network of sex work projects
promoting health and human rights

Health & Safety

Making Sex Work Safe

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

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Making Sex Work Safe

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Dedication

This book is dedicated to
Danny Cockerline
Lindy Rogers
Iris de la Cruz
Rico Harley
Fiona Stewart
Brenda Lee

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

Foreword

The idea of drawing together the experiences of sex work projects into a set of guidelines for sexual health promotion projects and services for sex workers was conceived by the Global Programme on AIDS (GPA) of the World Health Organization in 1989. By 1995, when GPA closed, a draft had been produced. At the same time, The Network of Sex Work Projects had developed a file overflowing with photos, newsletters, notes and tapes from conferences and meetings, articles and papers, but had no means of disseminating this information. *Making Sex Work Safe* combines material from GPA and the network.

Making Sex Work Safe covers key issues for those initiating projects, including developing policies and strategies, what is safe commercial sex, working with mobile populations and drug users, and planning and evaluating projects. However, it does not attempt to be a complete guide. It does not cover some important issues such as obtaining funds or consolidating local support. Information about these can be obtained from other materials or agencies which are listed in the back of this book.

One of the aspects of *Making Sex Work Safe* that generated most discussion among reviewers was the choice of terminology. Should we use "sex work" or "prostitution", "business manager" or "pimp", "safe sex" or "safer sex"? Should we describe sex work in the language of sociology and anthropology or discuss it as an occupation? These questions are important because language has a significant impact on how we think and work.

We have tried to use terms that are neutral and accurate. We have used the term "sex worker", which has become widely popular among sex workers and sex work projects because it is less stigmatising than "prostitute" and it emphasises the labour-based nature of providing sexual services. Viewing prostitution as work provides as basis for organising to solve many of the problems of commercial sex. Throughout *Making Sex Work Safe*, "sex worker" is used to mean male, female and transgender sex workers, unless one gender is specifically referred to.

However, we recognise that different terms are appropriate in different

communities. "Sex worker" is not universally accepted. Some people, including some sex workers, do not agree that sex work should be destigmatised or do not regard their participation in commercial sex as work. In some places, other destigmatising terms are used, such as "free woman".

It is important to avoid judgemental language that casts sex workers as helpless victims or condemns them and their associates. Some organisations choose "prostituted women" to shift blame from female sex workers to those who recruit, manage or assist them. "Pimp" does not appear in *Making Sex Work Safe* because it is judgemental, ill-defined and often racist. One report that we came across from a country in Europe consistently described local brothel keepers as "sex business managers" and sex workers' foreign associates as "pimps". Sex workers understandably resent outsiders who judge and label their partners and associates. We decided to use "influencers" to describe sex workers' associates, because they have an important influence on the commercial sex environment.

"Commercial sex" is used frequently in this book instead of "prostitution" or "sex work", because these terms focus on the seller of sexual services and perhaps contribute to the invisibility of the buyers.

It is also important to recognise that sex workers' priorities vary from one community to another. For example, improving health and safety standards in the workplace may be a realistic goal for those involved in a formal sex industry, but it is not helpful for marginalised young people selling "survival" sex spontaneously.

Regardless of different circumstances, there are important underlying principles – fairness, accuracy and respect for self-identification – that should guide the choice of terminology and ways of working with sex workers.

One of the disappointing aspects of collating educational materials for sex workers has been the lack of materials from some developing countries in which large numbers of sex workers are affected by HIV, sexually transmitted diseases (STDs) and violence. In some of these countries there are good programmes for sex workers which, for various reasons, have not produced any materials. But in many countries there are no programmes, or sums are often spent on medical or social research or health promotion for other groups.

A key challenge for those planning services for sex workers is to convert theory into practice. Stigma and denial often present obstacles to delivering appropriate responses to sex workers' health needs. In such cases, governments, health authorities and NGOs need to lead opinion rather than follow it.

Sometimes conditions in the sex industry are so difficult that attempting to convince sex workers to practise safe sex seems hopeless. However, significant breakthroughs are possible, even in the face of extreme poverty, stigma and other factors that contribute to sex workers' powerlessness. The HIV/STD Intervention Project in Calcutta, India, is cited several times in this book because it is an example of successful work in the particularly difficult environment of Calcutta's Sonagachi red light district. The project has developed practical ideas for health and social services and breathed life into them by forming an alliance of international agencies, local health professionals and sex workers.

A recurrent theme of *Making Sex Work Safe* is the impact of policies and practices that shape the sex industry. Conditions in the sex industry, and commitment by the general population to safe sex, are the factors most likely to determine the level of HIV and other STDs among sex workers. Policies that help sex workers to increase their control over their lives and improve their working conditions are key to limiting the spread of HIV and STDs through commercial sex.

However, those aiming to reform policy usually face stiff opposition. Although reforms that grant sex workers full civil rights benefit public health, they are also seen as promoting commercial sex, which is widely condemned.

Making Sex Work Safe is the first publication of the Network of Sex Work Projects. We hope that it will have a useful role in helping communities, governments and health services to mobilise in support of realistic health promotion and policy reforms that will change the landscape by making sex work safe. We would welcome any comments or suggestions for improving possible future editions. Please write to the Network of Sex Work Projects (address on page 95).

Cheryl Overs and Paulo Longo

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

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Making Sex Work Safe

Chapter 1

Commercial sex in context

1.1 Commercial sex in context

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1.1 Commercial sex in context

Commercial sex and public health

Throughout this handbook a sex worker is defined as:

"a person past puberty who receives money or goods in exchange for sexual services and consciously defines those activities as income generating. The definition applies irrespective of the gender of the people involved and whether or not they do this on a full, part time or occasional basis."

Commercial sex has always existed. However, there have been few times and places in which sex workers have been free from persecution, stigma and violence. HIV is the most recent issue in the long history of reocurring moral and practical questions and conflicts raised around prostitution. The ancient Romans decided to restrict brothels to special areas as a result of discussions which were remarkably similiar to those taking place today in many countries about how the sex industry might be appropriately located and controlled.

Commercial sex, or at least that practised by women, was seen as an important public health issue throughout the 19th century. Concern about it declined in the 20th century due to improved management of sexually transmitted disease (STD) and contraception and more liberal views about sexuality. However, HIV has refuelled concern, and public health again dominates the way most societies think about, and deal with, commercial sex.

When HIV was identified, sex workers were immediately named as potential carriers of a fatal, sexually transmissible disease. This reaction had immediate practical consequences. It was clear that sex workers, and possibly their clients, would be vulnerable both to HIV and to HIV-related discrimination. Responses developed at different rates across the world, ranging from repressive measures to effective community mobilisation and public health programmes. Innovative programmes by governments, communities and sex workers themselves now face the renewed challenge of making sex work safe.

Patterns of STD, HIV and hepatitis vary from country to country, as do sexual behaviour and the social conditions which affect health in general. It has become increasingly clear that vulnerability to HIV and HIV-related illnesses is greatest among poor and marginalised people. Women, young people and men who have sex with men are particularly

vulnerable.

Timothy Gordon Collection/Montana

Prostitutes were called "soiled doves" in the American West in the 19th century.

It is not known how many people living with HIV are selling sexual services. However, enough information exists about patterns of HIV and STD infection among sex workers to inform development of effective support services. Patterns of infection reveal the conditions which cause vulnerability: relatively high HIV and STD rates in the general population; lack of access to condoms, information and civil rights; and poverty. Those most likely to be subject to such conditions are young men and women, uneducated women, transgendered people and people who have migrated to a new country or city.

In parts of Africa HIV rates among sex workers may be as high as 60 per cent. Rates of around 30 per cent are common in Thailand and some parts of India. although some studies show no HIV in other areas of India for example. In Western countries, HIV rates among drug-using sex workers, urban male sex workers and transgender people are higher than average. However, in Canada, China, Austria, Australia and Germany, rates among female sex workers are lower than among comparable groups of non-sex workers.

