Sexual Health in Large Projects

Large development projects costing over 10 million USDs, such as dams, mining projects, major construction works including roads are required to conduct Health Impact Assessment (HIA). The purpose of HIA is to identify likely negative impacts before the start of the project and put in place mitigating measures to contain identified adverse effects of the project. One of the most common negative impact of such projects is sexual exploitation of local communities by influx of large numbers of people to the project area. What drives these impacts is the influence money has on people, both exploiters and the victims.

Most of these projects are in rural and remote sites with small populations. People living in these areas are not only poor but generally cash starved and deprived of basic facilities available to the urbanites. Access to health and other facilities due to lack of roads and transportation makes the day to day living harsh. Generally people are poorly educated and lack understanding of the way of life in the cities. They can be easily exploited by outsiders with money and knowledge of the world.

Large projects require enormous number of labour force as well as skilled workers, which cannot be found locally, allowing large influx of people descending from outside into the project areas for jobs and other opportunities. Not only the workers, but according to estimates, three to four times the workforce also moves to project areas for linked opportunities for work and businesses. If 5000 workers are at a project site at the peak of the construction work, additional 15000 camp followers are likely to be there as well. Moreover large numbers of the migrated people go on to stay in the area after the completion of the project, as the life of major projects is anything from seven to ten years or even more. Nakai, in Northern Laos had literally four to five thatched huts before the Nam Theun 2 project started and now it is a thriving town and the district headquarter.

The project labour force is generally young and healthy, away from home and their families and have surplus cash at hand from daily wage payments. At the end of the day, tired from hard work and loneliness, they tend to seek solace in alcohol and any kind of entertainment. This scenario not only applies to the labour force but to all grades of workers.

To provide for this newly created need, businesses mushroom up as eating places with ample of alcohol and music. New employment opportunities attracts local people, especially the young women, where cash can be earned relatively easily. This opens up the doors for thriving sex industry under the disguise of restaurants and bars, allowing entertainment industry to flourish. Adolescent girls are at the greatest risk of exploitation. Sex workers from outside descend on sites to claim their share. At times whole brothel from a nearby town may shift to the campsite. I saw this happening in Laos where a massage parlour overnight shifted, lock, stock and barrel, from the provincial capital to the project campsite. In Timika, Papua, Indonesia a thriving sex industry is permanently placed outside the town to serve the mine workers.

Project operators, especially their social development programmes, then have to deal with the consequences of these new activities. Although project management tries to control their workers but it is impossible to stop people from doing what they want after working hours. Health section of the project has to deal with sexually transmitted infections (STIs), drug abuse, violence, road traffic accidents and the like.

Lessons were learnt from two large projects in Laos and Indonesia. This article shares that experience here for those who may be engaged in similar projects, facing the same problems.

Three areas were focused to prioritise in the health programmes:

1. Practical approach to workers in providing advice and treatment to those affected;
2. Public Education and awareness for self-protection;
3. Special programmes for high risk groups.

It is generally the responsibility of contractors to put in place some controls over the workforce to minimise problems through rules and regulations, such as disciplinary actions for driving under the influence of alcohol or other substances, contracting STIs including HIV infection, speeding, violence etc. Although these rules and regulations may reduce such offences, it is impossible to control the situation to any significant level, especially what workers may do during their free time.

The health programmes in these two projects took the following approaches to address the problem:

- **Health education and awareness** programme was integrated with the health checks of newly employed workers in Indonesia. Each employee was served a questionnaire to assess their knowledge of STIs and how to protect oneself from these diseases. Findings of the survey were further used in awareness and health education programmes. Workers had access to clinics for any illness consultation including STIs in two hospitals at the mining site and a number of health centres in the resettled populations in the lowlands. In Laos similar facilities were provided to workers through site clinics.
- Posters and exhibitions were organised to further increase awareness on STIs and HIV/AIDS. In Freeport billboards were erected through a corridor of more than 100 KM, all the way from the mine on the top of the mountain to the company's sea side port from where the ore was exported. Health centres, restaurants and messes in the mining sites, lifts carrying the workers, even the airport was plastered with these awareness posters.
- **Public Sector:** Special programmes of health education and awareness were organised right through the year to increase awareness of the dangers of STIs and how to protect oneself from them. Every year on December 1st, the World Aids Day was celebrated in great pomp and show to increase awareness. All the health centres in the project areas participated in AIDS Day programme covering vast populations spread out in their catchment areas. In Timika in Indonesia and Thakhek in Laos, processions were organised through the town to make public aware of the HIV scourge. School health education programmes were also included in the public awareness through special programmes for school children, especially addressing adolescent girls. (see pictures below)
- **High-risk groups:** Large projects have varied types of high-risk groups. In these two projects they constituted the workforce and the commercial sex workers. Both had to be equally contacted to have any beneficial effect. Above mentioned activities largely focused on the workforce. For commercial sex workers special clinics were

> organised in Timika where they lived and worked. Three times a week health team visited the centre specially designated for the work. Examined systematically all sex workers for any complaints they may have and treatment provided. Every three months they were offered voluntary HIV testing and counselling, and records maintained. Monitoring of HIV status was carried out at regular intervals and prevalence of HIV among this high risk group was monitored and reported. General counselling for protection from contracting STIs was carried out and insistence of 100% condom use encouraged. In Laos, similar activities were organised in adjoining towns of the project area, addressing the needs of service women, as they were called, and treatment, advice and counselling provided.

There is no suggestion in this article to claim complete control of spread of STIs through these activities. But it was heartening to note that prevalence of HIV among sex workers in Timika remained below 5% for the number of years that I was there. I am confident that the strategy used continued to contain the spread of HIV infection among the sex workers since then. In Laos, the records from provincial HIV control canter at the provincial hospital revealed no abnormal increase in the number of HIV+ or AIDS patient in the project area during the life of the project. Adoption of collaborative approach with the National HIV/AIDS programme by the project was part of the strategy in view of sustainability after project completion.

Three pronged approach of focusing on project work force, high risk groups and public awareness is crucial for any large project to contain the spread of STIs through its impacts.

Following definition of a sexually healthy adolescent defines the role of the ***family***, the ***school*** and the ***society.*** Until all three have a balanced view of this definition, we will not have a healthy society:

"A sexually healthy adolescent is able to realize his/her individual potential around critical developmental tasks related to sexuality. These tasks include: accepting his/her body, gender identity and sexual orientation; communicating effectively with family, peers and partners; possessing accurate knowledge of human anatomy and physiology; understanding the risks, responsibilities, outcomes and impacts of sexual actions; possessing the skills needed to take action to reduce his/her risk; knowing how to use and access the health care system and other community institutions to seek information and services as needed; setting appropriate sexual boundaries; acting responsibly according to his/her personal values; and forming and maintaining meaningful, healthy relationships"

Guiding Principles for Sexual Health Education for Young People: A Guide for Community-Based Organizations. New York State Department of Health

Please see Gallery for activities connected with the article below. (*click on picture to enlarge*)