hospital they give you some medicine for free but not all! (13/08/10)

Maria believed that condoms would protect her from acquiring HIV and STIs and that if she agreed to not using them, then she would not only have to bear the burden of illness, but also bear the economic burden to pay for certain medications. Maria had been a sex worker for many years to support her four children on her own. While Maria's children were growing up, they were under the impression that their mother had worked in a *pollería* (chicken restaurant)--a "respectable" job that could have explained her late-night hours. I gathered through Maria's interview, and also through talking with her casually outside the interview context, that she was dedicated to providing for her children, ensuring that they did not have to go without basic necessities. Being a good mother and provider could have been a strong incentive for Maria to keep herself as healthy as possible to avoid economic strain.
Maria went on to tell me that not all men would refuse her services if she tried to enforce her condom rule. She said:

But sometimes, when maybe they [a client] like you, one of them likes you and he says, “Ok fine, it doesn’t matter. If you’re going to attend to me nicely, with affection, love, maybe it’ll go well and maybe I’ll stay with you and use a condom. It doesn’t matter, I’ll stay” (13/08/10).

The above passage is a re-reading of some sex worker-client relationships. This client preferred to be attended to “nicely” and with “love and affection”, contrary to what Sutherland (2004) calls “stock narratives” (p. 20) about sex work that assume that men who solicit sexual services are insatiable, predatory and violent and that the private space inhabited by a sex worker and a client is always a violent one. Based on these three interactions, Rosi, Magnolia and Maria all reported that men did not like to use condoms because “it doesn’t feel good”. To illustrate some men's cavalier approach to condoms further, Magnolia said that men often say that they are healthy and completely free of any STIs simply because they believe that they are healthy. Tied to this, Magnolia claimed that men in Loreto tended to equate physical beauty with an STI-free body—that it is inconceivable that “such a beautiful woman” could be enferma (sick). Magnolia always countered these statements and asserted that the inconvenience of a condom is “psychological”. She said:

It’s psychological. If you have the desire to feel pleasure, just close your eyes and enjoy the moment. But, “No...”, they say. “No, it’s that with that [a condom], I can’t climax quickly”, or, “when I use that [a condom], it doesn’t really fit me”, or, “when I use that, I don’t feel anything.” That’s what men tell you, that they don’t feel anything. Frankly, I don’t know how we’re supposed to work with them, but the problem isn’t only them because there are also women who don’t like it (07/07/10).
In the *Blanca Segura Siempre Se Protege* curriculum document, there are explicit instructions for sex workers about how to counter these complaints by men. There are a series of common statements that male clients might "try on" with women sex workers to avoid using a condom. One of these common complaints is, "It's [a condom] not the same. It doesn't feel good." (as Magnolia mentioned above). What follows is a logical explanation that sex workers can use as a clever repartee to these statements:

> Pleasure is not just in the genitals. It's in the feelings that we have in our minds and that make us feel good. Using a condom as a part of sexual play and using our fantasies can increase sexual pleasure (my translation) (Impacta, p. 39).

This explanation reflects what Magnolia stated above about the inconvenience of the condom as a purely "psychological" barrier that people can learn to overcome. Just as Magnolia, Rosi and Maria had learned to use condoms in their sexual encounters with their male clients, they believed that men can "overcome" their disapproval and abide by the healthy logic that they associate with condoms. Butler's (2003) comment about gender as a "stylized repetition of acts" (p. 392) is useful here. Butler asserts:

> If the ground of gender identity is the stylized repetition of acts through time, and not a seemingly seamless identity, then the possibilities of gender transformation are to be found in the arbitrary relation between such acts, in the possibility of a different sort of repeating, in the breaking or subversive repetition of that style (p. 392).

Butler's analysis of gender as a kind of repetitive action aptly fits within the discourses of health behaviour change through education. Using a condom is a solid example of how one can
manipulate one's own body for positive health outcomes and change the gendered meanings associated with particular health-dismissing behaviours. Sex worker and HIV positive informants in this study clearly articulated the meanings that most men attach to condoms. Men do not like how they feel on their bodies and they believe that without condoms, they can experience "true" pleasure. In men's minds, condoms eliminate pleasure from the sexual experience. Yet, the women activists in this study believed that these gendered meanings could be re-learned and repeated differently to the extent that the new meanings would become normalized and be associated with a healthy and pleasurable experience.

The interactions that sex worker activist participants engineered with male clients made them feel good about themselves and that they were doing something to help someone else. I argue here that the practice of complaining about condoms and the non-use of condoms are examples of gender politics, specifically particular expressions masculinity and femininity. The most immediate aim for sex workers is to get their clients to agree to use a condom; however selected women activists have also expressed their discontent about machismo in the Amazon province of Loreto as we learned from Magnolia's and Lupe's narratives in Chapter Five. Navigating the sexual politics in Loreto is a strong subtext that lies beneath the material goal of health promotion and health promotion education.

Magnolia, Rosi and Maria, in the “teachable moments” described above, demand that men do gender differently. In their condom negotiation scripts, they carefully engineer the social terms and conditions in which sexual health-related scenarios can be enacted to abort rigid cultural norms surrounding masculinity and condom use. Three men in these scenarios offered “excuses” for no-condom sex and one man agreed to condoms but childishly attempted to hide his STI. Rosi, Magnolia and Maria were acutely aware that gender norms in these social contexts
must be altered to reduce the risk of HIV for both parties. How can their aspirations be theorized?

Howson (2006) argues that within a “masculinities schema”, (a framework for understanding masculinities and femininities as relational and hierarchical), alternative femininities can be expressed. Specifically related to the link between masculinity and non-condom preferences, Rosi, Magnolia and Maria aimed to modify gender norms in their interpersonal relationships with male clients. Howson (2006) would refer to this as “protest femininities”. As the interviewer of these women, I was able to capture the disapproval and disappointment in their voices, about men in Loreto who womanize, drink, incite domestic violence and dismiss health issues. My aim here is not to characterize all men in Loreto, but rather, to expose the discontent of the women participants in this study who, perhaps because of their stigmatized identities as sex workers, wanted to learn, help, heal themselves and others while changing the masculine and feminine ideals that reinforce a range of gender inequities. As such, Howson’s (2006) explanation of “protest femininities” is a useful way to theorize women’s will to “take on” masculinity in their intimate encounters with male clients. Howson (2006) explains that the objective of protest femininities is:

. . . to challenge the foundations of both intra-relations between femininities and inter-relations between femininities and masculinities and, more specifically, to expose and question the taken-for-grantedness associated with the emphasized feminine characteristics of compliance and accommodation (p. 71).

Additionally, Risman (2004) attempts to reconcile dilemma of doing gender differently at the individual level whilst creating social change at the cultural level. In this chapter, I presented interview data that reveals that women sex worker activists were trying to change the culture of
haphazard and inconsistent condom use practices into a habitual practice. By presenting male clients with new expectations in sex worker-client scenarios, some sex worker activists were successfully getting men “used to” using condoms while challenging masculinity. The notion of “habit” is explored in Risman’s (2004) paper where she claims that:

This nonreflexive habituated action is what I refer to as the cultural component of the social structure: The taken for granted or cognitive image rules that belong to the situational context (not only or necessarily to the actor’s personality). The cultural component of the social structure includes the interactional expectations that each of us meet in every social encounter. My aims are to bring women and men back into a structural theory where gender is the structure under analysis and to identify when behaviour is habit (enactment of taken for granted cultural norms) and when we do gender consciously, with intent, rebellion, or even with irony (p. 433).

The pattern of social relations portrayed in these findings about women sex workers’ condom negotiation skills cogently reflects Risman’s point above. According to these women’s testimonies about men’s condom use practices and attitudes and about masculinity more generally, in the main, health-seeking behaviours are not prioritized but instead are comfortably nested within the culture of el hombre Loretano (the Loretano man). In other words, machismo and avoiding condom use are habituated (cultural) actions that sex worker activists challenge. It has long been understood through several studies that men typically underuse health services (Courtenay, 2000; Evans et al., 2011) and tend to dismiss or ignore certain health issues; however, the point I advance here is that the women discussed in this section sought to resist this pattern to benefit themselves and others. Gerson and Peiss (1985) emphasize the relational
nature of gender: individual agency is expressed through the negotiation of boundaries at specific times and places. In other words, they put forward the claim that while women are systemically oppressed in most cultures, oppressive social forces are not always prevailing over women at all times; there are many sites of resistance (individual, cultural and institutional) where women harness their agency and steer cultural norms and social practices in other directions that would best serve them (Gerson & Peiss, 1985). A relational analysis also challenges us to expand our thinking about the man-woman dyad. For example, in Chapkis’ (1997) work on women in the sex industry, she declares that sex work:

... can be read in more complex ways than simply as a confirmation of male domination. They may also be seen as sites of ingenious resistance and cultural subversion... the position of the prostitute cannot be reduced to one of a passive object used in a male sexual practice, but instead can be understood as a place of agency where the sex worker makes active use of the existing sexual order (pp 29-30).

These women, through their training and involvement in sex worker organizations have been able to experiment with new “gendered selves” (Risman, 2004, p. 433) within a sex work schema in order to create new expectations and routines for themselves and for men.

From a feminist postcolonial standpoint, both women and men may disrupt dominant homogenizing labels of oppressed and oppressor. In these intimate, private encounters between women sex workers and male clients, women can learn to take the lead in sexual encounters with male clients towards positive health outcomes. I am reminded of Andrea Cornwall's (1997) point about the complexity within social life that makes it impossible to simplify all social interactions as exploitative in gendered terms:
When we analyse our own lives, we can just see how complex and contradictory ways of thinking about gender can be. None of us live every moment of our lives in a state of subordination to others (p. 10).

With respect to women in the Two-Thirds World, Ratna Kapur's analysis of erotic labour performed by South Asian women is instructive, in that it moves beyond the binary thinking that so often characterizes the west's imagination (or preoccupation, even) with women's seemingly continuous subordination under "Third World patriarchy", which postcolonial feminists critique as essentialist. Note that the men described in Rosi, Magnolia and Maria's conversation re-enactments were not violent, aggressive or predatory. They engaged in health-*dismissing* behaviours which suggests a kind of ambivalent attitude towards sexual health. The word that is often used in HIV/AIDS and sexual health literature pertaining to such men is their propensity to engage in "risky sex". While it was true that the men sex worker activists talked about intended to engage in "risky sex", their demeanour, according to participants' descriptions, was passive and almost childlike. In contrast, with the assertiveness and knowledge that these women accumulated through their participation in the sex worker organization community, the women were the actors with agency, the leverage to direct the interaction in a way that would benefit themselves and their clients (and their clients' wives or girlfriends). The men in these scenarios were at once learners and recipients of care from sex workers endowed with knowledge and interpersonal know-how to strategize towards optimal health outcomes. Yet, there are abolitionist feminists who would disapprove of the strategies of teaching and learning in sex worker communities. In the next section I call attention to abolitionist feminist Janice Raymond's critique of sex worker education to show how sex worker-centred curricula can help develop agency among diverse groups of women, not only sex workers.
Sex Workers Learning Agentic Behaviours Through Sex Worker-Led Curricula: A Response to Janice Raymond

In this final section I draw on the findings discussed above about sex worker activists' health promotion efforts to speak back to Janice Raymond's argument concerning education in sex worker communities. In Raymond's (1998) paper entitled: Prostitution as Violence Against Women: NGO Stonewalling in Beijing and Elsewhere, her central argument is that many international NGOs refuse to recognize prostitution as a human rights violation but rather they locate prostitution itself as a human right. While there are undoubtedly grey areas and continued debate amongst feminists as to whether there ought to be a distinction between "forced" versus "choice" sex work, Raymond takes the position shared by many other abolitionist feminists—that all sex work practiced by women is a form of violence against women and thus, exploitative. Raymond asserts that the sex trade industry is fuelled by the discourse used by NGOs that position sex work as a human right. One of the activities of pro-sex work NGOs that Raymond critiques is education. While Raymond consistently problematizes the language and semantics pertaining to education for sex workers in her paper, she does not examine the practices and outcomes of learning in sex worker communities. For instance, Raymond references an American organization, comprised of survivors of prostitution, who illustrate how sex work as "work" does not lead to any useful skills in traditional employment. Raymond asserts that the women in this anti-sex work organization:

... found it difficult to identify job skills gained in prostitution which would advance anyone’s career (Gamache, 1991, p. 4). They found that the skills of prostitution are: performing sex acts, feigning sexual enjoyment, enduring all kinds of bodily violation, and allowing your body to be used in any imaginable way by another person (Giobbe, 1990, p. 4). What young girl would we
encourage to develop these “skills?” Yet there are now “courses” to teach would-be “sex workers,” as they are called, the sexual techniques of prostitution and everything they need to know to become “skilled” in the trade (p. 2).

