

# Community Education on AIDS and STDs in Peru

The prolonged economic crisis in Peru has created an unprecedented level of poverty: 83% of the economically active population is unemployed and UNICEF estimates that **50.7% of Peruvians live in absolute poverty**. Coupled with high levels of poverty are low levels of education. In half of poor families, the most educated family member, usually the man of the house, has - at maximum - an elementary school education.

The capital of Peru, Lima, is a city of extremes. While modern architecture and high-class neighbourhoods fill the city centre, the outskirts are characterized by barrios of extreme poverty. People from the countryside have flocked to the city to find work but have had little luck. **They find themselves living in very poor conditions with little access to health and educational services.** In the district of Carabayllo, located in the "poverty belt" surrounding Lima (population 8 million), there are approximately 120,000 people. The area is 95% rural, but only 7.5% of the people actually live in rural areas. Thus, much of the population of this area live in urban "shanty-town" style settlements close to the city limits.

Since the first case of AIDS was identified in Peru in 1983, the rate of infection has grown rapidly, with 9,469 cases reported in 1999 alone. It is now believed that there are **more than 53,000 cases of HIV infection in Peru**, and the rate is poised to increase exponentially without immediate intervention. Carabayllo has seen a dramatic increase in the number of reported HIV and AIDS cases as well as an increase in reported cases of other



STDs. This is largely due to a historical lack of safe-sex education as well as a lack of an official government policy on AIDS and STDs - which was only adopted well after the rate of infection began to skyrocket. Government health institutions have been ill equipped to deal with the situation and have not established any clear public health priorities or programs to address the issue.

Poor sanitary conditions coupled with limited access to health services and education in the region allow for **the rapid spread of all diseases**. The spread of AIDS and other STDs is further aided by mass migration

from rural to urban areas as well as frequent visits from city dwellers to the countryside. Prostitution is common as a profession amongst poverty stricken young women and sexual tourism from Asia is also on the rise in Peru. Increased intravenous drug use also accounts for a significant rise in AIDS infection rates in poverty stricken regions.

Change for Children has partnered with CIDEPSA (Centre for Development and Research on Health Issues) in Peru on a project entitled **Community Education on AIDS and STDs in Carabayllo**. The project's purpose is to enhance the capability of local health-care organizations to provide training to health promoters in the areas of STD and AIDS detection, treatment, and education; outreach to women, youth and the larger community; and to empower women and youth to become educated and involved in protecting their rights to health and preventing the spread of AIDS and other STDs.



**CHANGE FOR CHILDREN ASSOCIATION (CFCA)** is an Edmonton-based non-profit, non-governmental organization with a 28-year history of working for sustainable, grass-roots community development in Latin America and the Philippines. Our development projects, their cost and priority, are determined by our Southern partners according to the needs of their communities. In Canada, our education program engages the public in a process of awareness raising, analysis and action on issues of global justice.

For this project, Change for Children gratefully acknowledges the generous support of the Alberta **Wild Rose Foundation** and the **Canadian International Development Agency**.

Canada



CIDEPSA is a non-profit NGO established in 1981. Its mandate is to develop and strengthen **grassroots, preventative programs that address the health needs of the most vulnerable** members of the poor communities surrounding Lima. CIDEPSA estimates that 35,000 people (7,000 families) live in dire poverty in the urban sprawls of Carabayllo. Although there are a few government-run health centres in Carabayllo, CIDEPSA has found that 35% of the population does not utilize them, mainly because the health services offered at the Centres cost money and they are typically of low quality and limited availability. CIDEPSA works in conjunction with the Peruvian Department of Health (MINSA) on all of their public health outreach programs and although the MINSA is supportive, the programs receive no formal funding.

As in most poor areas of Latin America, women lead a marginalized existence in Carabayllo. They are generally less educated than men, and, unless employed in a servile job to help support the family, their activities are usually limited to the home. As such, **women are generally misinformed about AIDS/STDs** and often lack the information or are not empowered to make their own sexual choices. In addition, lines of communication about AIDS/STDs have been traditionally closed, as the issue is considered to be a private matter, not to be discussed. This lack of access to information and rampant mis-information contributes to the spread of STDs and AIDS in the region.

CIDEPSA has discovered that the majority of women they attended to in their community health clinics in Carabayllo regarded infection with STDs to be natural and inevitable, contracted easily through hand contact. Others believed that only men who have sexual intercourse with prostitutes are vulnerable. Such prevailing attitudes do not take the matter seriously enough and block the easy prevention of many STDs.



The **focus on women in every aspect of this project is CIDEPSA's strategy for success.** This and previous CIDEPSA health projects have been an opportunity to receive training they would never otherwise have received. These projects have also granted them a place of leadership in their communities and provided them with opportunities to connect with other women, empowering them to organize for change. The work of the health promoters is flexible and suited to the schedules of busy women. The women who will be beneficiaries of the work of the educator will learn about and implement strategies for their health and the prevention of AIDS and STDs in their communities. This preventative action will ultimately lighten their burden as wives and mothers, in caring for themselves and for their families.

This project, in its effort to promote primary health care and educational services that in turn will empower the community to take control of its own health, ensures basic human needs and thus serves to alleviate poverty. The full participation of women in planning, administration, and implementation of the project promotes women's human rights, which is also a key element of poverty reduction. The operation of the project with full participation of the community promotes democracy and good governance, which also serve to alleviate poverty.



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