There are no figures which reveal to what extent sexual services carried out by HIV-positive sex workers result in transmission to clients. Speculation is too often coloured by prejudice and stigma to be useful. Scientists often see no need to provide evidence for the assumption that

HIV-positive sex workers infect clients. Social and behavioural studies among sex workers and clients are therefore likely to provide the most useful basis for planning and implementing public health policies and services.

> "More than one fifth of Thai males patronise sex workers and as a result 1.4% pregnant women surveyed in public hospitals in 1993 were found to be HIV infected."
>
> **AIDS in The World II, 1996**

Responses

As the HIV pandemic grew in the 1980s and early 1990s, international agencies, governments and non-governmental organisations (NGOs) increasingly recognised the need for health promotion and support services for female sex workers and, in some places, for men and transgender people. Extending these services to clients has been slower. This may be due to traditional norms which exempt men from responsibility for the consequences of sex and sexuality, and to the fact that clients are generally less visible than sex workers.

There is no single, universal model for providing services to sex workers. There are several combinations of services and policies. Some organisations specifically target sex workers. Others, such as hospitals and social assistance agencies, provide services to sex workers as part of their service to a broader population. Some governments require that sex workers be tested for STDs and HIV. Others are decriminalising sex work and encouraging safer environments and easier voluntary access to health services. Information about the experiences of projects can inform the planning of new projects.

Why this handbook?

This handbook aims to support the development of effective STD/HIV prevention programmes, primary health care and social support services for sex workers. It is a response by the Network of Sex Work Projects to requests for information about challenges faced and knowledge and experience gained by STD/HIV prevention projects throughout the world.

Many organisations express a need to learn more about work which helps to change conditions for sex workers and make them more favourable to good health. Changes include improvement in the workplace such as access to adequate sanitation and security, and the right to reject unsafe practices, to rest, and to be free from violence, arrest and harassment. They also include broader civil rights such as access to affordable and effective health care, education, childcare, fair treatment in court, fair taxation, legal rights over earnings, and the right to travel. Civil rights are human rights and play an integral part in achieving good health. They are not gained by "educating" sex workers

or encouraging "behavioural change". Education directed at sex workers is a necessary component of health programmes but it is not a sufficient response to sex workers' health needs. Where it is clear that laws, human rights violations and stigmas prevent sex workers enjoying good health, the question remains for health care providers – how can their work make an important difference?

Making Sex Work Safe offers both a conceptual framework and practical examples of ways in which public health policy and project activities can engage economic, cultural and political factors to meet that challenge.

1.2 What is in this handbook?

Developing programmes and projects

Before considering what project to set up, it is important to find out about the type and scale of sex work and related activities, such as drug use or religious culture. These activities will influence which strategies to choose. Choice of strategy depends on the visibility of sex work and related activities. It is relatively easy to design and implement projects in areas where projects are adequately funded, the sex industry relatively well structured and sex workers well organised. By contrast, when legal or cultural conditions force sex workers to operate in secret,

The term "sex worker" is repugnant to some of those who are concerned about the horrors of women and children being kept captive and forced to submit to what is effectively repeated rape. They often accuse the sex workers' rights movement of not taking these horrors seriously because we are trying to legitimise the sex industry. Nothing could be further from the truth!

Look at the logic. Children being shackled to looms in the carpet industry does not mean that no carpet should ever be woven again. It means that there should be proper standards in the carpet industry. Legitimising is exactly what is needed to end these absolutely illegitimate practices.

Sexual slavery is a meaningless idea. Slavery (including child labour) involving sexual services, carpet weaving or any other form of labour, is so fundamentally abhorrent that it is pointless to qualify it

the task may be more difficult, but by no means impossible.

Making Sex Work Safe covers technical aspects of developing a programme or project such as conducting a situation assessment, developing suitable objectives and activities to address key problems, and monitoring and evaluation.

It provides basic information on planning, monitoring and evaluating a project with sex workers. However, it is not intended as a detailed manual on project planning (see **Further reading** for a list of manuals).

> in any way. What are these people saying? That one form of slavery is worse than another or should be abolished sooner? Slavery is slavery is slavery. Abolishing every form of slavery from every corner of the earth, forever is the only proper goal. Anything less, any qualifications, any prioritising is an obscenity in itself. And it is the aims of the sex workers rights' movement which will achieve this in the sex industry, not the confused, emotive ideology of the anti-prostitution lobby.
>
> **Network of Sex Work Projects Bulletin, June 1995**

Successful strategies

Making Sex Work Safe contains many examples of strategies and activities which have been developed throughout the world. They are divided into two main categories: "educational" and "enabling". Generally, the most successful projects are those which include aspects of both.

Educational strategies inform sex workers and others about sexual health and aim to motivate people to make changes which promote health. They include activities such as face-to-face counselling or information dissemination through leaflets, newsletters or the mass media. Educational strategies are particularly important where sex workers do not know about HIV/STDs and safe sex or how to access health services.

Enabling strategies aim to make it easier for people to protect their health by increasing their control over their lives, sometimes called "empowerment". Activities include improving access to health care, supplying condoms, making agreements with police which enable sex workers to carry condoms, and supporting sex workers rights' organisations. Where these work well they enable sex workers to put knowledge into practice. As educational aims are realised and sex workers learn how to maintain their sexual health, these enabling activities increase in importance.

These categories, educational and enabling, are simply a way to think

about strategies. They are not mutually exclusive. For example, making STD clinics more accessible is an enabling strategy which may include the educational strategy of counselling and providing safe sex information. Expanding educational efforts to include third parties, such as sex business managers or police, is both an educational and an enabling strategy.

Zafar/WHO

Conditions in the sex industry raise questions about exploitation.

Unfortunately, sex work projects often find it difficult to raise funds for projects which aim to improve the commercial sex environment through enabling activities based on human rights. Improving conditions in the sex industry is sometimes regarded as an approval of prostitution. This problem is one of the greatest challenges facing sex work projects, especially in obtaining funding. However, without widespread, fundamental change in how sex workers are treated by governments and societies, educational strategies alone wil fall far short of their objective of making sex work safe.

1.3 Commercial sex: complex issues

> We're doing prostitution
> Although it's no solution
> It's just a substitution
> We make a contribution
> We've found a resolution
> We don't want persecution
>
> We're doing prostituion
> It's an age old institution
> You know it's not pollution
> We need some absolution
> Perhaps a revolution
> A brand new constitution
> To end this persecution
>
> **Anonymous**

Commercial sex raises complex moral and social questions. Is it a form of slavery? Is it a product of poverty or male domination over women? If so, how does this apply to male sex workers? Or is prostitution a valid aspect of human sexuality? *Making Sex Work Safe* does not try to answer these questions but it does considers their effect on policies and services. It includes views of individual sex workers and organisations which provide services to sex workers. It aims to illustrate how these questions affect health promotion and decisions about strategies for improving the health and welfare of sex workers, their families and clients. It also looks at human rights issues, including sex tourism, child prostitution, violent coercion of women and trafficking in women and young people for prostitution.

Commercial sex will continue

The goal of sex work related STD/HIV prevention should be to reduce the health risks associated with sex work. Although some individuals and organisations believe that commercial sex is wrong and should be abolished, many sexual contacts in almost all societies are paid for, regardless of attempts to eliminate the sex industry. Punishing sex workers clearly fails to end the sex industry, and programmes which assist people to stop sex work do not appear to reduce its size. Academic researchers have offered many explanations for why people decide to sell sex. Perhaps the best one is simply that it is to meet demand. It is reasonable to assume that while demand exists it will always be met, regardless of economic and social conditions.

Experimental programmes to decrease demand for paid sex (with female sex workers) are taking place in Scandinavia and North America. They aim to convince men that paying for sex degrades women. Results are

not yet known. However, even if the programmes do decrease demand, they are not likely to be transferable to other cultures in the foreseeable future.