There are two critical issues that I will unpack here. First, many women (sex workers or not), do not "allow" their body to be used in "any imaginable way". As illustrated in Maria's narrative (and in prior narratives), she resolutely declared the limits of what she was prepared to do in terms of the services she did or did not offer. Expressing assertiveness with clients has been explored in other studies of sex worker knowledge: sex workers teach one another to ideally define the terms and conditions with their clients before any sexual acts commence (Meaghan, 2008; Saunders, 2006; Wahab, 2004). Remember: Maria said that she flatly refused a client who would not adhere to condom use and was prepared to lose his business because she knew that she could not put a monetary value on her health. The confidence that Maria acquired regarding her own body boundaries was a result of her exposure to health education curricula in sex worker activist communities in Iquitos. Similarly, Rosi refused a client (even when he agreed to a condom) because she later discovered that he had a sexually transmitted infection. The client still paid her even though no sexual services took place because she helped him seek medical attention.

Yet, Raymond and other abolitionists maintain that all interactions between a female sex worker and a male client are forms violence and exploitation. These assumptions assume that women would never be able to steer the interactions towards safer sex or mutual respect because, as a woman, she would always be in a position of subordination whether there were mutually agreed upon terms or not. And, that because most clients of sex work are men, men would always have the upper hand in these social relations and would never co-operate or show that
they are receptive to safer sex practices. I absolutely do not disagree that systemic violence in sex work exists (evidence includes: Doezema & Kempadoo, 1998; Showden, 2011; Sutherland, 2004). At the same time, consider the quote from Carisa Showden (2011):

One way to challenge the conflation of sex with violence is to say that to allow prostitution is to allow victimization of women, we are assuming a natural law of male sexual desire as violent. But surely men can be sexual without being violent. Although sex may be used as a tool of violence, that does not mean that sex is always violence (my emphasis)(p. 181).

Sex worker participants in this study did not talk about violent clients and I recognize that this does not mean that they had not experienced violence. My interview questions were designed to elicit information about key messages in HIV/AIDS curriculum, interpretations of gendered risk and their work as activists. The way in which sex workers represented themselves in this study was as active participants teaching themselves and others about the benefits of using condoms against HIV and STIs. Assuming gender equality is the chief concern for all feminists, then the multi-layered experiences from sex workers themselves, such as those in this study, must carry more authority in sex work debates and health education initiatives.

The second issue concerns the way that Raymond situates the idea of sex workers as learners of "skills" (Raymond's decision to place the word "skills" in quotation marks alone suggests that she thinks sex workers do not learn anything valuable). In a sense, Raymond, and the women she references in this organization, are correct in implying that sexual activity is not a skill that one can boast of on a resume. Performing sex acts are not "job skills" that would translate into other traditional areas of employment. Raymond makes this point clear in one of the endnotes, where she mocks a curriculum document called Martiza generated by sex workers
in the Dominican Republic. The purpose of the *Martiza* curriculum was to facilitate sex workers' learning about how to negotiate safer sex practices. Raymond's interpretation of the curriculum is that:

*Maritza* is a simple “how-to” picture book that, among other things, very much objectifies women in the sex industry. Its purpose is to instruct women in getting customers to use condoms. It depicts women skilled at coaxing, cajoling and flattering their customers into condom use. Accompanied by minimal text, pictures and prose together school women in the sex industry’s philosophy and practice of “safe sex”—negotiating commercial sex with clients by integrating condoms into the sex act at strategic sexy points (p. 8).

Clearly, Raymond disapproves of the strategies for condom negotiation in the *Maritza* curriculum because these strategies somehow "help" sex workers and in turn, the sex industry. However, the strategies to ensure condom use such as "flattering" the client mentioned in the quote above are not tactics that only sex workers use. One example is Lam et al.’s (2004) study of condom negotiation styles in White and Asian American university students that revealed flattery as one way in which Asian Americans competently communicate their priority for condom use in an indirect way. Furthermore, from my own experiences of sex education in school and through absorbing other cultural messages about condom use, I learned that incorporating condoms as part of the "play" in sexual encounters with someone, helps to reduce the awkwardness around them. Thus, as we learned from the narratives of Rosi, Magnolia and Maria, being able to perform certain sex acts *safely*, while they are not "job skills" per se, are *health and sexual communication skills* intended to reduce the risk of sexually transmitted infections that affect three sets of people: the sex workers themselves, the clients and the women
(or men) that clients sexually engage with in their own lives. Thus, Raymond misses the point when she declares that teaching sex workers to use condoms only serves as a vehicle to promote the sex industry. Raymond conflates sexual and health communication in intimate spaces, with the debate of sex work as a form of labour.

The coquetery and flattery that sex workers teach each other to use with their clients, are not trivial wiles. These techniques in assertiveness are forms of sexual communication designed to keep sex workers' safety front and centre and serve to develop sex workers' agency and reduce harm (Rekart, 2005). The question that concerns me is: why shouldn't sex workers engage in peer teaching and learning experiences? Raymond implies that education about the sex work itself is not warranted--that it keeps the industry alive. In contrast, my dissertation shows that the education that sex workers experience about the work that they do helps to keep women (as well as men) alive and healthy. What sex workers learn is essentially, sexual communication, comparable to what adolescent girls may learn in the West and in other countries that have programs in place to teach any women about sexuality and communication with their (male) partners (Rivers, 1998; Rekart, 2005). The tone that Raymond adopts with respect to sex workers' curriculum and education strongly suggests that education about how to make sex work safer has no place in a sex worker's life. In her endnote, she balks at how, in other curricula geared to sex workers, women are "schooled" in innovative ways to introduce condoms into the sex acts. I argue that the skills that sex workers learn in the Blanca Segura curriculum document are very similar skills that are taught in sex education and healthy relationships curricula aimed at teenaged girls and also with non-sex worker adult women (Wallerstein & Bernstein, 2000). For instance, in Graves et al. (2011) evaluation of a sexual responsibility program called Smart Girls geared to teenage girls in the United States, describes the topics as
including the importance of developing one's self-esteem, learning assertiveness and decision-making skills, the benefits of using condoms to prevent unwanted pregnancies and STIs and role plays geared to encourage girls to work towards healthy dating and in their intimate relationships. The skills that adolescent girls are taught in the Smart Girls curricula bear a striking resemblance to the skills that sex workers in Iquitos teach each other in the Blanca Segura curricula.

Conclusion

In this chapter I have illustrated the ways that HIV positive women and sex worker women activists disseminate HIV/AIDS-related curricula to their targeted beneficiaries. HIV positive activists aimed to teach the general public basic information about HIV/AIDS through the charlas they would deliver in different venues. While doing so, they incorporated their knowledge of the politics of gender relations in Loreto. The other element of their teaching practice involved their testimonios. The act of coming forward publically about their serostatus served an educative purpose in that it showed their audiences that people living with HIV can be resilient. Their testimonios also were a means to speak with authority and in turn, helped them develop their own sense of purpose and agency.

Sex worker women activists' educational agendas, in a way, were more challenging. Magnolia asserted that sex workers are a "difficult population"; recall from my journal entry that trying to find sex worker women for peer education talks on the Boulevard and in sex work venues was not an easy task. "Peer education" can be tricky to put into practice when the sex worker identity is not shared by all women who allegedly receive something in exchange for sex (or companionship). The issue of identity and HIV/AIDS education thus deserves further inquiry. At the same time, sex worker women participants' accounts of their experiences with male clients
appeared to be successful. Engaging men one-on-one within intimate spaces was most certainly a workable space for teaching and learning, with the goal to change gender-related beliefs and behaviours surrounding condom use.
CHAPTER SEVEN
IMPLICATIONS AND CONCLUSION

Answers to Research Questions: Summary of Findings

This dissertation investigated the ways that women activists in Iquitos, Peru produced and disseminated gender, HIV and other STI prevention-related knowledge inspired by their participation in activist networks. Through critical ethnography, this research has highlighted the importance of nuance in gendered educational responses to HIV/AIDS. It is not sufficient to rely on binary notions of masculinity and femininity as static social categories in health education, particularly in Third World conceptions of gender and health. My first research question (addressed in Chapter Five) that investigated women activists' knowledge of gender relations in Iquitos, showed that cultures of gender influence both women's and men's risk of HIV in their communities. Women activists' local knowledge of gender relations in Loreto has brought to the fore, an illustration of gender as an expression of culture that, through education, can be subverted and re-learned to facilitate health-seeking opportunities. Of note is the culture of infidelity in heterosexual long term relationships--a cultural norm expected of men as one of many expressions of machismo. Women activists called attention to the ways that machismo in Loreto was an indicator of health-dismissing behaviours such as preferences for no-condom sex. Male infidelity exacerbates the risk attached to both women and men who participate in no-condom sex due to unsafe sex with multiple partners outside a primary relationship. Many accounts of female sexuality in the Two-Thirds World often depict women as submissive or victims of infidelity and other expressions of machismo. Yet, what I offer in this dissertation is attention to nuance in female sexuality in the Peruvian Amazon. I underscore that women participate in and desire heterosexual sex at times, "casually", outside of their primary
relationship. Moreover, sex worker activist participants demonstrated that women can take the lead in sexual encounters with men to facilitate positive health outcomes. Female sexual subjectivity by and large has been given little attention in empirical and theoretical work in HIV/AIDS prevention.

How did HIV positive and sex worker women activists attempt to address these gender relations in their HIV/AIDS educational initiatives? In *Chapter Six* I described the two main pieces of curricula that women activists mobilized in non-formal and informal educational settings. Lupe, Angela and other activist members in the HIV positive organization *Lazos de Vida* would engage a variety of adult audiences using a Power Point™ presentation depicting images of *diversión*—sexual activity followed by fear-inducing clinical images of sexually transmitted infections. After the slide presentation, Lupe, Angela and others would demonstrate the correct use of condoms and would respond to audience members' questions. In the sex worker organization *Sarita Colonia*, the flipchart curriculum document entitled *Blanca Segura Siempre se Protege* was intended to be deployed in informal sex worker spaces to reach out to other sex workers. However, I learned that gathering and engaging sex workers in both touristic and non-touristic spaces in Iquitos was not an easy task. Those sex workers who benefitted the most from the curriculum appeared to be the ones who intentionally involved themselves in the politics of sex work through regular attendance at Silvia's weekly meetings or engaging in health promotion training. Magnolia, Rosi and Maria were three sex worker participants who enthusiastically shared with me in the interviews, how they applied their knowledge of condom negotiation in real situations with male clients. Their stories of receiving verbal and economic praise from clients who appreciated their deliberate focus on health communication and condom-
use skills are indeed noteworthy because they show how masculine beliefs about condom use could be disrupted and in turn, re-learned.

**Theoretical Implications of the Research for Education**

**The Value of Women Activists' Knowledge in the AIDS Response**

The findings of this study suggest that the knowledge women activists gained through their participation in *Lazos de Vida* and *Sarita Colonia* is critical when considering the ways that education plays a role in mitigating risk for HIV in women and men. Women activists in their respective organizations, were aware that they are sexual minorities in Iquitos and that their identities as either HIV positive or sex workers, stigmatize them. A large part of the educational work that both sets of women activists engaged in was stigma-reduction both for their own benefit and to educate the wider public and developing self-esteem. For *Lazos de Vida* members Lupe and Angela, they used their *testimonio*—that is, their personal stories of becoming and being HIV positive to engage audiences who attended their *charlas*. *Testimonio*, then, served as a vehicle for teaching, learning and an expression of agency. In other words, Lupe and Angela learned to value themselves as HIV positive women in their communities, and, their *testimonios* were intended to be educative for their audiences. Through *testimonio*, Lupe and Angela aimed to teach audience members that HIV positive people do not "look sick" and are able to lead healthy and personally fulfilling lives. *Testimonio*, in the case of women activists in *Lazos de Vida*, was thus a form of knowledge production about both intimate knowledge of the self and knowledge that was imparted to others in educational *charla* settings as an anti-stigma strategy.

For sex worker activists, they emphasized the importance of self-esteem as a necessary starting point for all *compañeras* to understand and accept the practice of condom use in sexual encounters with their clients. Magnolia described that even some women do not want to use
condoms; however, in the *Blanca Segura* curriculum document, loving oneself and associating condom use with self-love and care for others was a critical message that sex workers activists such as Silvia and Magnolia communicated to other *compañeras* and to male clients. Self-esteem, therefore served as a point of departure to introduce the skills and techniques and specific strategies to insist that men accept the use of condoms in sex worker-client scenarios.

Experiential knowledge that originates from sexual subalterns such as HIV positive and sex worker women then, is critical to incorporate into HIV/AIDS educational responses; both groups of activists learned through experience and engaged in teaching others in informal and non-formal learning spaces about the value of self-esteem and health communication skills necessary to avoid HIV risk.

**Gender Relations in Postcolonial Contexts**

To date, much of the literature about gendered risk and HIV/AIDS, particularly in the Two-Thirds World, has shown that masculinity is conflated with willingness to take risk while femininity is stereotypically associated with risk-avoidance and sometimes victimhood (Campbell, 1995; Rao Gupta & Weiss, 2009). Some feminist postcolonial works such as Mohanty (1988) Kapur (2005) and Mills (1998) cogently critique the ways women are routinely depicted by some Western feminists as objects of patriarchal cultures. By the same token, men in non-western cultures are too often described (usually in radical feminist literature) as a homogeneous group who inflict violence against women, or are not themselves vulnerable (emotionally or to HIV). These discourses surrounding gender and HIV/AIDS risk continue to reproduce notions of women always as victims of men’s risky sexual conquests as opposed to highlighting occasions where women might actively engage in risky sex by their own accord for their own sexual pleasure. I recognize that on a global scale, male violence against women is a
serious concern. However, I want to expose a more context-sensitive and in turn, nuanced picture of gender relations in the Two-Thirds World that is often overlooked: at times, women might actually be the ones to take the lead in sexual scenarios and men might not react violently, but rather, co-operatively to achieve optimal health outcomes.

In this dissertation, I have deployed theories of gender relations and feminist postcolonialism to show how Two-Thirds World women and men both can be active subjects in shaping their health outcomes. Specifically, I foregrounded the significance of women activists' participation in social movement learning that helped them to reduce their risk of HIV or re-infection. At the same time, I offered a nuanced account of how men (and not women) may be passive in heterosexual encounters with female sex workers. While it can be argued that men's dismissive behaviour regarding condoms is an expression of hegemonic masculinity, the actual words and attitudes about condoms as an effective barrier method for preventing HIV were passive, according to sex worker participants' accounts in this study. Men's attitudes concerning their sexual health do not altogether suggest that they were intentionally manipulating their privileged position in society. However, sex worker women in this study described their clients' masculine "risk-taking" as a casual, cavalier approach to their health and well-being. These dismissive attitudes make men, as well as women, vulnerable. And, as I illustrated in Chapter Six, some male clients of sex workers did appear to take an interest in protecting themselves from HIV and STIs when their sex workers brought up the subject of condoms in conversation. Recall one of Rosi's male clients who sought her out on one occasion purely for sexual health advice--not for her sexual services. From a feminist postcolonial perspective, I also showed how some Two-Thirds World men were talked about by sex worker women activists as careless about their sexual health because of the culture of machismo, yet at the same time as multidimensional
subjects whose attitudes and beliefs around condom use could be modified through education: Magnolia, Rosi and Maria all attempted to modify their male clients' beliefs about condoms as symbols of sexual dissatisfaction, by reinterpreting aloud, that condoms are symbols of love and respect for one's health. These acts were exemplary of informal learning; teaching and learning can occur with positive health outcomes for male clients and female sex workers. Clearly, women activists in the Two-Thirds World have an educational role to play in shaping gender-related health outcomes.

The educational outreach work of sex worker women activists in this study has noteworthy implications for men's health. Recently, public health scholars have cited men's health as a neglected area of research, partly due to the overshadowing (but necessary) emphasis on the women's health movement in past years (Broom, 2009; Creighton & Ollife, 2010). For instance, Evans et al. (2011) locate masculinity as a social determinant of health; the health status of men and boys of varying ethnicities, sexual orientations, cultures and social classes is influenced by the socially constructed meanings that men attach to their health and health behaviours. Furthermore, a growing body of literature in sex worker studies showcases the positive impact that some sex workers can have on the health and wellbeing of men via informal education (Lalani, in press; Meaghan, 2008; Saunders, 2006). In light of the newer literature in the twin discourses of sex workers studies and public health that concern men's orientations to health seeking behaviours, a deliberate focus on the interplay between varying expressions of masculinities and femininities advances the idea of Two-Thirds World cultures of masculinities and gender relations as changing, not static. A notable example of research with men in Latin America is Gary Barker's work in Brazil and other countries in the Global South. The goals of Barker's research are on identifying the social contexts under which men can re-learn
masculinities towards optimal health and wellbeing goals for themselves, their families and
gender equity more generally (Barker, 2003; Barker et al., 2010).

With respect to the social construction of mestizo femininities in the Peruvian Amazon,
particular expressions of femininities can lead to risk as well. While many depictions of
femininity in the Two-Thirds World equate femininity with passivity, this study showed that
women are not always merely "acted upon" by men. Rather, according to Lupe and Angela in
Lazos de Vida, women in Iquitos also engage in casual sex with male partners who they meet at
parties and other social venues. Women harness their sexual agency to pursue sex and romance:
with these pursuits, risky sex can ensue. There are, in this cultural context, a range of expressions
of masculinities, and femininities. Narratives from women activists from both Lazos de Vida and
Sarita Colonia asserted that both men and women, at times, actively participate in risky sex. I
recognize that generally speaking, women's lower social status on a global scale, most certainly
limits their power in decision-making in heterosexual relations; however it is also imperative to
consider women's experiences as sexual subjects and the way that within social movements, for
example, women can teach each other and learn to lead and negotiate in sexual encounters
towards optimal health goals. Health-related social movements such as Lazos de Vida and Sarita
Colonia aim to create a culture of learning where gender-related beliefs and behaviours can
lessen HIV or STI risk that affect both social movement participants as well as their targeted
beneficiaries. Specifically, both of these activist groups underscored correct and consistent
condom use as the most essential message and skill for both men and women to learn and apply.
My dissertation adds complexity to the controlling notion of machismo that so often
characterizes gender relations in Latin America in general.
Pedagogical Implications: Lessons for Sexual Health Education

This study has illustrated that with selected women sex worker activists, their participation in social movement learning networks facilitated opportunities for teaching and learning related to achieving optimal sexual health for themselves or their clients in informal spaces. As I mentioned in Chapter Six, the Blanca Segura curriculum document for example, bears important messages about the relationship between positive self-esteem to encourage healthy relationships and health-seeking behaviours, seen in other studies in sex education (see: Di Clemente et al., 2004; Graves, 2011; Kirby & Laris, 2009). Selected sex worker women activists recognized that they could not put a price on their health and thus chose to associate the condom as a symbol of love for the self and love for others. The skills that these participants learned emphasized clever ways to talk and to act with male clients to ensure condom use. I reiterate here, that the skills of "condom negotiation" are not unique to sex workers. Many studies have investigated condom negotiation as a form of effective health communication to reduce the risk of HIV and STIs in a variety of other populations and age groups (Corbett, et al., 2009; Lam et al., 2004; Noar, Morokoff & Harlow, 2002). The knowledge and skills that women activists acquired via social movement learning in Sarita Colonia therefore, have implications in formal school contexts where health and sexual education are taught. In other words, not only can the principles in the Blanca Segura curriculum such as condom negotiation and self-esteem as essential for healthy relationships to enact agency be applied to sex workers, but also to age-appropriate audiences in schools. Agency and self-esteem, for example, are already conceptualized as critical components for healthy sexuality and relationships. For instance, Jessica Fields' (2008) book, Risky Lessons: Sex Education and Social Inequality, discusses the tricky, politically charged terrain of sex education in the United States; she maintains that while abstinence-only education is championed in many schools, a comprehensive sex education
curriculum that stresses the importance of self-esteem for both girls and boys and acknowledges girls' sexual agency and desire is more likely to result in reduced risk of STDs and HIV and social justice more generally. Fields' argues that sex education curricula ought to promote social justice and subvert the dominant racial and gendered discourses imparted via the formal and informal curricula (Fields, 2008). In light of Fields' strong recommendation for social justice in sex education, knowledge originating from sexual minorities, that is, "activist knowledge" (which usually originates from "the margins"), can thus be useful in mobilizing initiatives and curriculum in other educational contexts.

Correspondingly, Sue Paxton's (2002) work on the lives of HIV positive individuals illustrated that HIV positive people's stories ("testimonio") can make a positive impact on students in schools. Paxton (2002) writes: "The school classroom is one arena where sex education is commonly provided, but the question of who delivers this education has rarely been addressed" (p. 282). Paxton explains that when HIV positive people share their personal stories with adolescent students about what it means to be "positive", students learn about stigma, discrimination, dignity and respect--elements of HIV/AIDS that would likely not have the same impact as a "traditional" teacher in schools. Simply put, this dissertation shows that in discourses and practices of sex education, knowledge that is grounded in the lived experiences of subaltern individuals are important contributions (or counter-narratives) to state-sanctioned knowledge.

**Recommendations**

**HIV/AIDS Curriculum in the Domestic Sphere and the Globalizing Economy**

Women activists consistently brought up the issue of infidelity in heterosexual relationships in the Amazon province of Loreto and in Iquitos specifically. In particular, they
spoke about how the movement of men from the domestic to the public arenas and the increased risk that their aventuras "outside" can impose upon their primary female partners at home (for example, amas de casa described in Chapter Five). Based on this finding, I recommend that HIV/AIDS curricula explicitly address the sexual geography of gender relations within the domestic and public spheres. The movement of bodies to and from the home and the interpersonal relationships (sexual or otherwise) that unfold in between inside the home and outside the home are critical to understand patterns of risk in heterosexual communities. It has already been determined in India, for example, that male truck drivers' and their primary female partners at home are vulnerable to HIV because of the sex work that these truck driver men solicit whilst "on the road" (Cornman et al., 2007; Pandey, et al. 2012). Similarly, recall the woman I spoke to in a village about her fears that her husband had had sex with a man while he was travelling for work; in the Amazon, it is common for men to have to travel to other parts of Loreto to find work in extractive industries34, or, for women to migrate to pursue sex work in these male-dominated work spaces (Fuller, 2004; Isla, 2009).

In a globalizing economy, people also move or migrate across borders. Sometimes they move from rural areas to urban centres, either, because of the nature of the work itself, or, to find work, however precarious (Azarya, 2004; Galeano, 1973; Kempadoo, 2001). The global migration of women to pursue sex work, especially in popular sex tourist destinations such as the Caribbean or parts of Asia, is gaining attention. Several scholars have explored the topic of sex

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34 Silvia's partner in Iquitos is one example. He worked a job in the oil industry that required him to travel to other, more remote regions of Loreto. However, at the time of fieldwork, Silvia told me that because los indígenos (indigenous groups) were protesting against the oil companies, his job was temporarily suspended. Silvia described this as a "a critical economic situation" for her family. Ethnic, cultural and economic tensions between mestizo-identified people in Iquitos and indigenous groups further complicate the dilemma of neoliberal agendas in the Amazon at once, provide jobs to some Peruvians and deprive indigenous-identified Peruvians of their subsistence lifestyle. Isla (2009) refers to indigenous peoples' increasingly threatened lifestyles as "the good life" because they are able to live "in harmony with the natural world" (p. 24). For more on neoliberal reforms affecting indigenous populations in the Peruvian Amazon, also see Renique, (2009).
work and sex tourism in the context of political and moral economies of "desire" (Cabezas, 2009; Doezema & Kempadoo, 1998; Hall & Ryan, 2001; Padilla, 2007). In the main, the above authors focus on gaining descriptive, ethnographic insight into (women's and men's) sex workers' experiences, uncovering their risk factors to HIV, reasons for "pursuing tourists" and re-igniting the debate between abolitionist feminist and sex positive feminist responses to sex work in general. To address the temporal and gendered nature of HIV risk that is subject to global economic and cultural pressures, I propose a focus on creating HIV/AIDS curricula in Iquitos that incorporates the patterns of heterosexuality that might amplify risk in the inter-related arenas of home and "work". Bottorff et al. (2011) write that "...the home represents an ideal context to study gender relations because it is a location where gender is most intimately practiced and negotiated" (p. 180). I suggest that future research that analyzes gender relations in the domestic and public contexts could aid in creating HIV/AIDS curricula that speaks to how "place" and "risk" are connected. Neither Lazos de Vida nor the Blanca Segura curricula documents drew explicit attention to how gender and "place" might amplify HIV risk.

Directions for Future Research

Mapping Heterosexualities for HIV/AIDS Education

Based on the recommendation I made above, I want to explore how heterosexualities are expressed in different social contexts or even different venues within a city, given that heterosexuality is fluid, temporal and not always "role"-determined. Using a geographic lens to "map" expressions of heterosexualities and gender relations in heterosexual couples in long term relationships could help understand the connections between HIV risk and place. In this study I have shown that both men and women engage in infidelity that may be attributed to cultural gender norms or for economic reasons. I am inspired by Bottorff, Kalaw, Johnson and Chambers
et al.'s (2005) study of women's tobacco reduction behaviours in pregnancy. This study deployed gender relations as a framework for research design and for the data that they collected with both women and men in separate interviews in the context of heterosexual couples' domestic lives. Similarly in a future study, I want to collect data in Iquitos on heterosexual couples' interactions and everyday experiences that could provide insight into the social processes of HIV risk in the context of their lives. Simply put, I do not take for granted that men and women in "stable" long-term relationships are immune to HIV or STIs. A socio-geographic understanding into patterns and places of risk and vulnerability in heterosexual couples could potentially inform the content and delivery of HIV/AIDS curricula, specific to this population.