Sex workers cannot do it alone

The success of projects depends on involving a range of people who influence the commercial sexual activity, either directly and indirectly. They include:

- clients (or men who are likely to be clients)
- owners and managers of commercial sex establishments and meeting places
- people who help clients and sex workers contact each other
- police and judiciary
- health officials who establish policies that affect sex workers
- community leaders and the media
- neighbours, families and other personal contacts.

Principles for successful projects:

- **Health and human rights: the theory**
  Health is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity. Health is a fundamental human right.

- **Health and human rights: the practice**
  Organisations should deliver health services to improve the health of sex workers because sex workers have a right to health – not to prevent sex workers from infecting clients.

- **Informed consent**
  Health tests should only take place if the nature of the test has been thoroughly explained and the person consents to it.

- **Confidentiality**
  No information about people using services should be shared without their consent.

- **Accountability**
  In any project there are several "stakeholders" such as the donors, local health authorities and sex workers. Each project should be clearly accountable to the various stakeholders. In particular, it is important to explore ways of becoming accountable to local sex workers.

- **Challenging discrimination**

Since vulnerability to HIV and STD is made worse by stigma and discrimination, projects working with marginalised communities must be prepared to challenge discrimination.

On sex workers' terms

It is essential that any intervention makes things better for sex workers. At least, it must not make matters worse, for example by resulting in greater law enforcement or punitive measures to enforce condom use. Often health is not the main concern of sex workers who are experiencing violence, poverty and/or legal and social persecution. The most successful health programmes are delivered within a framework that reflects sex workers' priorities and their perceptions of their needs.

1.4 Understanding sex work

The sex industry, formal and informal

Commercial sex occurs in some form all over the world. In some places there are obvious exchanges of sexual services for money in recognised settings such as brothels, bars and known street areas. These places form a market in which prices are similiar.

Commercial sex also takes place informally. Sometimes there is confusion about the difference between casual sex work and other relationships. Often the exchange is not obvious and those involved do not openly define themselves as a sex worker or a client. Examples include a domestic relationship or a chance meeting of an older, wealthy man with a younger man who needs money. Payment in these situations may take the form of gifts. Levels of of payment may be less predictable.

NSWP

Sex workers display safe sex promotional materials at the 9th International Conference on AIDS.

If one partner in the exchange knows that sex with the other would be unlikely without the income, the exchange is commercial. One sex worker commented:

> *"People know why they are having sex with people they're not attracted to who give them money or gifts. Just because they don't want to tell others about their activities, and they don't call themselves a prostitute, doesn't mean they don't know what they are doing and why."*

In most countries commercial sex takes place in mix of formal and informal settings. Each setting requires a different approach from health and welfare service providers. Some campaigns are aimed at people whose behaviour may be classified as prostitution, but who genuinely do not see their work as income generating. While parts of this book may be helpful to such projects, this is not what is meant by sex worker. Programmes reach people by addressing them as they see themselves and not as others see them.

Who are clients?

Research into the sex industry rarely reveals much about clients. Most studies show that clients are a cross-section of the population – all ages, classes and ethnic backgrounds.

Clients are often reached through groups such as long-distance truck drivers; tourists and business travellers; men who are separated from their families for long periods; soldiers; mineworkers; migrants or seafarers. Clients of women, men and transgender people include travellers, migrants and men living at home with their families. All campaigns which target men should be aware that clients of sex workers are included in their target group.

Women sometimes pay for sex also, both through organised sex work of men and woman and with local men when they visit tourist resorts.

Who are sex workers?

Sex workers include women, men, and transgendered people of all ages nationalities and ethnic backgrounds.They work close to home and far from home, travelling within countries and across national borders. Some sex workers enjoy their work while others do not. All of these factors affect their health needs.

In every country, some groups of sex workers are more visible and accessible than others. Sex workers' control over their work varies considerably from one country to another, and from one site to another within the same country. This can be influenced by age, ethinicity educational level, and the degree to which involvement in commercial sex is voluntary or coerced.

The primary motivating factor for the decision to work in the sex industry is almost always economic: it universally pays more than other occupations available to many women, migrants or sexual minorities, particularly those with little education. Sex work may also be the only form of work flexible enough to accommodate other activities such as attending school or raising children.

Women

Women provide sexual services, mainly to male clients but sometimes to women. Most research focuses on female sex workers' motivations for working and their capacity to spread disease. A far more meaningful dialogue has emerged from sex workers' organisations and writings about their experiences and ideas.

Reliable information about sex workers in developing countries is more difficult to obtain. Competing political positions about poverty, trafficking, coercion and exploitation inevitably lead to discussions being emotive rather than factual. Sex workers in places where there are no sex worker-controlled organisations do not have a voice in these debates (see **Chapter 2**).

Men

Men sell sexual services to men in almost all countries, even those in which homosexuality is unrecognised or actively denied. Men sell sex in recognised clubs, bars, saunas, brothels and beaches, as well as informally through chance meetings and social situations. Because of the illicit nature of male sex work and the extra stigma against homosexuality, men often have to sell sexual services very discreetly. It is common for young men to sell sex only occasionally and to accept meals and accomodation rather than cash. In both rich and poor countries this is particularly true of young men who live apart from their parents or in poverty.

The sexual identity of men who sell sex is often discussed, because frequently these men often see themselves as heterosexual and have wives and girlfriends. For them, the only men who are considered homosexual are those who are anally penetrated by other men. This is less likely in cultures where "gay" identity is well established (for example in Western Europe and North America).

The question of sexual identity is important to indicate what health promotion strategies are appropriate for men who sell sex. Clearly campaigns aimed at "gay men" would not reach male sex workers or clients who see themselves as heterosexual. Some men sell sex to explore their sexuality. In such cases sex work may have an important role in personal development.

HIV prevention projects often use the term "men who have sex with men" to differentiate between homosexual identity and behaviour. By including this range of experience, projects for male sex workers can provide information about the special skills and knowledge needed to sell sex and ways for sex workers to minimise occupational risks and gain optimum benefit. In many places male and female sex workers are successfully reached by the same project.

Men also sell sexual services to women. In some countries there are escort agencies for female clients. The most visible form of male to female commercial sex is in tourist resorts.

Transgender sex workers

The word "transgender" incorporates both transsexuals and transvestites. Transsexuals are people were born as one gender and live as the other. Transvestites are people who sometimes dress as the other gender because of a psychological need, for pleasure, or to sell sex.

In many countries transgender sex workers are a significant part of the

sex industry. Many clients prefer transgender sex workers. Transgendered people are motivated to work in the sex industry for a number of reasons. These include extreme discrimination in employment; rejection by families and communities; mobility; tradition; and psychological factors.

Transgendered people work in a variety of ways just like other sex workers. A few work as their adopted gender. However, the risk of customers discovering this, feeling they have been deceived and becoming violent discourages this way of working.

Like all sex workers individual transsexual and transvestite sex workers have different experiences of the sex industry. As a group they often face different risks and have different support needs. Health information relevant to both genders may be appropriate as well as information about hormones, surgery and civil rights. Anti-violence and discrimination programmes are regular features of transgender projects.

Partners of sex workers

Partners of sex workers have attracted the interest of health workers. Many studies show that even when sex workers use condoms with their clients, they are much less likely to use them with husbands, wives or lovers.

There are many reasons why people do not practise safe sex in their private lives. Sex workers share all those reasons and somtimes mention the additional reason of not wanting to be reminded of work. Even where sex workers can negotiate with clients from a relatively strong position, their private relationships are subject to the same anxieties and tensions which make safe sex difficult for many people.

Commercial sex business owners and managers

The working relationships between sex workers and the owners and managers of sex work businesses have a significant impact on the ability of sex workers to stay safe at work. When developing strategies and activities, it is important to understand these relationships from all perspectives. Sometimes managers match the stereotypes of exploitative or violent controllers or possessive motherly figures. However, these images are often neither accurate nor helpful. A broad range of working relationships exist between sex workers and their managers.