Tourism, Sex Worker Identity and Creating New Spaces for HIV/AIDS Education

Another area of future research derived from this study involves the social category “sex worker” and the tensions it created amongst women in Iquitos. As I suggested in Chapter Six, there are benefits for women who choose to participate in sex worker organizations and claim the identity of a sex worker. However, in the jungle city of Iquitos, Peru, the recent growth in sexual tourism has complicated the health education agendas for sex worker activists because of the abundance of women who choose not to categorize their liaisons with male tourists as “sex work”. I would employ a gender relations framework to investigate the limits and potential of sex worker activism in tourist areas where women cannot be categorized as a homogeneous group with shared political agendas. Qualitative research on sex work and tourism in the Amazon region of Peru is under-theorized and demands a close examination of how nuances in expressions of femininities can inform future health education interventions in tourism spaces.

As I have shown, tourism to Iquitos and the Amazon rainforest is Peru's most recent economic boom. The influx of the various niches of tourism (eco-tourism, spiritual/drug tourism,
sexual tourism) all contribute to emerging transnational public spaces that give rise to a range of new types of relationships, courtship patterns and, the conflation of cultures and sexual scripts. The particulars of these “new” relationships, (specifically between foreign men and local women who frequent the Boulevard in Iquitos), are understudied in discourses of neo-colonialism and HIV/AIDS prevention education in the Global South and thus, warrant further exploration. A related question that arose during fieldwork was the data that I was not able to collect. The younger sex workers I met with Silvia at the Plaza 28 de julio did identify as sex workers, but they appeared uninterested in talking about health or other issues pertaining to Silvia's advocacy work. What possibilities exist to engage these two groups of women so that they respond to or want to become involved in the politics of HIV/AIDS education? In what ways do geography and gender relations intersect to influence risk and/or risk perception?

To address these two inter-related dilemmas of identity, geographic space and the possibilities for informal education, I aim to interrogate the concept of "sex worker". Drawing on feminist postcolonial theory, urban studies and sex worker studies, I want to understand the relationship between gender (which would ask what constitutes a sex worker identity), "place" and HIV risk. In particular, I aim to examine how women on The Boulevard in Iquitos construct their femininities in relation to the many foreign men (and other women), who also frequent the Boulevard. As I mentioned earlier, there is a growing body of literature that examines the complex interplay among sex work, tourism and HIV/AIDS; these scholars have predominantly focused their attention in the Caribbean in sprawling tourist "enclaves" and hotel complexes to investigate the relationships between workers in the tourism sector (hotel, restaurant and entertainment workers) and the tourists themselves (see: Cabezas, 2009; Kempadoo, 1999; Padilla, 2007). Contrastingly in Iquitos, the main tourist area (The Boulevard) is a very small
geographic area. It only measures about one block—approximately 100 metres in length and about 30 metres in width. Yet, this seemingly insignificant area is aesthetically and socially distinct in comparison to other central and peripheral areas of Iquitos. It is the only common space where tourists and locals are likely to spontaneously engage with one another in and around the handful of restaurants, bars and pedestrian boardwalk. In Latkin and Knowlton's (2006) words, the Boulevard could be a "high risk behavioural setting" (p. 104). They argue that:

\[ \text{. . . attendance at certain settings, e.g. bars, shooting galleries, brothels, bathhouses, or public transportation stations, have been associated with higher HIV risk. Studies also suggest associations between types of settings in which one tends to meet sexual partners and the risk profiles of those who frequent those settings (p. 104).} \]

There are numerous other examples of Latkin and Knowlton's (2006) criteria for high-risk behavioural settings in Iquitos in which people adapt to the behavioural norms specific to the locale, ultimately placing them at a higher risk for HIV or STIs (See Appendix J for ethnographic detail of Silvia's interpretation a beach near Iquitos as another example of a high-risk behavioural setting).

In this next study, I aim to pursue two lines of inquiry: first, I aim to investigate the social processes of HIV risk between “exoticized” (and thus, racialized) local women and western foreign men. Added to this power dynamic, I will investigate the role of sex worker organizations in mitigating HIV risk in these categories of relationships. Questions of sex worker identity are important to consider here in order to understand the possibilities of developing women’s agency through “recruitment” into sex worker organizations' "communities of practice" (Schugurensky, 2006, p. 168). According to Schugurensky's concept of "communities of
practice" (2006), women who would choose to be (or incidentally) engaged with Sarita Colonia would, through interactive processes of the organization learn the culture of prioritizing condoms and self-esteem. Schugurensky goes on to say that learning the culture and values of a particular community would be a gradual process, as potential members would "... move progressively from the periphery of these communities to their center..." (p. 168). This component of the research would be concerned with how sex worker organizations might engage women whose relationships may not fall under the definition of "sex work" as defined by the organizational culture. Multiple expressions of femininity as risk factors would need to be explored.

The second line of inquiry would involve taking on the challenges that I already encountered during fieldwork, namely, the data I was not able to collect with the younger sex workers at the Plaza 28 de Julio. I described in my journal entry in Chapter Six that these young women appeared uninterested in my study and apathetic about Silvia's suggestions to attend Sarita Colonia's weekly meetings. An opportunity to collect data was lost on that occasion; thus, my future study would need to consider a longer-term plan to recruit and gain access to two hard-to-reach populations: young women who frequent the Boulevard in search of tourists but who may not identify as sex workers and young women who do identify as sex workers but who circulate in traditional sex work venues such as the Plaza de Armas, Plaza 28 de Julio or nightclubs. Age and intergenerational relationships would be an additional variable to consider in this work.

One prediction concerning future research with tourists and local women could be that some western men would be well versed in safer sex practices and state their preferences of condom use with local women. On the other hand, other men might use their cultural status as leverage to insist on non-condom use. The details of these anticipated (but not exhaustive)
scenarios are currently not known. My doctoral research is only a preface to these multilayered stories. Some empirical research has identified the health risks between travellers and local populations in Iquitos but these studies are quantitative and understandably, do not interrogate the details of the sexual scripts, narratives or racialized courtship patterns that lead to HIV or STI risk. Nor do these studies mention the kinds of health curricula that would be most effective.

My experience conducting critical ethnography places me in an excellent position to carry out this future study. I am easily able to access and dialogue with both the local people in these tourist zones (mainly The Boulevard), and the tourists themselves. Overall, this preliminary research plan can be applied to other geographic contexts for a comparative study or, to other “industry” or touristic settings (not only in Peru), where sex work is in high demand.\footnote{My immediate plans upon completing my doctoral degree is a temporary move to Singapore. Hence, my future research program in gender, education and health could possibly be undertaken in Singapore or Asia more broadly. Based on a cursory look at the literature on HIV/AIDS, sex work, migration and tourism in Singapore, female sex workers in brothels must register with the Medical Surveillance Scheme and undergo regular health checks. Sex work that is not practiced in brothels is illegal. In light of this legal constraint, some women "work" in bars or other venues, likely catering to the thriving tourist and expatriate population. Health scholars categorize these women not as "sex workers" but rather, "foreign entertainment workers". These women's activities are clandestine and as a result, health scholars identify them as an at-risk population (Wong, et al., 2012). Hence, I can see similar issues of identity and HIV risk in Iquitos' "Boulevard girls" (gringueras) and Singapore's "foreign entertainment workers" that could be taken up in a future study.}

Clearly, the tension that emerges from the fraught identity politics in sex worker communities deserves further investigation. Where the sex worker label is not claimed by women on The Boulevard, then HIV/AIDS prevention education could be communicated without employing the sex work label as the anchor. Because of the ambiguous relationships between tourists and locals that play out in this social context, health education messaging could be more effective by highlighting the risky behaviours that ensue as a result of alcohol consumption or the dizzying emotions, hopes and expectations that people often feel in new relationships, especially relationships where economic and cultural status are seen as rewards for women who date western men. It is evident that sex worker activists do play a key role in
bringing HIV/AIDS education to both male clients and other women. In terms of intergenerational relationships, this particular category of relationship also warrants deeper understanding that take into account the social construction of age-specific female sexuality in this region that is often informed by the poverty that many women experience. Expressions of femininity deserve attention with respect to how femininity is constructed around economic circumstances on both micro and macro levels. Such understandings could be entry points to HIV/AIDS education that takes into account female sexuality that, in the Amazon region, is considered more "open" than in other regions of Peru (Fuller, 2004).

Limitations

The Unpredictability of HIV/AIDS Outreach

A substantial component of data collection for this ethnography were observations of HIV/AIDS prevention education charlas. With Lazos de Vida, these charlas were relatively easy to attend since this organization schedules charlas frequently. I took the opportunity to attend the ones to which I was invited. By contrast with Sarita Colonia, I was not able to observe Silvia or any other sex worker activist (Rosi or Magnolia, for example) delivering this curriculum to her compañeras. As I mentioned in Chapter Six, Silvia and other activists were consumed with other organizational activities during the time of fieldwork and had not scheduled any charlas. On the one occasion where Silvia could have done a charla while I was present (see my journal entry in Chapter Six), the compañeras we met that night were did not appear to be interested in our presence and Silvia aborted the idea of a charla. Clearly, the fact that I did not observe any charlas in Sarita Colonia is a limitation of this research. I was not able to gain a picture of how a group of sex workers would have responded to the curricula, nor did I have the opportunity to casually befriend any of the potential compañeras for interviews. My population
sample of sex workers were only those who were politically engaged in the Sarita Colonia organization and although they shared their knowledge and experiences with me, their opinions and safer sex practices were likely not representative of other sex workers who were not politically involved as sex workers. While the focus of this study was on the narratives and experiences of activists, a "layer" of complexity, I believe, was missing in the data due to not having observed the charlas inspired by the Blanca Segura curriculum.

**Lost in Translation?**

Temple and Young (2004) explicitly take up the issue of the epistemological position of the researcher with respect to language translation. Given the abundance of qualitative research carried out in international contexts by western researchers, Temple and Young’s discussion of this issue is an important one to consider in this study. I made a methodological decision not to involve a translator at any point in the research process, knowing that there would be both advantages and disadvantages. The obvious advantage would have been the ease in comprehending what participants were saying through the English translation. However, there were two main reasons why I decided not to use a translator for the data collection. First, the availability of a translator would have been a challenge. Although I did know two people from Iquitos who could have performed this task very well, as they have several years of experience translating and interpreting in Spanish in health education contexts and English, interviews with participants did not always run on schedule. In fact, while doing interviews in the city of Iquitos, it was rare for interviews to take place at the scheduled time. There would almost always be participants who would text me to reschedule or, not show up for the interview. There were also occasions when I spent time with participants socially that they would ask me to be interviewed.
again there and then. I therefore learned that I always had to carry my digital recorder and be ready to interview anyone at any time.

The study focuses on the experiences of women activists—women who already define themselves as “visible” or, “out” as HIV positive or sex workers in Iquitos. They wanted their stories to be told and wanted to use their real names and enjoyed the interview process, oftentimes seeking me out (usually by text) for more opportunities to talk. Arranging someone to translate with no advance notice was impossible and I decided that my linguistic abilities were adequate enough to conduct in depth interviews. Participants knew that Spanish was not my first language but they did not appear to alter the speed or flow of their speech for my benefit. As discussed earlier, speech patterns are already classified by locals as “slow” in the region of Loreto. I had adequate time to grow accustomed to the accent and rhythms and I tend to detect accents and learn pronunciations of words in many languages very quickly. Most participants engaged with me freely (especially activist participants who were particularly enthusiastic and loquacious) using regional idioms and slang, most of which I was already familiar; however, if I did not understand a particular word or phrase, I would ask for clarification. Indeed, there were some details that I know that I missed during interviews but rather than interrupting participants’ narratives, I was able to verify details by reading the transcripts. For the most part, details that I missed during interviews were insignificant enough that my not capturing them did not appear to influence the validity. These missed details took the form of participants who tended to slur words together or trail off. Again, I had to use my judgment and decide when it would be useful to interrupt for clarification and when interrupting would taint the flow of the narrative. Familiarity with this particular accent shows my linguistic readiness in this culture. My linguistic abilities would most definitely have been of a poorer standard had I been researching
in another Spanish-speaking country (especially in countries or regions where Spanish is spoken very quickly) or even another region in Peru as I would not have been used to the rhythms or idioms. My comfort level within the linguistic context of Iquitos and the surrounding area was relatively free of stress and this comfort may have been conveyed through my body language and willingness to engage and listen to participants. As a final note, the interviews that I conducted with the main activists in this study resembled free-flowing conversations that developed through my relationships with these women. I interpreted these conversations as a form of their political expression, since, both HIV positive and sex worker activists embraced the politics of being visibles (visibly “out”) in Iquitos.

**Concluding Remarks: Activist Knowledge in HIV/AIDS Education**

Women are vulnerable within a maturing HIV epidemic in the Peruvian Amazon. In *Chapter One*, Veronica's story of becoming HIV positive illustrated the geographic challenges that impeded access to HIV/AIDS education and treatment in parts of the Peruvian Amazon. Moreover, Veronica's suspicions that her husband may have had sexual encounters outside of their relationship also amplified her risk. Correspondingly in *Chapter Five*, women activists' understandings of gender relations showed that amas de casa (such as Veronica), are especially vulnerable, owing to the culture of *machismo* in Loreto. Women activists also conveyed that expressions of gender are context-specific, and even "need"-specific in that women may pursue multiple sexual partnerships for economic survival. Therefore, participants exposed powerful contradictions in gender relations in Loreto: they described most men as *mujeriegos* or *pegadores*, yet sex worker women also told their "teachable moment" stories where they described their male clients as co-operative in and receptive to sexual health education. Through teaching, learning and observing their own culture, women activists ultimately conveyed that
gender is multifaceted, temporal, context-specific and most importantly, can be taught and learned differently to reduce HIV risk.