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

Chapter 2

Developing a policy framework

2.1 Policies and philosophies

- Core values
- Individual experiences
- Management principles
- Staff and skills
- Commercial sex and the law
- A perspective on law reform

2.2 STD/HIV policy

- Living with HIV and the double stigma

2.3 Coercion and human rights

- Young people and sexual exploitation
- Trafficking
- Sex tourism

2.4 Drug policy

Guriya Project

2.1 Policies and philosophies

"Policy framework" means the laws and policies which affect how the sex industry operates. It includes such things as:

- whether prostitution is legal or illegal
- where and how sex workers can work, if they can advertise, share premises etc.
- whether homosexuality and transsexualism are tolerated
- whether sex workers have equal access to affordable health care or if they must undergo compulsory medical examination
- how police behave towards

sex workers and how reports of crimes against them are treated.

Policy usually reflects laws and regulations that are imposed by governments. However, policy decisions and subsequent practices are often less formal. For example, police in some places traditionally do not prosecute certain types of sex work, even when they are illegal.

Policy affects the way that health projects work. Project staff need to understand the policy framework in which they are working. Often health services are expected to contribute to the development of policy. This is an important opportunity to improve conditions for sex workers and to improve the effectiveness of the project.

New Internationalist

Sex workers throughout the world demand fair treatment and civil rights.

Agencies which provide services to sex workers must also develop their own policy. Organisational policy guides projects in such matters as what advice is given to service users; whether HIV testing will be provided or encouraged; whether families and associates are targeted or sex workers only; if both genders or only one are included; whether current, or only former, sex workers can be peer educators; whether to participate in research; and many more.

Donors, managers and project staff including peer educators should consider their own views about commercial sex. Learning about local policy, and formulating organisational policy can be an ideal opportunity for staff and managers to explore their own opinions about sex work and to become more informed. The following paragraphs could be used to begin discussion about a range of policy issues which affect the sex industry.

Core values

Commercial sex invariably raises complex questions about gender

relations, human rights, sexuality and political economy. Almost everywhere people who sell sex are stigmatised. In many cases the stigma is compounded by association with homosexuality, transexualism, drugs, ethnicity or race.

Discussions about commercial sex from community to international level are widely reported, particularly when changes are being proposed. Churches, governments, health, welfare and law enforcement agencies, human rights and women's organisations may all have influence on policy about commercial sex. In recent years sex workers themselves have had a greater role in determining policy which affects them in many countries.

An international AIDS agency which is responsible for health policy recommends that governments "discourage recourse to commercial sex" by allocating resources for "large scale campaigns to promote respect for women". This reflects a particular ideology — that paying for sex is disrespectful to women (and it ignores male sex work entirely) Another agency believes that commercial sex is an integral aspect of consensual sex between adults. It therefore recommends that resources be spent on supporting sex workers' self-organising and on initiatives which aim to improve conditions in the sex industry such as law reform.

Questions which influence policy remain. Is sex work inherently exploitative? Are people forced into it or is it a valid choice? Can it ever really be safe? Should it be treated as ordinary work or actively discouraged? Why are sex workers so often powerless? What do sex workers think?

These issues can be confusing but they cannot be ignored. Different core beliefs about sex work lead to different ways of approaching health promotion for sex workers. This means that effectively it is impossible to take a neutral position.

A new project observed dreadful conditions at the local STD clinic. Women were lining up to receive a few seconds of substandard treatment. There was no privacy or counselling and hygiene standards were low. The project director, who believes that sex work is degrading, regarded conditions at the STD clinic as evidence for that view. She cited her visit to the STD clinic as reason to dedicate project resources to helping women to stop working in the sex industry. A project manager with a different perspective might have viewed conditions at the STD clinic as a violation of the right of the woman's right to proper treatment and argued for improvements at the clinic.

It is helpful for projects to express their core values in writing. These are the principles which guide the STD/HIV Intervention Project in Sonagachi, Calcutta:

- A basic humane approach dealing with the essential dignity of a person and valuing individual convictions
- Absolute confidentiality
- Respect for the professionalism of sex workers and for their need to earn income
- Democracy and sex worker involvement at all levels
- Flexibility.
- *"...taking sides in the community, in matters of oppression and repression... within feasible limits. This approach has boosted the morale of the sex workers and willed them to find the grit to resist persecution by all and sundry".*
  — Dr Smarajit Jana, Project Director

" When I hear project staff say 'the woman in our project don't want to be prostitutes, they are forced into it.' I know from experience that this is not the full picture. More than likely the project worker is projecting her view of sex work.

"Namely that she would never do it unless forced. Everytime I have heard that, and then I meet the sex workers I find the same thing — different attitudes, different life stories different experiences. Some hate it some don't."

International health promotion consultant

Individual experiences

Do sex workers like being sex workers?

Like any other work, sex work is not experienced in the same way by all women, transgendered people or men, even in one area or one culture. The way people feel about providing sexual services for income varies enormously. Some find it to be an easy, worthy or acceptable occupation while others dislike it and find it shameful, frightening or boring. Often individual sex workers change their attitude as they either become used to the work or tired of it. This means that projects must consider a range of individual experiences within the sex industry. It may be appropriate to assist one person to stop working while assisting another to advance

her or his "career" as a sex worker.

> "Negotiating condom use is always in the hands of the sex worker and depends on how good she is at her job. Women who come from the temple system [devdasis] have very few taboos regarding sex and have been successful in getting their clients to use condoms. They respect their bodies, take baths, ask clients to bathe, serve food to the client and are in control of the situation. [In our project] we have begun to think that sex work should be professionalised."
>
> **Gram Barati Samiti , India**

Management principles

Health promotion services and advocacy are provided by a range of agencies from government departments and hospitals to projects of development agencies, local collectives and many more. All of these have quite different manangement structures and this handbook doesn't attempt to list or analyse them. However there are some principles which have been identified as effective management philosophy by various agencies:

Flexibility

Projects should be managed in a flexible way so they can respond to rapid changes in the commercial sex environment and incorporate lessons learned from new experiences. Sometimes projects will need to experiment with new approaches.

Accountability

Projects should explain their work and account for it's effects both to official "stakeholders" such as donors and authorities and to sex workers. This can be done for example by inviting sex workers to join management groups and committees and by developing a culture which sex workers understand and in which they are comfortable. For example, meetings should be held at convenient times and conducted in ordinary language rather than jargon.

Transparency

All aspects of the project should be open to scrutiny and criticism. These include which information is being gathered and why, and what roles various staff and volunteers have. Again, this information must be presented in way which is easily understood.

Recognition for sex workers' skill

The range of skills should be identified, recognised and used. If sex workers occupy the least skilled roles in the project over a period of time there should be a review of methods and appropriate training should be provided.

WHO
Planning strategies in Kenya.

There are several management challenges unique to sex work projects such as managing sex worker peer educators, involving sex workers in project design, co-ordination and negotiating with police and local communities. Many managers benefit from networking with others who are doing similiar work.The **Network of Sex Work Projects**, or other organisations listed in the Key information sources and suppliers section of this book, may assist in locating projects and technical advisors who can offer management support.

Staff and skills

There is general agreement that sex worker involvement in projects is essential, but it is not always easy to organise and it requires good planning. Sex workers and professional staff need relevant training and team-building. Good models of training are not always available. Again, established projects may be able to offer training and technical support and consultancy to newer projects. Some important principles:

- Sex workers should not be treated as a source of cheap labour nor exposed in any way by becoming involved in the project. Projects should protect anonymity with policies such as forbidding media access to the project.
- Peer education is not a substitute for professional health and welfare services.
- Peer educators should not be expected to go into more dangerous

or unpleasant circumstances than other project staff.

- Sex workers should have the same rights as other staff. One peer educator commented that she was subject to employment conditions similiar to parole conditions for prisoners. (See **Chapter 3**.)

- Sex workers are entitled to training and career opportunities on an equal basis with non-sex worker staff members.

- Peer education should not be confused with sex worker involvement in decision-making. Unless projects are developed by skilled sex workers agencies must develop ways of bringing sex workers into decision-making processes through training and making complex information accessible.

Commercial sex and the law

Some or all aspects of commercial sex are illegal in many countries. Laws against homosexuality, public order provisions and local regulations are also used against sex workers and the sex industry.

> "You don't have to get arrested to be affected by the law. The sex industry is run by the law about prostitution, and we are all affected. I pay big money to the club so every day I choose between that and keeping all my money but risking arrest. It's the club owners who profit of course. They don't want the law to change."
>
> **Sex worker, Germany**

Levels of enforcement vary from place to place and often change over time. Some countries have very repressive laws that are weakly enforced, some have less harsh laws that are strongly enforced. The impact of law on sex workers' daily lives can limit the effectivness of interventions. The situation assessment for a project should identify what laws exist, how they are enforced and what effect they have on sex workers locally.

Prohibition is where the act of accepting payment for sex, and, sometimes, paying for sex, is illegal and is punished. This is the situation for example in Islamic Gulf states and in most parts of the USA. There is prohibition in a number of other countries and areas but often the enforcement is weak or arbitary.

Criminalisation of prostitution-related offences is where the law forbids certain activities related to paying for sex rather than paid sex

itself. These activities include soliciting for clients, advertising, living off the earnings of prostitutes, using premises or communicating for the purpose of prostitution, recruiting sex workers, helping them to travel and many more. This is the most common legal framework for commercial sex as it exists throughout Western Europe, India, South East Asia, Canada, Australia and the Pacific and most of Latin America.

Regulation of the sex industry is when exceptions to criminal law are made for those parts of the sex industry which comply with certain conditions. In the case of female sex workers such systems are often linked to official requirements that sex workers are tested for STDs/HIV.

In recent years a number of governments have enacted stronger penalties against customers. This is a response to protests that laws which penalise those who sell sex but not those who buy are unfair (and sexist because they usually apply to women). Sex workers usually disagree with this. They usually say that criminalising their clients makes the situation more difficult for them as well.

Some examples of government legislation

Australia

Australia has eight sets of quite different prostitution laws in it's various states. They range from laws which permit legalised brothels where sex workers enjoy full industrial and civil rights to strongly enforced near prohibition. Overall, sex workers support legalised prostitution although some marginalised sex workers, such as drug users and transgender sex workers, continue to work in dangerous circumstances such as on the street because they do not have access to legal sex work.

Brazil

Prostitution itself is not illegal but it is illegal to operate a brothel, rent premises to sex workers, exploit children or live off the earnings of a prostitute. Female sex workers are generally tolerated although they are vulnerable to violence and are not protected by the state. Transgender and male sex workers are particularly vulnerable to persecution by police.

Canada

The law falls short of prohibiting the act of prostitution but criminalises a wide range of related offences such as soliciting, living off the earnings of prostitution, communicating for prostitution, operating premises etc. There is vigorous enforcement of prostitution laws, often supplemented by municipal laws and public nuisance provisions.

Denmark

It is not illegal to provide sexual services as long as sex work is not the main source of income (in which case the charge is vagrancy). Taking sex workers earnings and recruiting are illegal. Street prostitution has ended since sex workers were allowed to advertise their services in 1973.

Germany

Like Australia, Germany has different laws in different states with some states permitting legalised brothels for female sex workers. However, workers in legal brothels do not have full industrial and civil rights and there are legal limitations on improving workers' conditions. Most women choose to work outside of the legal system. Male sex work faces fewer legal restrictions. In general, there is toleration and relatively civil policing.

Greece and Turkey

Both countries have legalised sex work. Women must register and attend clinics for regular examination, in some cases as frequently as twice weekly. Registered sex workers have citizenship rights and in Turkey sex workers have joined a local trade union.

India

There are many laws against the sex industry including laws against traditional caste-based prostitution. Prostitution and illegal trading in people is common despite legislation and conditions in the sex industry are almost always very bad.

Kenya

Prostitution is not defined in the legal code. Police harassment of sex workers in the formal sex industry is common. A woman with many sex partners is highly stigmatised and often regarded as a prostitute.

The Netherlands

Prostitution is legal or tolerated in most of the Netherlands. Sex workers pay tax and are subject to local by-laws. However, legislation is still structured in such a way as to deny sex workers full civil rights and social stigma does exist, contrary to popular perceptions about the country.

Peru

Brothels in urban areas are licensed and regulated by the state. Sex workers must be registered, carry identity cards and submit to fortnightly checkups.

Senegal

It is illegal to aid, abet, procure, live off earnings or run a brothel. Female sex workers must register, carry cards and submit to

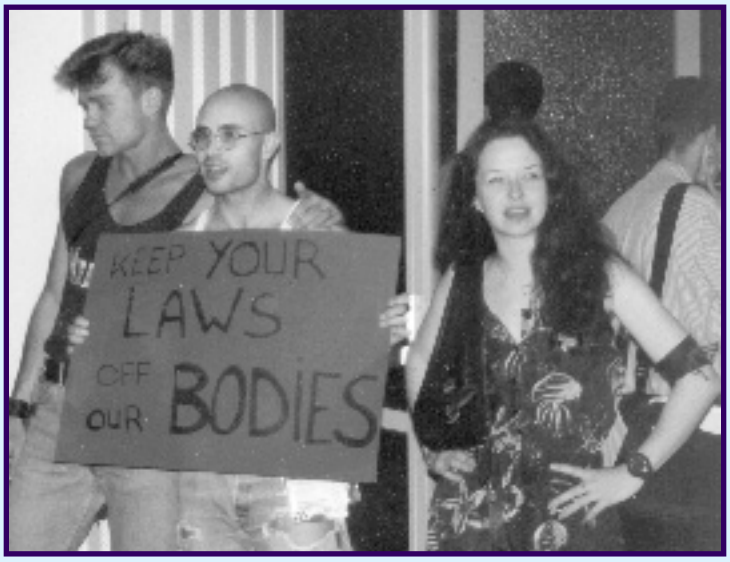
regular medical examinations. There is a large informal sex industry and most women do not work within the registered system. Enforcement is weak.

Thailand

It is illegal to be a prostitute or to live off the earnings of a prostitute. The laws are not consistently enforced.

United Kingdom

Sex work in itself is not illegal but related activities, soliciting, procuring, brothel keeping and living off immoral earnings, are illegal. More recent provisions have been introduced to criminalise men looking for street sex workers. English law seeks to protect the citizen "from that which is injurious or offensive" rather than prohibiting sex work on morality grounds.