Women activist participants saw themselves as agents of change in their communities. Silvia asserted that sex workers are parte de la solución (part of the solution) to the AIDS crisis in Peru. Lupe communicated the following words about Lazos de Vida: "Contribuimos a la salud pública" (We contribute to public health). While PLWH and sex workers, are considered to be "vulnerable populations" in public health discourses, the way in which activists mobilized their identities was critical in developing their agency. Women activists' experiences of teaching and learning within and beyond their organizations, can continue to re-conceptualize gender in HIV/AIDS education initiatives.

Overall, this dissertation illustrated that knowledge about gender relations and gendered risk that emerges from activist communities, is fundamental to the AIDS response in the Peruvian Amazon. In other words, activist-led HIV/AIDS curricula that addresses contradictions and changes in the socio-sexual landscape such as sexual tourism sites or gender patterns in heterosexual relationships, urge us to consider the future potential for activist communities to intervene in such spaces.
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APPENDIX A

UNIVERSITY OF TORONTO ETHICS APPROVAL FORM

UNIVERSITY OF
TORONTO

PROTOCOL REFERENCE # 25240

May 31, 2010

Dr. Lance McCready
Curriculum Teaching and Learning
OISE/UT
252 Bloor Street West – Rm 10-116
Toronto, ON

Ms. Yasmin Lalani
Curriculum Teaching and Learning
OISE/UT
252 Bloor Street West – Rm 10-116
Toronto, ON

Dear Dr. McCready and Ms. Lalani:

Re: Your research protocol entitled, “Risk and Resilience in the Peruvian Amazon: An Interview Study on Women, HIV/AIDS and Gender Relations”

ETHICS APPROVAL

Original Approval Date: May 31, 2010
Expiry Date: May 30, 2011
Continuing Review Level: 2

We are writing to advise you that the HIV Research Ethics Board has granted approval to the above-named research study, for a period of one year. Ongoing projects must be renewed prior to the expiry date.

All your most recently submitted documents have been approved for use in this study.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your study. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry, as per federal and international policies.

If your research has funding attached, please contact the relevant Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your project.

Yours sincerely,

Dario Kuzmanovic
Research Ethics Analyst

OFFICE OF RESEARCH ETHICS
McAttrick Building, 15 Queen’s Park Crescent West, 2nd Floor, Toronto, ON M5S 3H4 Canada
Tel: +1 416-864-3373 • Fax: +1 416-864-8765 • ethics.services@utoronto.ca • http://www.research.utoronto.ca/for-researchers/administration/ethics/
APPENDIX B

NGO ADMINISTRATORS INFORMATION AND CONSENT LETTER

[OISE/UT LETTERHEAD]

Investigación Sobre Mujeres y la Prevención de VIH/SIDA en Loreto

ONG Administradores/as Participantes: Formulario de Consentimiento

El estudio: Mi nombre es Yasmin Lalani y estudio educación en la Universidad de Toronto, Canadá. Como es de su conocimiento, las mujeres en Loreto constituyen un grupo vulnerable a la infección del VIH. El propósito de este estudio es investigar las opiniones de las mujeres sobre la educación en prevención del VIH/SIDA y cómo sus relaciones significativas afectan como ellas y otros se comportan y piensan sobre la prevención del VIH/SIDA.

Usted está invitado a participar en este estudio para hablar sobre la educación en prevención que usted diseña e imparte a personas en Iquitos y sus alrededores. Sus ideas e información sobre los talleres y las charlas que Usted imparte serán muy útiles para comprender los mensajes de prevención del VIH/SIDA prevalentes en la zona de Iquitos así como el potencial que estos pueden tener en el futuro al ser interpretados por mujeres.

Su participación: Usted está invitado a participar en una entrevista conmigo. La entrevista tiene duración aproximada entre 60 a 90 minutos. La entrevista se trata sobre la educación en prevención del VIH que usted ofrece a la gente en Iquitos y sus alrededores, sus opiniones acerca de cómo los hombres y mujeres se relacionan entre sí, y su importancia para la prevención de VIH en general. No se les pedirá que revelen información personal sobre los empleados de su organización ni acerca de las personas que utilizan los servicios de su organización. Todo lo que usted me diga en la entrevista será completamente privado si así lo desea. La entrevista será audio-grabada y transcrita. Sin embargo, usted tiene el derecho de pedirme que apague la grabadora en cualquier momento. Puede ser que después de la entrevista, le contacte para clarificar alguna parte de nuestra conversación. Usted no tiene que decidir participar ahora mismo. Yo estaré en Iquitos hasta el 28 de agosto si usted quiere contactarme en otro momento para participar y con mucho gusto le atenderé.

La presencia de una traductora: Para que todo lo que usted diga en la entrevista sea entendido exacta y correctamente, tendrá una traductora para apoyarme. O, si usted desea, puede elegir a su propia traductora. La traductora ha firmado un documento de acuerdo para guardar todo lo que usted me diga, privado. Si usted no quiere que haya una traductora durante la entrevista, usted puede utilizar este derecho. También, usted tiene el derecho de pedir que la traductora se ausente, así como el derecho de pedir que regrese en cualquier momento durante la entrevista.

Voluntariedad: Su participación en este estudio está totalmente voluntaria. Ud. no está obligada a contestar preguntas que le hagan sentirse incomoda y Ud. puede retirarse del estudio en cualquier momento. No habrá ninguna consecuencia si Ud. elige retirarse del estudio y los
servicios que recibe de su organización no cambiarán. Si Ud. decide retirarse del estudio, tiene el derecho de pedirme no utilizar ninguna de la información que me ha proporcionado como una ex-participante y destruiré esta información con la brevedad del caso.

**Confidencialidad:** Su confidencialidad será protegida bajo las medidas permitidas por la ley. Todos los archivos de audio, transcripciones y formularios de consentimiento se almacenarán en un cajón cerrado con llave. Yo seré la única persona a tener acceso de este cajón. Cuando este estudio haya terminado, voy a estar escribiendo un informe de síntesis. Ud. puede decidir si quiera que su nombre actual este utilizado en los informes u otro nombre. Una copia del informe se hará disponible por medio de la organización que le de su información de prevención de VIH/SIDA. Sin embargo, si las opiniones que Usted expresa o los incidentes que Usted describe son excepcionales y conocidos por otras personas, me resulta imposible garantizar el que Usted no sea reconocido. De igual forma, me es imposible garantizar que todos los otros participantes en este estudio mantendrán su confidencialidad—pese a que se les animará a hacerlo. Hay algunas excepciones a la confidencialidad. Si Ud. revela cualquier intención de hacer daño a Ud. o a otros, se informará a las autoridades correspondientes siguiendo los protocolos del caso.

**Riesgos y beneficios:** La participación en este estudio no representa ningún riesgo para su salud. Puede ser que algunas preguntas la hagan sentir incómoda pero por favor recuerde que Ud. no tiene que contestar ninguna de las preguntas que la hagan sentir incómoda. Si usted se siente incomoda u inquieta después de nuestra conversación, usted puede hablar con alguien en el departamento de servicios sociales en Hospital Iquitos César Garaya García. Yo puedo hacer una cita con ellos en su nombre. No hay beneficios directos derivados de la participación en esta entrevista. Los beneficios principales son tener la oportunidad de discutir sus ideas, opiniones sobre la educación de prevención de VIH/SIDA y contribuir al desarrollo de la educación de preventiva para mujeres en Loreto.

**Compensación:** Ud. será compensado por el tiempo y energía que usted dedique a participar en este estudio. Se le dará una pequeña muestra de agradecimiento en forma de alimento o un artículo del hogar para Ud. o su familia. Ud. tiene el derecho de mantener su regalo si decide abandonar el estudio.

**Preguntas:** Si Ud. tiene cualquier pregunta sobre este estudio, Ud. puede contactarme a: (647) 308-0254 o, a: iquitosperu2010@hotmail.com. Si yo no soy capaz o no está en mi competencia responder a sus preguntas, yo puedo contactar la Oficina de Ética de la Investigación en Canadá, en su nombre. Para su conocimiento y referencia, los datos de contacto son:
Correo electrónico: ethics.review@utoronto.ca
Teléfono: (416) 946-3273

**Para su referencia:**
Hospital Iquitos Cézar Garaya García
Av.Cornejo Portugál, 1710
Iquitos
Centrál Telefónica: (51-65) 26-4731
Yo he leído (o se me ha leído) y entendido lo anterior y al firmar este documento o grabar mi nombre y la fecha de hoy en esta grabadora, yo doy mi consentimiento de participar en este estudio.

Firmado,

Participante:____________________

Fecha: ________________________

Yasmin Lalani*: __________________________

Fecha: _______________________________

* Mi firma confirma que he obtenido consentimiento oral por la grabadora digital de voz.
Gracias por ponerse de acuerdo para participar en esta entrevista sobre la prevención de VIH/SIDA. Las preguntas para esta entrevista sigue tres temas. En primer lugar, le haré algunas preguntas sobre su trabajo aquí. Luego, haré algunas preguntas sobre los programas o currículo de la prevención de VIH aquí en [nombre de la organización]. Por último, tengo preguntas sobre la gente que participa en los programas de educación más un par de preguntas para concluir la entrevista. ¿Usted tiene algunas preguntas o preocupaciones antes de que comencemos?

Experiencia
1. ¿Qué le motivó a trabajar aquí en [nombre de la organización]? 
2. ¿Cuánto tiempo lleva aquí como empleado?
3. ¿Cuál es su papel o función en relación a la prevención del VIH/SIDA?
4. ¿Puede usted describir su día típico?

Currículo
5. ¿Cómo describe Ud. los mensajes principales sobre la prevención del VIH/SIDA que quieren hacer llegar a la gente?
6. ¿Con quien consultan ustedes sobre el contenido/diseño/lanzamiento de los programas? (por ejemplo con el Ministerio de Salud)?
7. ¿Cómo entregan ustedes los programas/proyectos a los usuarios?
8. ¿Han realizado ustedes revisiones al contenido? De ser así, ¿cuáles fueron las circunstancias y cuál el resultado?
La Gente Que Participa en los Programas de la Prevención del VIH/SIDA

9. ¿Qué sector de la población les interesa y por qué?

10. ¿Cómo piensa que la gente responde a los talleres/charlas?

11. ¿Qué tipo de impacto piensa que los programas ha tenido para la gente (por ejemplo para la conciencia y conocimiento de las comunidades, actitudes, comportamientos, para los empleados…)?

12. ¿Cómo puede usted describir las relaciones entre los hombres y las mujeres en Loreto y/o Iquitos?

13. ¿Cómo ven ustedes a los hombres y a las mujeres en Loreto en comparación con los hombres y mujeres de otras partes del Perú?

14. ¿Piensa que la manera en que los hombres y las mujeres se relacionan entre sí tiene implicaciones para la prevención de VIH/SIDA? Si sí, podría hablar de ello?

15. ¿Cómo ve usted el desarrollo o avance aquí en [nombre de la organización]?

Conclusion

16. ¿Qué es más gratificante acerca de su trabajo aquí en [nombre de la organización]?

17. ¿Qué es lo que encuentra más difícil?

18. ¿Hay algo que le gustaría discutir que no le haya preguntado?
Le gustaría Usted participar en un proyecto?

Si Usted es una mujer mayor de 18 años y ha participado en un taller o una charla de VIH/SIDA:

Me gustaría hablar con Usted! 😊

**El estudio:** Mi nombre es Yasmin Lalani y estudio en la Universidad de Toronto, Canada. Estoy haciendo una investigación sobre mujeres en Iquitos y VIH/SIDA. Tengo interés en conocer sus experiencias y sus opiniones sobre la información que Usted ha aprendido acerca de la prevención de VIH/SIDA. También, tengo interés en conocer cómo sus relaciones con otras personas (hombres o mujeres o ambos) podrían ser más beneficiosas para comprender más detalles sobre la prevención de VIH/SIDA.

**Su participación:** Si Usted decide participar en este estudio, estará invitada a hacer una entrevista conmigo que dura entre 60 y 90 minutos. La entrevista sera audio-grabada. Hablaremos sobre lo que Usted ha aprendido en los talleres o las charlas de la prevención de VIH/SIDA. También hablaremos sobre las relaciones con otras personas en su vida. Durante la entrevista, le preguntaré a Usted si pudiera entrevistar a alguien a quien Usted conozca. Usted no tiene que aceptar esta invitación y no habrá ninguna consecuencia si no desea elegir a alguien. También, Usted podrá optar que su entrevista no sea audio-grabado.

**Usted será compensada por su tiempo:** Como una muestra de mi apreciación de su participación en el estudio, Usted será compensado por su tiempo mas no por sus respuestas. Al respecto, es importante anotar que no hay respuestas que sean correctas o incorrectas.

**Sus derechos como participante:** Si Usted decide participar, tiene derecho a retirarse del estudio en cualquier momento. No habrá consecuencias negativas si decide retirarse del estudio. Mantendré en secreto su información personal y nadie sabrá lo que Usted me dice sin su permiso. Es posible que una traductora esté presente para apoyarme un poco pero si Usted no desea que esté presente, prescindiré de este servicio. Escribiré un informe al final del estudio y si lo desea, puede elegir que otro nombre aparezca en el informe. También, Usted me puede decir cual información que no quiera que aparezca en el informe.

Por más información, Usted puede cortar la parte de abajo de las tiras o contacteme a:

iquitosperu2010@hotmail.com

Gracias!

**Note.** Tear-off tabs were attached to the bottom of this flyer. They said: “Mujeres y Prevención. Nombre: Yasmin Lalani. Teléfono: 965-90-90-24. iquitosperu2010@hotmail.com”

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El Estudio: Mi nombre es Yasmin Lalani y estudio educación en la Universidad de Toronto, Canada. Como es de su conocimiento, las mujeres en Loreto constituyen un grupo vulnerable a la infección del VIH. El propósito de este estudio es investigar las opiniones de las mujeres sobre la educación en prevención del VIH/SIDA y cómo sus relaciones significativas afectan como ellas y otros se comportan y piensan sobre la prevención del VIH/SIDA. Usted está invitado a participar en este estudio porque es mujer y ha participado en procesos de educación sobre la prevencion de VIH/SIDA. Las opiniones de lo que Usted ha aprendido serán muy útiles para comprender por que las mujeres en Loreto constituyen un grupo vulnerable al VIH y como la educacion en prevencion podría ayudar a todos a ser mas conscientes de como prevenir el VIH.

Su participación: Usted esta invitado a participar en una entrevista conmigo. La entrevista dura entre 60 y 90 minutos. Durante la entrevista hablaremos sobre sus experiencias con respecto a la educacion para la prevencion del VIH/SIDA y también sobre las relaciones importantes que tiene con otras personas. De igual forma pediré su permiso para entrevistar a una de las personas importantes en su vida mencionadas por usted durante la entrevista (Usted puede elegir quien será esta persona. De todas formas, si Usted no desea que yo entreviste a esta persona, respetaré su decisión sin repercusión alguna. Si usted autoriza esta entrevista, Usted puede elegir estar presente o ausente durante la entrevista. Todo lo que me Usted me diga en nuestra entrevista se mantendrá en reserva así como aquello que la persona a la cual Usted me dió permiso a entrevistar me comparta. Todas los entrevistas serán audio-grabados y transcritas. Sin embargo, Usted tiene el derecho de pedirme que apague la grabadora en cualquier momento. Si Usted decide no participar en este estudio, no habrá ninguna repercusión sobre la educación que Usted recibe. Puede ser que después de la entrevista, la contacte para clarificar una parte de nuestra conversación. Usted no tiene que decidir participar ahora mismo. Yo estaré en Iquitos hasta el 28 de agosto si Usted quiere contactarme en otro momento para participar.

La presencia de una traductora: Para que todo lo que Usted dice en la entrevista sea entendido exactamente, tendré una traductora para apoyarme. O, si Usted desea, puede elegir su propia traductora. Usted, la traductora y yo firmaremos un documento acordando reserva absoluta en lo que respecta a la información que usted me proporcione durante la entrevista. Usted tiene el derecho a pedir que la traductora no esté presente durante la entrevista. También Usted tiene el derecho de pedir que la traductora se ausente en cualquier momento durante la entrevista.

Voluntariedad: Su participación en este estudio es totalmente voluntaria. Usted no está obligada a contestar ninguna pregunta que incomode y Usted puede retirarse del estudio en cualquier momento. No habrá ninguna consecuencia si Usted elige retirarse del estudio y los servicios que recibe de su organización no cambiarán. Si decide retirarse del estudio, Usted tiene
el derecho de pedirme que no utilice la información que me haya proporcionado como una ex-participante y destruiré esta información lo antes posible.

**Confidencialidad:** Su confidencialidad será protegida bajo las medidas permitidas por la ley. Todos los archivos de audio, transcripciones y formularios de consentimiento se almacenarán en un cajón cerrado con llave. Yo seré la única persona a tener acceso de este cajón. Cuando este estudio haya terminado, voy a estar escribiendo un informe de síntesis. Usted puede decidir si quiera que su nombre actual esté utilizado en los informes u otro nombre. Una copia del informe se hará disponible por medio de la organización que le de su información de prevención de VIH/SIDA. Sin embargo, si las opiniones que Usted expresa o los incidentes que Usted describe son excepcionales y conocidos por otras personas, me resulta imposible garantizar el que Usted no sea reconocido. .. De igual forma, me es imposible garantizar que todos los otros participantes en este estudio mantendrán su confidencialidad —pese a que se les animará a hacerlo. Si Ud. revela cualquier intención de hacer daño a Ud. o a otros, se informará a las autoridades correspondientes siguiendo los protocolos del caso.

**Riesgos y beneficios:** La participación en este estudio no representa ningún riesgo para su salud. Puede ser que algunas preguntas la hagan sentir incómoda pero por favor recuerde que Ud. no tiene que contestar ninguna de las preguntas que la hagan sentir incómoda. Los beneficios principales son tener la oportunidad de discutir sus ideas, opiniones sobre la educación de prevención de VIH/SIDA y contribuir al desarrollo de la educación de preventiva para mujeres en Loreto.

**Compensación:** Ud. será compensado por el tiempo y energía que usted dedique a participar en este estudio. Se le dará una pequeña muestra de agradecimiento en forma de alimento o un artículo del hogar para Ud. o su familia. Ud. tiene el derecho de mantener su regalo si decide abandonar el estudio.

**Preguntas:** Si Usted tiene cualquier pregunta sobre este estudio, Usted puede contactarme a: (647) 308-0254 o, a: iquitosperu2010@hotmail.com. Si yo no soy capaz de responder a sus preguntas, yo puedo contactar la Oficina de Ética de la Investigación en Canadá, en su nombre. Para su referencia, los datos de contacto son:
Correo electrónico: ethics.review@utoronto.ca
Teléfono: (416) 946-3273

**Servicios Sociales para las Mujeres en Iquitos:** Si Usted tiene cualquier pregunta o preocupación sobre su seguridad personal o derechos humanos en sus relaciones, puede ponerse en contacto a:
Centro de Emergencia de Mujer (CEM)
Calle Ricardo Palma, 801
Iquitos
Telefax: (065) 23-1604

Yo he leído (o se me ha leído) y entendido lo anterior y al firmar este documento o grabar mi nombre y la fecha de hoy en esta grabadora, yo doy mi consentimiento de participar en este estudio.
Firmado,

Participante: ______________________

Fecha: _________________________

Yasmin Lalani*: ________________________

Fecha: ___________________________  

* Mi firma confirma que he obtenido consentimiento oral por la grabadora digital de voz.
APPENDIX F

STAKEHOLDER PARTICIPANTS INTERVIEW SCHEDULE

OISE/UT LETTERHEAD

Investigación Sobre Mujeres y la Prevención de VIH/SIDA en Loreto
Guía de Preguntas Para Mujeres

Gracias por aceptar participar en esta entrevista sobre sus experiencias en la educación en prevención del VIH/SIDA y acerca de sus relaciones personales. Esta entrevista tiene tres partes. Primero, me gustaría conocer información básica sobre usted. Luego, me gustaría hacerle unas preguntas sobre sus experiencias en las charlas y talleres a los que usted ha asistido. Y finalmente, tengo algunas preguntas sobre las relaciones significativas en su vida. Por favor, recuerde que usted no tiene que contestar a ninguna pregunta que le haga sentir incómoda. Si usted empieza a contestar una pregunta y decide que no quiere continuar, por favor, avíseme y podemos seguir con la próxima pregunta. ¿Tiene algunas preguntas antes de que empecemos?

Sobre Usted
1. ¿Su edad es entre: (a) 18-24 años (b) 25-34 años (c) 35-49 años (d) 50-64 años (e) 65+
2. ¿Dónde nació usted? País________________________ Ciudad__________/Pueblo____________________
3. ¿Cuál es el nivel más alto de educación formal que usted ha completado? (a) Primaria (b) Secundaria (c) Instituto Técnica (d) Universidad 
4. ¿Cuál es su situación laboral? (a) tiempo completo (b) tiempo parcial (c) ama de casa (d) jubilada (e) sin trabajo (f) alumna (e) otro (pide permiso por más detalle, si sea necesario)
5. Si usted tiene trabajo, ¿cuál es su ocupación?

Experiencias de la Educación en Prevención del VIH/SIDA
6. ¿Cómo se enteró usted de este programa de prevención del VIH/SIDA aquí en (nombre de la organización)?
7. ¿Cuáles fueron las circunstancias que le hicieron participar en las charlas/talleres aquí en (nombre de la organización)?
8. ¿Cuántas veces ha asistido a esas charlas/talleres?
9. ¿Asistió usted a esas charlas/talleres sola o con otras personas? Si usted los ha asistió con otras personas, ¿quienes son esas personas?
10. ¿Cuál es su impresión en general, de las charlas/talleres?

Ahora me gustaría hacerle algunas preguntas en más detalle sobre el currículo
11. Cuénteme sobre la charla o el taller que más se acuerda.
   • ¿Cómo empezó la sesión?
   • ¿Qué hizo usted?
   • ¿Qué clase de cosas aprendió usted?
   • ¿Cómo se sintió durante la charla/taller?
• ¿Qué cosas son las que mejor se acuerda?
• ¿Qué cosas son las que más disfrutó? ¿Qué fue lo peor?

12. En sus relaciones personales o sexuales con otros, usted ha utilizado algunas de las técnicas o estrategias que aprendió en las charlas/talleres? ¿Usted a descubierto algunos problemas en aplicar lo que aprendió?
13. Como mujer, ¿que piensa usted son las cosas mas importantes que chicas y mujeres (en Iquitos o en [nombre del pueblo] deben saber sobre la prevención del VIH? ¿Por qué?
14. ¿De las otras chicas o mujeres que usted conoce, piensa usted que saben sobre las cosas que usted mencionó en la pregunta anterior? ¿Cómo lo sabe o por que usted piensa que no saben?
15. En su opinión, ¿cuáles son las cosas mas importantes que chicos o hombres (en Iquitos o en [nombre del pueblo] deben saber sobre la prevención de VIH? ¿Por qué?
16. ¿De los chicos u hombres que usted conoce, saben ellos las cosas que usted mencionó en la pregunta anterior? ¿Cómo sabe usted o por que usted piensa que ellos no saben?
17. De las cosas que usted describió en preguntas #13-#16—¿están incluidas en los talleres y charlas? Si la respuesta es si, ¿Cómo están incluidas?
18. Como mujer, ¿que cosas se le hace difícil para chicas y mujeres (en Iquitos o [nombre del pueblo] para prevenir el VIH? ¿Hay cosas que se le hace fácil para prevenir el VIH?
19. ¿Usted habla con otras personas sobre VIH/SIDA (en cualquier manera)? Si usted dijo sí, ¿con quien y de que exactamente hablan ustedes?
APPENDIX G

FIRST ENTRIES INTO THE FIELD

My connection to Iquitos and the Amazon began in the summer of 1995 when I participated as a health project volunteer in my early twenties. My father (a pharmacist), came across a print advertisement in the Canadian Medicine Aid Journal by a non-governmental organization called Amazon Promise (known then as the Rainforest Health Project) that was looking for medical and non-medical volunteers to participate in a two-week expedition to provide medical care to people in villages in Peru. At that time, I was drawn to the organization’s emphasis on the sharing and blending of western and local knowledge for health promotion. As a young and adventurous woman with strong inclinations to follow in my father's footsteps to "help others", I was thrilled by the prospect of spending two weeks in a new country and culture volunteering my time and energy while practicing and improving the very basic Spanish I had learned in a Grade 9 Spanish class. Although I could not contain my excitement about embarking on this adventure, I knew instinctually that a mainly American-driven non-governmental organization taking western pharmaceuticals into rural villages was not the answer to all health issues in the Amazon and that there were larger, more intangible dilemmas at play. The whole enterprise seemed paternalistic and I felt it intensely; however, at the time I did not have the language or sociological background to interpret or talk about those feelings of discomfort, much less know how to theorize the power relations between “volunteer-tourists” (Wearing, 2001) and Peruvian patients. After all, my father was a pharmacist and only knew the practice of dispensing allopathic medications to the thousands of customers he has served and helped in his forty-year career in the small but spirited village of Lakefield, Ontario. I had no other kind of exposure to healthcare apart from the western model. Having grown up watching my father help and counsel
so many people with such genuine care and kind-heartedness made it difficult for me to question the validity of pharmaceuticals delivered by westerners to the "Third World". And so I set off to Peru that summer with my backpack--and a big red duffle bag full of donated antibiotics, vitamins and anti-parasitics.