NSWP

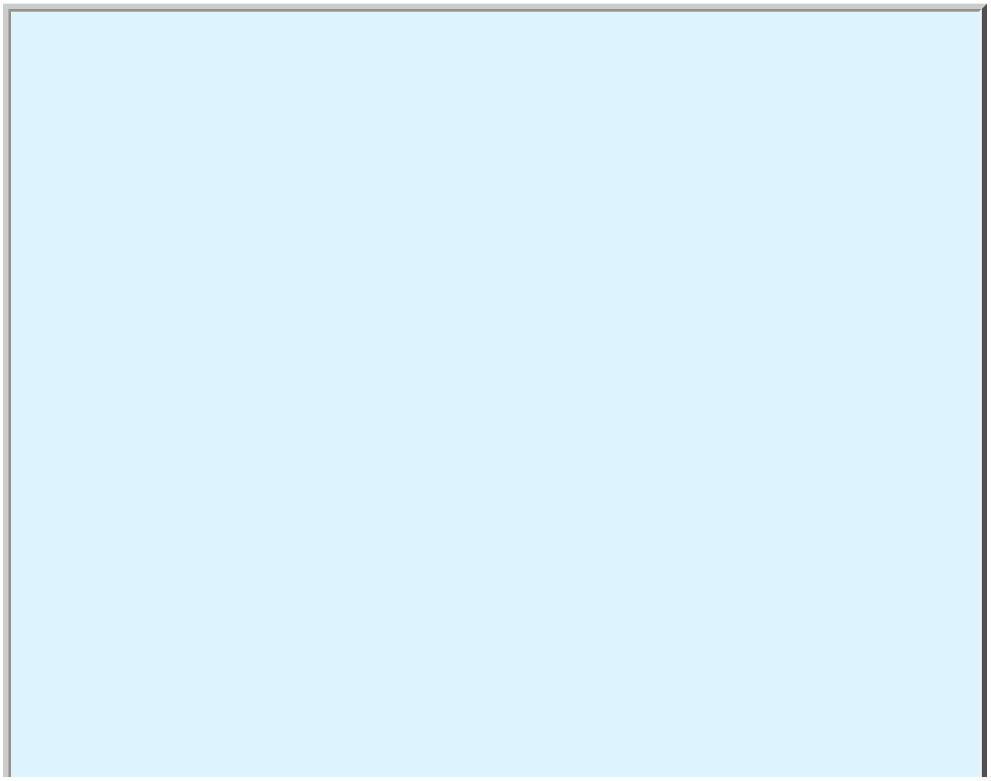
International protest against anti-prostitution laws in Amsterdam.

Effects of laws against sex work

- Sex workers are not entitled to industrial rights such as sick pay and accident compensation nore protection from exploitation, and workplaces are not subject to health and safety regulations.
- Self-employed sex workers are not entitled to civil rights such as health care (where it exists), banking facilities, social asistance or civil justice, for example, unbiased treatment in divorce cases.
- Sex workers move more frequently or live covertly to avoid

arrest.

- Sex workers are bought into contact with other criminal activities.
- Frequent arrest or abuse by police increases sex workers' sense of powerlessness and lowers self-esteem.
- Where the sex industry operates more covertly, establishments pretend they don't offer sex. Condoms are sometimes discouraged because they can be used as evidence that prostitution is taking place.
- Laws against clients can mean that sex workers and clients must meet covertly, which minimises the time available to the sex worker to negotiate safe sex.
- Sex workers may not have the right to expect reports of violence against them to be treated seriously by police and courts.
- Laws against third parties being involved in prostitution either prevent sex workers from working from premises, having relationships, employing people to protect them, or those arrangements more expensive. This encourages people to work alone, which is generally more dangerous.
- Sex workers may pay excessive prices for goods, services and accommodation.



Trials of the Sex Trade: A survival guide to Canada's legal jungle

A perspective on law reform

It is clear that anti-prostitution laws don't succeed in achieving their supposed aims and they should be removed. But what should take their place?

In countries where all working conditions are regulated it is unrealistic to expect conditions around sex work to be unregulated.So what laws and regulations should apply to the sex industry?

"We the undersigned work the street of Streatham. We acknowledge and regret inconvenience to residents but we regard it as the responsibility of government to reform prostitution laws immediately, to enable us to relocate, at reasonable cost, to legal, safe, appropriately located premises."

Sex workers in Britain express their needs in this petition considering prostitution law reform

Some countries have legalised brothels in which sex workers (usually female) are strictly controlled and It is illegal to work anywhere else.This system has been tried in Nevada, USA and in some states in Germany, India and Australia. Many sex workers cannot

get jobs in the legal brothels or conditions in them are so harsh that most prefer to work illegally.

In other places individual sex workers are licensed and they can work, sometimes relatively freely, as long as they go to clinics to be tested for STDs. This system has had varied success. Sex workers' willingness to obey these rules depends on matters such as whether they are treated well at the clinics, whether or not the records are confidential and whether registering actually results in less harassment.

Most sex workers' organisations favour repeal of the criminal laws against sex work so that the sex industry is subject to the same controls as other businesses. They argue that nuisance and violence can be dealt with by existing laws and that sex workers with civil rights are better placed to control their lives and secure better working conditions.

In many countries, much of the economy is informal (small scale trading and manufacturing, market gardening etc.) and significant sections of the population are deprived of civil rights and social support. In these situations, existing prostitution laws are problematic and should be repealed because they ensure that sex workers are permanently deprived of fundamental rights and are vulnerable to arrest and abuse for crimes such as "vagrancy". Being under the age of consent is also a barrier to civil rights, a matter which particularly affects young men who sell sex. Sex work activists in some developing countries argue that where stigma and corruption underpin the persecution of sex workers, reform of sex work laws alone is unlikely to secure sex workers equal civil rights.

2.2 STD/HIV policy

Many countries have implemented registration or licensing systems in which sex workers are expected to register with a governmental agency (generally the health department or police) and comply with frequent STD and HIV testing. Most systems aim to prevent a person who has an STD or HIV from selling sex. This is usually done by withholding the card or certificate that the person needs in order to work legally. The documents are checked by police, other authorities or brothel and bar keepers.

The system is controversial both because it is doubtful that it actually

identifies infected sex workers or prevents them from infecting others and it is widely regarded as a human rights violation because it forces one partner involved in sex to submit to medical examination.

Arguments against compulsory registration and STD testing of sex workers

- Compulsory testing must include all sex workers. In practice, systems do not include all female sex workers and usually do not apply to male sex workers at all.

- Often there is no incentive to participate because compliance does not guarantee freedom from persecution.

- The sex industry divides into two categories, official/visible and secret/invisible. The most vulnerable sex workers tend to work secretly where conditions which contribute to their vulnerability continue, or are worse, than before registration was introduced.

- There is evidence that sex workers in more formal settings have lower rates of STDs than those who work informally.

- If clients believe that sex workers are subject to medical examination and prevented from working if they have an infection, it may encourage clients to demand unprotected sex.

- It is unfair to subject one partner in a sexual contact to scrutiny while the status of the other remains unknown.

- Lack of access to medical services often motivates sex workers to "self-medicate" which means treating illnesses with drugs purchased from unqualified vendors. Self-medication is a source of ill health in itself.

  "In Greece sex workers must register to avoid being arrested and imprisoned. In Thessaloniki, 60 registered sex workers are subjected to compulsory weekly gynaecological and STD tests. The clinic they are compelled to attend has only two staff, who are also responsible for health promotion and social support. Since the resources are not adequate to provide the required services, non-registered sex workers are refused treatment.

  "Similarly, a clinic in Athens has 130 sex worker patients per day, under conditions in which even skilled and well intentioned staff could not pro vide quality services. Registered sex workers must attend the clinic twice weekly.

(no holidays are allowed). Four hundred women are registered and five thousand are not."

– EUROPAP

"In Singapore the STD rate among sex workers who are not part of the compulsory medical scheme is significantly higher than the rate among those who were registered. There is evidence that as women joined the scheme they became less likely to have an STD, possibly because it is compulsory to attend an educational workshop."

– Drs Goh and Chan, National Skin Centre, Singapore

Living with HIV and the double stigma

People living with HIV and selling sex raises ethical and practical questions. Sex workers who already face stigma and persecution are often faced with a difficult decision about continuing to work in the sex industry. Many do not have other options.

Usually people with HIV are advised that they can be sexually active with out infecting others if they have safe sex. Yet often medical practitioners and counsellors are not comfortable giving this advice when the sex in being paid for.

"When we collated information about HIV-positive sex workers I was surprised by the interview respondents who accepted the right of HIV-positive people in general to have protected sex but who didn't think that sex workers with HIV should continue to work. Apparently, it's okay to give safe sex but not to sell it. Unless there is a form of transmission I don't know about, on cash or plastic cards, it's difficult to see the logic. The brothel owners were at least logical, if morally bankrupt. They saw it as a question of a consumer's right not to be sold faulty goods!"