*Amazon Promise* has been running for almost twenty years and despite the fact that the story of its inception would most definitely raise concern for some social science academics, many people in rural areas and in the impoverished district of Belén in Iquitos recognize the individual and structural impacts that this NGO has had on improving the health status of people in the region. Peru has a long history of civil society presence (as in most of Latin America) (LaBelle, 2001; Morrow & Torres, 2001) and some receive state support, from the Ministry of Health for example, as *Amazon Promise* does.

Similar to the of intimate encounters between tourists and locals described in Conran’s (2011) ethnographic study of volunteer tourists in Thailand, I developed an emotional affinity to the people I met in Peru through participating with *Amazon Promise* and, to the wondrous landscape of the Amazon rainforest and its many rivers and tributaries. As a child, my mother (a former zoologist) taught me to appreciate and be curious about nature and living things. So, I was eager to return to Peru after my first trip in 1995 and did so the following year and again in 1997 to live and work as a teacher in Iquitos.

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36 *Amazon Promise* began when the founder and president, Patty Webster, a young woman from Michigan went to the Peruvian Amazon in 1989 to work on a wildlife project. She then became a tour guide taking groups into the jungle areas surrounding Iquitos. The people in the villages they visited perceived Webster as someone who could help them and often lined up outside her tent to seek medical attention. Her western status positioned her as a person with intellectual authority and access to material wealth. Webster felt she could not ignore the requests from the people she met in these villages, many of whom had never seen a "western" doctor. In 1993 she founded *The Rainforest Health Project* which later became *Amazon Promise*. Webster was recognized by CNN in 2010 as one of their "Heroes of the Week". CNN described her as a combination of Mother Theresa, Indiana Jones and Susan Sarandon (Toner, 2010). Webster is not a formally trained medical professional and thus knows her place amongst volunteer doctors; however, she has nearly twenty years of experience of frontline collaborative work with doctors, nurses, dentists, *shamans*, village health promoters and ministry health officials. Webster is also exceptionally conversant (in both English and Spanish) and solution-oriented about the health issues that the local population face.
As participant observation is emblematic of critical ethnography (Denzin & Lincoln, 2005; Narayan, 1997), I argue that my participation "in culture" began in 1995 and continued through a series of short and long-term sojourns in Iquitos and its rural environs. During these stretches of time, I met many people, participated in cultural festivals, was invited to family dinners, birthday parties and weddings. I made friends, sang in a rock band called *Los Dogmas* on the weekends. I worked three jobs as a teacher for the *Fuerza Aerea del Perú* (Peruvian Air Force), a business administration institution and a computing institution. A few of the friends I made there are still close friendships that we have worked to maintain over the years.

Seventeen years later, I have come to understand in a critical academic sense, the politics of “development” and the relations of domination that so often characterize the North-South/West-East, privileging "North-West" knowledge and medicine and ever so subtly confirming to local populations (through altruistic words, deeds and distribution of material goods), that they require saving. I have adopted a healthy amount of skepticism and a critical thinking switch that turns on every time I hear a volunteer or a tourist say, “They have so little but they’re so happy!” The homogenizing and paternalistic language often used by volunteers and travellers to encapsulate the lives of “the other” and their realities is problematic to me. Émelie Crossley's (2012) article, "Poor But Happy: Volunteer Tourists' Encounters with Poverty" exposes British volunteer tourists' experiences of anxiety about poverty in Kenya. Crossley argues that while participants felt "fortunate" about their lives in their own countries, they "neutralized" their anxieties around poverty via the belief that poor people are "happy". In another article in critical tourism studies by Mary Conran (2011), she demonstrates that volunteer tourists' experiences with poverty have the potential to facilitate their thinking about their subjectivities to promote broader social justice agendas. These articles (and others in
critical tourism studies) are provocative for me because while I have many experiences of being a tourist in various countries in the Two-Thirds World, I reflected about my own feelings of class privilege. At times, I have avoided participating in certain "packaged" tourist experiences that commodify poverty or represent indigenous people as "objects" to be consumed by tourists' camera lenses. Other times, I have participated in objectifying "the other" via tourist experiences (a favela tour in Rio de Janeiro, for example). I have always felt a level of discomfort as a tourist in a Two-Thirds World country, even when I did not have the critical language to explain it. My relationship with tourism and my reflection of it, is an ongoing dialogue that I have with myself. The results of this study, I believe, will inspire me to dig deeper still into understanding power relations in tourist practices.
APPENDIX H

HISTORY OF MY RACE AND CLASS POSITION

In my attempts to unlearn and re-learn the world from a critical, postcolonial viewpoint, I inevitably falter and fall back on my Eurocentric background (Bailey-Jones, 2011, p. 6).

In this section I provide background about my race and class position. I am a middle-class woman of South Asian descent. I have directly benefited from the educational, social and economic trajectories of my parents, both of whom were children of migrants from India to East Africa in the early 1900s during the colonial era.

My father was born in the small town of Mbarara, Uganda and my mother was born in Dodoma, Tanzania. Both my parents were the only children in their families (each had six other siblings) who were offered the opportunity to go to university in the UK. Various reasons constrained the educational opportunities of their siblings who stayed behind in Africa; either they did not want to pursue postsecondary education, they got married young or there was not enough money to send all children and pay their tuition. Their parents and siblings regularly sent money earned from their families' small businesses, to pay their tuition fees and living expenses. My grandparents knew that having at least one of their children obtain a university education would increase their chances of success in life. My father obtained a degree in Pharmacy at the University of London and my mother obtained a Bachelor of Science in Zoology from the University of Wales in Swansea.
My parents first met each other at a social gathering in the UK and while they did seek out other South Asians who were also from Africa, they tried to assimilate the best that they could into life in Britain. They became accustomed to the dampness, drizzle and bland English cuisine. While their mostly white university classmates (and some professors) were intrigued by their "exotic" African origins, my parents were curious and open to learning the ways of life in England and Wales and absorbed and participated in the popular culture and pastimes in the 1960s: pints of bitter in the pubs with their classmates, football (soccer) matches, Coronation Street, Beatlemania and Sunday roast dinners with their landladies in their student accommodations. These experiences in the UK and Wales were the processes of acculturation and social mobility that accompanied their Eurocentric university education. The social and intellectual knowledge they gained equipped them to their next move in 1969: Canada.

Once in Canada, they retained their curiosity and openness about their new life. The success of their pharmacy allowed them to continue exploring the world through travel. As a child, my parents often travelled for two or three weeks at a time and left my brother and I with a roster of babysitters. We didn't mind. Over the years my parents have travelled to all seven continents multiple times. I would always look forward to them coming home and telling us stories of people they met, things they saw and sometimes we would get a small souvenir--something local from whichever country they were visiting. A week or so later, the photos would finally be developed and we would gather around my mother to listen to the stories that accompanied each picture.

My parents sometimes took my brother and I with them on their trips to distant places. In 1987, they thought we were old enough to appreciate a trip to Africa. I have vivid memories of my first trip to Tanzania and Kenya as a fourteen-year old and I, a racialized Brown girl who
attended an all-white public school in Peterborough, Ontario, was "fascinated" by "the other" that I encountered in Africa. I saw Massai tribes in colourful clothing and barefoot children in ragged clothes in villages in Kenya with whom I yearned to practice my few words of Swahili and make a connection or strike up a friendship. I believe that this trip to Africa geared me intellectually and emotionally to begin reflecting about my class privilege.

The main reason my parents took my brother and I to Africa was to witness the beauty of the Serengeti Plains and get some informal lessons on animal behaviour in the game parks. It is to my mother I owe my most humble appreciation for living things. As a former Zoologist, she has always been a lover of nature and of animals. When I was a child she would have me crouch down on the ground with her so that she could sing a song in Gujarati that would "magically" make some bugs come out of the earth while she ran her fingers along the dirt or sand. I would get excited when I would see that the bugs had heard her song and would appear from the sand. My mother never told us not to get dirty. She led by example and encouraged my brother and I to explore nature and be curious and gentle with insects, birds or other animals and provided her own guided commentary to guide our eyes to the beautiful colours on birds and markings on other animals. Likewise, my father organized annual nature walks to Petroglyphs Provincial Park for my brother and I. We would pack a lunch, snacks and sodas and head off on one of the trails with our goal in mind--to reach the High Falls at the end. We would traverse in single-file through sunny clearings and wooded areas climb over rocks and old tree roots and gingerly make our way across mossy logs to cross swamps. My first trip to the Amazon jungle of Peru therefore did not scare me at all. I could not wait to be amongst the sounds and sights of animals and insects of the Amazon.
I believe that my parents' affections for nature and living things could have been attributed to a desire to stay connected to their African heritage. I grew up hearing stories of their childhood--my mom from Dodoma, Tanzania and my father, from Mbarara, Uganda. I have always been surrounded by artifacts from distant places. Small wooden carvings from Tanzania and Uganda, artwork, an elephant's foot, and even a zebra skin, in its entirety that hung on our wall in our home. I thought nothing of these items as they were just a part of the décor of our family home. I would only pause when company came over, particularly my childhood friends who would gasp and exclaim, "Is that zebra skin real?", or, "What's this?" when picking up some other foreign item on our shelves. For a family history project in Grade 4, our assignment was to bring an antique from our home to show the class. My parents did not have any antiques in the Western European sense. What adorned our home instead was a collection of African masks with wide noses and big teeth, wooden elephants, giraffes and rhinos and statues of African tribespeople. I do not remember how I completed the school assignment. I only remember the feelings of "difference" because our family home did not have any antiques--just a bunch of "African stuff" that I know my white classmates might have found "weird".

The books on our shelves at home also served as catalysts for my curiosity for living things and strange and beautiful. In my teen years, I was captivated by the glossy black and white pictures in a book in our TV room called *Diseases of the Skin*, published in 1917. Instead of recoiling at these clinical photographs and snapping the book shut with disgust, I looked long and hard at these photographs and wondered how the people with these skin conditions must have felt having their picture taken as a specimen for a medical book. I also of course wondered how and why they got these diseases and if they could ever be cured. Other books I got my hands on were about seashells and mollusks that my mother had kept from her Zoology courses.
Overall, what impressed me the most was that my parents had actually read these books and therefore gained knowledge from these interesting subjects throughout their university careers. While I did not follow in the footsteps of my parents to pursue a science degree or health profession, a large part of my identity is my interest in people and natural world while at the same time continuously reflecting about my pathways to class privilege.
APPENDIX I

SEX TOURIST JOURNAL ENTRY

I think it was the Thursday night before I left Iquitos that the sex worker gringo night happened. I got a first hand look at how sex is exchanged between a *trabajadora sexual* and a foreigner. I hadn’t planned on going out that night. I was just going to stay in my room and have an early night but at around 9pm I got restless and decided to head over to Karma Café to have a drink and read the TS book that I photocopied from Silvia (*Un Movimiento de Tacones Altos*).

Upon arriving at Karma Café, I chose one of the seats closest to the door (contrary to my usual seating preference further inside by the bar), and I ran into Alberto, my candy-seller *amigo* who I have known since 1997 when he was only about twelve years old. Alberto was my candy-seller *amigo* back then too. I bought some Chiclets gum from him as we made small talk for a few minutes and then he ran into someone he knew—a very big bloke, American-sounding, touristy-looking. Alberto introduced me to his American friend. The American and I immediately launch into an animated conversation in English about what we're both doing in Iquitos. The usual, "so what are you doing here?" conversation that I am sure many expats have had with their kin which is usually one of three things: Ayahuasca, research, business or NGO. Turns out we have some Iquitos history in common. Alex also lived in Iquitos for a while (two years back in 1999), knows _________ (the Drug Enforcement Agency guy that I met years ago who probably doesn’t remember me), knows all the details of the plane that was shot down back in 2002 (I think), speaks fluent Spanish etc. His name is Alex and he used to be in the US Marine Corps but now serves as a private bodyguard for a company that organizes private bodyguards for people who want to travel. His client is an older gentleman by the name of Terry.
who had hired Alex to “take care of him” while he’s in Iquitos. I found this odd. I vaguely met/saw Terry outside Karma Café when I met Alex. Terry was hopping into a motocarro on his way somewhere. I asked Alex why this old git needs a bodyguard in Iquitos (of all places!) when he’s not even famous or a celebrity. Alex explained that Terry is a very rich man—Fortune 500 rich—and wants extra security wherever he goes so hired Alex to basically ensure that Terry arrives back in the U.S. alive. Alex is a big, stocky man with bulging muscles, about 6’0, over 200 pounds. He tells me he knows martial arts, has (allegedly) killed people with his bare hands (because he “had to”, he said) and actually encouraged me to take up some sort of self-defense or Thai kickboxing class. Our conversation about this was quite interesting and I hung on his every word because it seems that he leads a very exciting life as a bodyguard, former Marine corps member, has gotten into fights and has even (allegedly), killed people (not that killing people is “exciting” but meeting someone who actually has killed someone with their bare hands is not something you find everyday!). I didn’t care that he wasn’t too interested in me and what I’m doing in Iquitos; I wanted to hear his stories so I generally enjoyed his company for the time being. After about forty-five minutes or so, Alex's pensioner client, Terry, returned. Alex introduced him to me and he pulled up a chair to join us at the table for a few minutes. Then Terry announced that he wanted more sex. Yes, more sex. You see, while Alex and I were having a drink and a chat at Karma Café, Terry was busy in his hotel room with a sex worker he had picked up in the Plaza de Armas. He casually told us that he had wanted to take two girls to his hotel but the hotel staff only allowed him to take one of them and this pissed him off.