Diana Allan, project manager, Australia

In many countries laws have been passed which are intended to prevent people with HIV from selling sex and these laws are frequently used against sex workers. However, such laws almost always drive HIV-positive sex workers away from the support systems and services which could help them to live well and safely. Where this is the case, such laws and policies are clearly counterproductive.

2.3 Coercion and human rights

> "Do you truly believe that women don't know what they are going for? Women know but they're thinking 'I have to feed my children, get myself a house'."
>
> **Nury Pernia, Ambar, Venezuela**

There is much discussion about those aspects of commercial sexual activity which violate human rights including sex tourism, child prostitution, violent coercion and trafficking in women and young people. Often these issues create practical questions. For example, should projects work with young people or are they supporting abuse by giving them condoms? What should services do when they become aware of people who are being forced to work or held against their will?

Unfortunately for health projects, these debates don't offer useful information or practical insights which could guide service providers. There is no agreement about questions such as what constitutes force. Some say poverty is force while others say force must be physical. At what age, if ever, are people able to consent to sell sex? Some say 16, others 18, 21 or even 25, although in many countries people begin their sexual and reproductive lives at puberty or soon after. Groups which advocate increased punishment and suppression of the sex industry illustrate their campaigns with unsourced statistics and lurid accounts.

Young people and sexual exploitation

There is some evidence that demand for underage sex workers has increased in some places in the last decade because young people are perceived as being less likely to have HIV. (This underlines the need for health education to encourage safe sex practices with all partners rather than cosidering the chances of potential partners' HIV status.)

It is true that economic conditions in some parts of the world mean that there are large numbers of impoverished children who sell sex, among other things, to survive in informal economies. But the reality of young people's involvement in selling sex is more complex than the often sensationalising media images.

Health workers should understand that child exploitation and adolescents selling sex are different issues which give rise to different needs. Unfortunately, there is no simple formula for understanding young people, gender and sexuality, either at policy level or when working with individual young people. Some issues require multidisciplinary responses which include health promotion and social work skills, while some require the same responses as adult sex work, even if that presents cultural challenges to professionals.

> "There is a big difference between a young woman who is of marriageable age in her culture selling sex and a girl of 8 or 9. Likewise, there is a difference between paedophiles and men who are not too fussy if the worker they see is 18 or 14. For us that difference can mean the difference between offering counselling and medical care or picking up the phone to the police."
>
> **Social Worker, Germany**

Service providers must consider their duties and responsibilities to children and adolescents and how to carry out those duties. Staff should be trained to deal with young people and know which local services are likely to deal appropriately with young people who sell sex.

Where young people sell sex and live away from their families they are sometimes in environments which, although not ideal, may provide forms of social support which are not immediately apparent to service providers. This has important implications for agencies who are considering taking steps which may result in a young person being removed from that environment and placed in another. Will it be better, and on whose terms?

The definition of a child varies legally and culturally between countries and cultures. "Child" prostitution statistics are certainly inflated by lobby

"There are reports in Japan of a growth industry in paid sex with young girls in their mid-teens. The girls meet older men through publicly advertised phone clubs or in flats for "enjo kosai", which means compensated dating. There is no question here of coercion or homelessness and hunger. The proceeds go to buying designer label

clothes."

The Guardian, 30/10/96

groups, who include young people older than the legal or culturally acceptable age of consent in their definition of "child".These statistics blur a distinction which is important for service providers who must develop appropriate responses to the different needs of prepubescent children and young men and women aged 18 years.

Trafficking

Sex workers who want to work in more lucrative markets often travel to do so, often illegally and often with the assistance of others. Sometimes they are assisted by individuals but often highly organised brokers make unfair profit by providing transport, the necessary paperwork for the journey (passports, visas, letters of support) accommodation and employment in the destination country. Typically brokers recoup their fees by taking the woman's earnings in the destination country. Often her freedom is limited until the debt is paid and even beyond that. This form of labour contract, debt bondage, is illegal but not uncommon.

"While ostensibly giving these workers a voice, the statements by experts are selectively reinterpreted. They say that trafficked women who have been deported (from Thailand to Burma) are 'lured back into prostitution by brothel agents', which suggests that they are stupid enough to be duped [deceived] twice. When they return home and talk about the money they have made they are said to be lying to 'save face'. When they go back to working as prostitutes after being 'rescued' it is deemed to be 'voluntary' only in the sense that they saw their first experience as having rendered them unfit for anything else."

Alison Murray, Australian author, discussing a report about trafficking in women by AsiaWatch.

Recently, women of Eastern Europe and the former Soviet states who have travelled to Western Europe and beyond have been subject to these kinds of arrangements, as are some of the women and transsexuals who travel from Latin America and Africa and countries where poverty is endemic or those where leaving is difficult such as Haiti or Cuba.

Stories of girl children being sold into prostitution are familiar to most people. In some cases women and children are forced or tricked by net works of professional brokers into travelling to work as prostitutes.

Others make arrangements voluntarily but find that the brokers have lied about standards of employment and accommodation and the legality of the documents they will provide. The latter typically receive less sympathy. In both instances, women and (in much fewer cases) men exist in slavery-like conditions in the destination country until they are deported, or freed.

> "If you really want to stop trafficking just open the borders and legalise prostitution."
>
> **Claudia Colimoro, Union Unica, Mexico**

In most cases where sex workers reach an otherwise inaccessible country and find opportunities to earn a lot of money, they are satisfied with what they see as a good service, even if the arrangements do not reach standards which are either acceptable to others or legal. Despite sensationalist press and influential "anti-trafficking" lobby groups which disseminate information about the worst scenarios, most arrangements are voluntary and many are, in fact, completed to the satisfaction of the sex worker involved.

The problems for sex workers who have been "trafficked" are similar in many ways to those of other labourers who travel from poor to rich countries for work.These include extreme vulnerability to exploitation or even enslavement and little or no access to health and welfare services. In some places there are organisations which provide assistance for such immigrants, although this is usually seen as different from that offered to other immigrants.

> "In Brazil it is common to see young boys and girls selling sex, as well as being involved in other sectors of the informal economy. We believe that children are meant to be at school or enjoying their childhood, not working at all."
>
> **Paulo Longo, Brazil**

While there is a clear duty to try to assist anyone being held against their will, project staff should not take actions on their own since this situation can be extremely dangerous. There should be clear procedures in services for staff members who come across people in such situations.

When sex workers are subject to agreements with brokers there are addi tional obstacles to health promotion. They may not be permitted to leave where they are working or staying, or they may be escorted when they do so. Because there is risk to the brokers if police or immigration authorities are notified, they may be deliberately prevented from making

contact with anyone in the destination country. Nevertheless, in many places outreach workers have had successes at reaching women on contracts and even gained enough trust to enable them to visit health services.

Organised networks do not appear to control the movement of men for sex work from poorer to richer countries, although there are reports of boys being trafficked, particularly within Asia.

Sex tourism

Awareness of exploitation by tourists who travel to developing countries for cheaper or exotic sex has also increased. Some countries are introducing laws which enable them to prosecute their own citizens for crimes committed abroad. Tour operators who organise sex tours are also being targeted for prosecution.

> "I have been to Australia, Germany, Japan, Austria and Belgium and back to Australia. The first time was dreadful. I had to see dozens of men each day, no condoms. I don't want to talk about it. But since then I have found a much better [broker]. I will come back again. I hope I am not arrested next time until I have made plenty of money. I had only just started making money this time… I pretend to the police that I was not a prostitute in Thailand and that I want to go back. That way I will get voluntary departure rather than being deported."
>
> **Thai sex worker awaiting deportation**

Some governments and NGOs provide safe sex advice to travellers. There are a number of projects which work with sex workers in developing countries whose clients are Western tourists. These projects often arrange language classes aimed at increasing a sex worker's ability to negotiate safe services with her or his client.