Hmmmm. I immediately put my researcher hat on when I heard that. So for Terry’s next sexual adventure, he wanted to go to a strip club. The two gentlemen asked if I’d like to accompany them. I was hesitant but at the same time, curious! Alex said that the second I feel
uncomfortable, we could leave and he’d escort me to my apartment. They seemed harmless to me and because part of my research focuses on women, sex work and HIV I thought that I probably shouldn’t pass up this opportunity for some late night, last-minute field work.

Turns out that the club that Terry wanted to go to was one across from the LGBT office—the one that Silvia took me to the week before to recruit participants (Marisa and Paula). I wondered whether they would be there that night and whether they’d mind if I was there with these two gringo guys. I told Alex that I have been to this club before and that I might even know two of the women who work there and that I didn’t know if it would be a good idea for me to be there, e.g. would my presence make these girls feel uncomfortable or would it not be a big deal at all? I had no idea. Alex suggested that I still come along but that the minute I feel uncomfortable, I should let him know and he would take me home. Fair enough. The three of us piled into a motocarro (a very tight squeeze with me squished in the middle) and set off. The bouncer was the same one that was working the night Silvia took me and I’m pretty sure he recognised me. I was curious what the club looked like at this hour—much later in the evening than the night I was there before. By this time, I think it was about 10:30pm. We walk in and the place is empty—apart from three girls and yes, Marisa and Paula are there and immediately recognised me and greeted me with cheek kisses. I did feel just a little awkward walking in flanked by these big gringos and for some reason I felt the need to offer them my disclaimer statement: “Hola amigas! I don’t actually know these guys very well at all! I just met them a couple of hours ago! I’m just tagging along, ok?” They didn’t seem to mind. There was a third girl there who I didn’t know. She was tall and pretty.

We all sat down around a few small tables near the front of the stage and the guys ordered a couple of pitchers of beer. I ordered a bottle of water. Alex was not interested in these
girls, obviously. His prime concern was to keep an eye on Terry but he made some perfunctory small talk with the third girl and a bit with Marisa. Paula was sitting next to me and I really wanted to take this opportunity to get to know her a bit better and perhaps I could ask her again to come for an interview with me (neither Marisa nor Paula called me or got in touch when Silvia and I tried to recruit them the week before). So after some idle chit-chat I kindly asked Paula if she’d still be interested in being interviewed and she said she would (I didn’t totally believe her though). I think at this point, Terry walked around the table over to my seat and bent down to ask me something. Well. What he said was, “I’ve never done this before, I mean, I’ve never had a woman around when I’m doing this, so I’d like you to choose one for me. Please choose one.” He wanted me to choose one of the three girls for him to take to his hotel with him. I felt pretty strange about that and I can’t say anyone has ever asked me to do that before. Definitely a first. I was hesitant so he told me to think about it and then he returned to his seat at the other side of the tables. From a researcher’s point of view this situation posed two dilemmas. First, the way he asked me to “choose a girl” was obviously a form of objectification of them—like he was asking me to choose an item to consume on a menu. But on the other hand, these girls needed his money. In fact, when Paula (who was sitting next to me) asked me what he was talking to me about after he returned to his seat, she told me to tell him to pick her because she needed that money. So really, all three girls wanted to be chosen by the gringo who obviously has money. I didn’t want any bad blood between us all (e.g. the other two girls getting jealous that I pick Paula) so I chose to ignore the request. Honestly, I didn’t know what to do. Didn’t matter in the end anyway because moments later, Terry announced he was thoroughly bored and disappointed with the “scene” at this nightclub. He complained that there weren’t any other patrons and that the girls weren’t dancing or “doing anything”. So in a huff, he decided he wanted to leave. So
the three of us pushed back our chairs, said our goodbyes and piled into another motocarro that we hailed from outside.

Next. Terry says he’s not done yet. He seems to be hell-bent on getting more sex tonight so he says he wants to go to the Boulevard to find more girls. Terry asks the motocarrista to drop us off at the corner, just outside Fiztcarraldo’s restaurant but we clearly see the Boulevard is dead. The arched doors at Arandú Bar are boarded up for the night and that’s a sure sign that party-time is over. It’s Thursday night, and all the action winds down around 11:30pm or so. Too late. Just as I thought we were all about to call it a night, Terry emphatically states, “What? No one here? Ok I’m going to the Plaza de Armas but I don’t want you guys to walk with me! I want to walk alone! Ok? I don’t want you guys near me!” Okaaaay. Now because Alex is Terry’s personal bodyguard, he can do nothing but adhere to the old man’s wishes so the two of us stay behind while Terry makes his way up Napo Street to the Plaza de Armas. I’m weary and need my bed. Alex offers to walk me home which I desperately need so I take his offer.

“However”, he says, “Do you mind if we stay a few paces behind Terry and follow him to our hotel? As his bodyguard, I need to make sure he is ok.” Absolutely, I tell him. He then adds with a chuckle, “It’ll be fun! A bit of detective work for you!” It was nice that Alex wanted to “make it fun” for me, seeing as how I ate up all his stories in Karma Cafe just a few hours prior. They were both staying at the Hotel Marañon—the place on the second block of Nauta so it wasn’t far and not out of my way.

We’re standing around on the corner of Raymondi Street and Napo Street (across from Ari’s Burger and that official-looking building) observing Terry. There are a few girls circulating the Plaza and we see Terry talking to one of them. Ok. So this is what it looks like. A gringo soliciting sex on the street amongst a thin bevy of waiting girls.
After a few minutes, it looked as though Terry had made a deal and the two of them started to cross the street towards the Hotel Plaza Dorado. Alex and I were still several paces behind. They turned the corner on Arica Street and we followed. Alex and I talked a bit; I asked him which company he works for and he quickly told me the name and I quickly forgot it. I don’t think he wanted to tell me too much so I just let it be. Terry and the sex worker turned right onto Nauta Street and we arrived shortly afterwards to find Terry and the girl having an agitated conversation with the guachimán (night watchman) of the Hotel Marañon who evidently didn’t want to let Terry's guest into the hotel. Since Terry doesn't speak Spanish, this must have been a very confusing conversation to have. Their clumsy negotiations were interrupted when Alex and I arrived. Terry was surprised to see us because he wasn’t aware that we were following him. We did the usual and introduced ourselves to the girl with "holas" and cheek kisses. She was petite with long straight black hair and heavy make up—and looked a bit. . . in fact, up close she looked like. . . Hmmm. I kept this information to myself. Terry explained to Alex in English that he was having a hard time trying to get the guachimán to let the girl in the hotel and could he please help. Alex is very well-versed in Iquitos culture, people, local gossip and way of life said to Terry, “So, how old is he?” Terry replied, “What? What do you mean?” Alex repeats the question: “How old is he?” Terry was still confused for a second or two but then ah-ha. . . the penny dropped. “What? You mean...! What the fuck?”, exclaimed Terry. “What the fuck?”, this time moving abruptly away from her. “No, no, no!”, he cried. Judging by Terry's reaction, it was obvious that her gender identity was an issue. Terry's late night sex plan was summarily aborted there and then. The girl left and disappeared around the corner and she didn’t seem to be upset. Alex, now my personal bodyguard, walked me home.
APPENDIX J

PARTICIPANT OBSERVATION AT PLAYA PAMPACHICA:
JOURNAL ENTRY OF A HIGH-RISK BEHAVIOURAL SETTING

Near the end of my fieldwork in Iquitos Silvia, invited me to her house for a Sunday lunch. Silvia and her family live well outside the city core and where the roads are less maintained (many of them are not paved at all) and harder to locate because there are no "downtown" street sign fixtures near the outer perimeters of the city. I told the motocarro driver the name of the neighbourhood where I needed to go and he slowed down and idled at one of the unmarked intersections, also not knowing exactly where he was to drop me off. Silvia anticipated the trouble I would have in finding her house so she sent her daughter out to the intersection and she met me and led me to the house.

Silvia welcomed me in and greeted me with a kiss on the cheek as she invited me in. I immediately noticed that a very new-looking refrigerator stood proudly in the corner of the front room/living room; I suspected it was placed there because there was nowhere else in the house to put it, but I also surmised that it was a symbolic item of materiality. The front room was very tidy, adorned with two wire rocking chairs (wire rocking chairs are the most common item of furniture in people's homes in Iquitos) and a shelving unit with neatly piled stacks of papers. Trinkets and photographs lined the top shelf. I imagined the fridge was also included as a "display item" for the front room. She gave me a quick tour of her house and promptly invited me to take a seat at the kitchen table with her husband. In the dining area at the back of the house, we ate fish and rice for our lunch and made idle small talk. Our conversation then turned to HIV/AIDS prevention and condoms. Silvia always expresses both a passion and grave concern about sexual health, especially regarding her compañeras and young people in Iquitos.
Her teenaged daughter is already well-versed in STI and HIV/AIDS prevention and takes part in prevention education for teens. Silvia laments that there are a lot of young people who no se cuidan (do not use condoms to "take care" of themselves). This worries her. In particular, she mentioned the Playa Pampachica (Pampachica Beach)--one of Iquitos' most popular beaches for locals during the dry season cuando salen las playas (when the beaches "come out"). I listened intently to her concerns. After a short pause she announced, "Do you want to go to this beach right now and see what I'm talking about?" In her mind, the purpose of the beach outing was to show me why she believes this beach is a place where alcohol, drugs and young people "hooking up" mix, thereby increasing their risk to a range of STIs or HIV. Put another way, Silvia wanted to show me her interpretation of a social context of HIV risk.

Soon after we finished lunch, Silvia, her husband, her son, daughter and I squeezed ourselves into a motocarro that dropped us off at a place where we were to board a boat to take us across a river to the Pampachica Beach. Once we disembarked from the boat with about fifty other beach-goers, we walked up from the shore to the main area. We saw large groups of youth sitting at plastic tables and chairs drinking, milling around and dancing in a covered thatch area to the sexually suggestive 2009 hit song, "I Know You Want Me" by the Cuban-American rapper, "Pitbull":

I know you want me, want me
You know I want cha, want cha
I know you want me
You know I want cha, want cha
(Ha ha ha)
One two three four
Uno dos tres cuatro

Rumba, si
Ella quiere su Rumba, como?
Rumba, si
Ella quiere su Rumba, como?

Si es verdad que tu eres guapa
Yo te voy a poner gozar
Tu tienes la boca grande
Dale ponte a jugar, como?

One two three four
Uno dos tres cuatro

Baby you can get it, if you with it we can play
Baby I got cribs, I got condos we can stay
Even got a king size mattress we can lay
Baby I don't care, I don't care, what they say

The music was thumping from several massive speakers; the audio-distortion was almost too much to bear. A cheap, carbonated alcoholic drink called "Climax" was on sale for five soles (~$1.80 USD) for a two litre bottle at various vendor stations dotted along the beach. All five of
us walked slowly along the beach, quietly observing, somehow knowing that we were not participants of this micro-culture but merely observers. As I walked next to Silvia, she often remarked to me, *Mira todos los jovenes aqui* (Look at all the young people here). Silvia lamented that this beach used to be more family-friendly but in the last few years it has transformed into a place where local youth (gay and straight) gather to get drunk and smoke marijuana on the weekends. In recent years, the beach has also earned the playful nickname: *PampaGay*, owing to the crowds of gay youth who now populate the beach on certain days. Silvia, her husband, her children and I stopped to "take it all in" during our walk on the beach, just to observe what Silvia believes is a risky place for people to contract STIs or HIV via the casual hook-ups that likely "go down" here. Later on, Silvia took me aside and led me to another area away from the sandy beach part--a small grassy patch about fifty feet away from the beach crowds. She pointed to the patch of batted down tall grass and said to me, *This is where these young people have sex. They get drunk and have sex and they probably don't use condoms! They're taking so many risks with their health.*

Activists' knowledge of the specific venues that shape sexual behaviour is a key insight that demands further attention. Prior research indicates that particular social environments do increase the probability for individuals to engage in risky sexual behaviours or to adopt attitudes, however brief, that lead to HIV risk (Latkin & Knowlton, 2005). Similarly, according to Silvia Torres, *Playa Pampachica* in Iquitos is a place where the behavioural norms such as the high consumption of alcohol in the daytime hours and public sex increase people's risk to HIV and STIs. Further research in behavioural norms in youth culture is warranted to understand issues such as perceived risk and potential educational responses to engage this youth population.