2.4 Drug policy

In some cases projects are required to comply with national policies, or policies of potential donors, who may have guidelines about how drug services are delivered. Sometimes organisations who work with sex workers have input into the formulation of local drug policy. Again, this is an important opportunity.

HIV prevention and social support services for sex workers are more successful in places in which there is realistic drug policy. Realistic drug policy is access to a variety of effective treatments, clean needles and syringes and accurate information about drugs. Unrealistic drug policy is that which criminalises drug users, deprives them of support and forces drug prices upwards – all of which impact negatively on sex workers' capacity to exercise control over their personal circumstances.

Health & Safety... ◀Previous Contents Next▶

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

network of sex work projects
promoting health and human rights

Making Sex Work Safe

Chapter 3

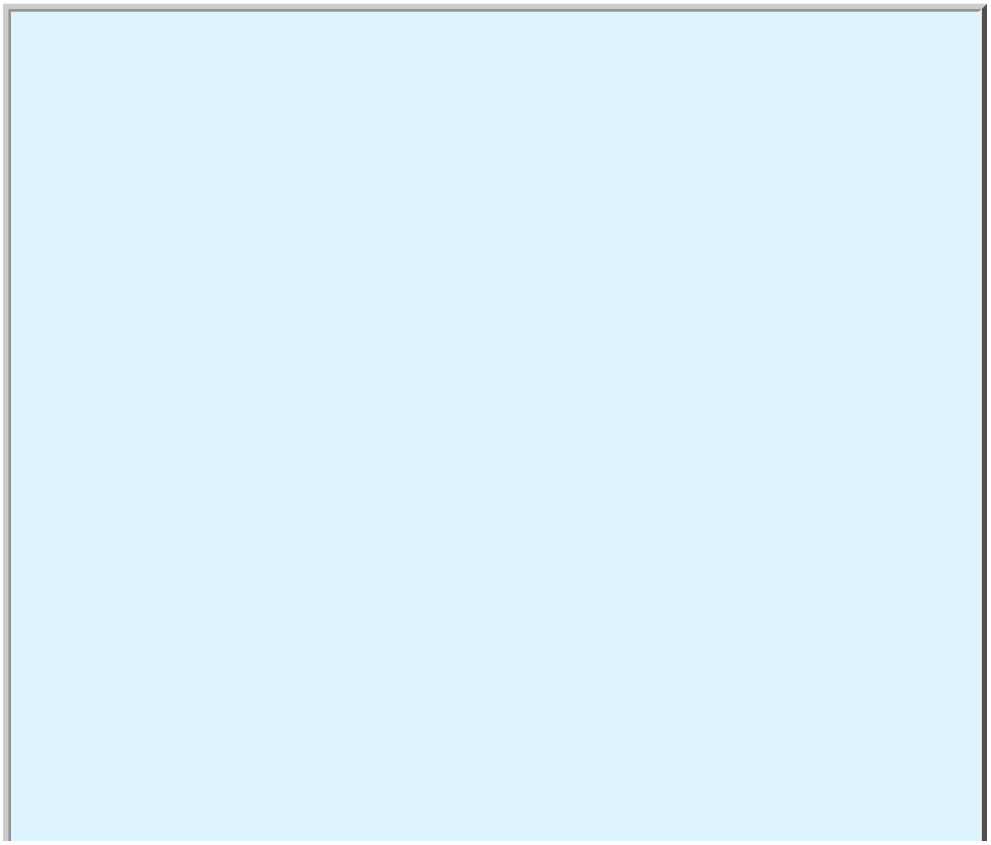
Strategies for education

3.1 Information and education

- ... for sex workers
- ... for clients
- ... for "influencers"

3.2 Methods

- Peer education
- Outreach
- Group education sessions
- Educational materials
- Counselling



TAMPEP

Educational strategies

Educational strategies inform sex workers and others about sexual health and aim to motivate people to make changes which promote health. They are particularly important where sex workers do not know about HIV/STDs and safe sex or how to access health services.

3.1 Information and education

Understanding one's body and sexuality, knowing how to negotiate and enjoy safe sexual services, and having access to health services and other support systems are the foundations of sexual health for sex workers and clients.

Sex work projects have used different combinations of activities and strategies to increase sex workers' and clients' sexual health awareness. Some have worked well while others have been less well received. A few have even been counterproductive.

This handbook concentrates on sexual health, sex work projects should not be confined either to sex workers or to health related topics. Sex work projects must respond to needs which sex workers identify as important. For example, sex workers may regard information about the law or violent clients to be more important or urgent than sexual health information. They may also agree that it is their clients, rather than themselves, who need to increase their sexual health awareness.

... for sex workers

> *"Sexual health for sex workers cannot be narrowly defined as absence of STDs/HIV."*
>
> **— Catrin Evans, health consultant**

To maintain good sexual health, sex workers need to know about different kinds of sex, how to negotiate with clients and how to obtain condoms, lubricant and medical assistance. Health information and advice needs to go well beyond how to prevent sexually transmitted diseases. It needs to cover abortion, contraception, hepatitis, drug use, other transmissible diseases, and

male, transgender and maternal health issues. Information about legal issues, civil and legal rights, self-defence, financial management and other occupational and personal issues is also important.

Sex Workers Alliance of Vancouver

Pocket-size pamphlets contain health, safety and legal rights tips.

In the late 1990s, sex workers are often better informed about sexual health than non-sex workers. However, occupational education should be a continual process. Even in places where sexual health information is available there are always new sex workers or those who need to develop ways to live and work safely. There are also people in the sex industry who do not have adequate access to information. They might include those who cannot read or write, have learning disabilities or social problems such as drug addiction, or who come from areas where no sexual health information is available. Whatever the social profile of any group of sex workers, health and safety information programmes should be repeated and built on at appropriate intervals and in appropriate ways.

As levels of knowledge about sexual health rise, it is important to avoid losing the interest or insulting the intelligence of the audience. In some communities with well established educational programmes, sex workers have very sophisticated knowledge about STD and HIV prevention and care. Some projects have becognised this and developed ways of mixing information for communities in which there are both new and experienced workers. For example, some projects publish magazines for sex workers which contain articles for experienced sex workers and sections on basic issues such as how to use a condom or where to find local health services.

Basic educational work is still urgently needed in many communites. The International AIDS Conference in 1996 included reports about dangerously low levels of knowledge or awareness about HIV/AIDS and sexual health in particular countries and among migrant sex workers.

... for clients

BuBu

Safe sex performance in Japan.

Every commercial sexual transaction involves at least two people. Where both of those people are fully informed about sexual health they are more likely to have safe sex. This is itself an argument for targeting clients as well as sex workers. It is often said that men will not use condoms and sex workers (usually female) have no power to insist on using them. But although sex workers' knowledge and attitudes are frequently researched, less is known about clients' perspectives on safe sex. It is often assumed that men simply reject condoms because they reduce sensitivity but the reality is probably more complex. Ignorance, misinformation, and the price and availablity of condoms may also have a role in why condoms are not used.

Where the sex industry is quite formal, and particularly where it is legal or tolerated, men have been offered sexual health and safe sex information as they visit sex work areas. However, clients tend to be more difficult to access than sex workers. Many education programmes target groups who are likely to visit sex workers, for example, long-distance truck drivers, soldiers, men in mining towns, men attending business conventions, and gay venues.

"I am always telling my clients about HIV/AIDS and they are usually interested and willing to use condoms."

Sex worker, Mexico

"In Amsterdam a project developed a 15-minute street theatre performance which was performed in the red light district. Groups of men gathered around and health educators in the audience gave out pamphlets and condoms and spoke with some of the men. The same project conducted discussion sessions based on a safe sex quiz with prizes in Moroccan and Turkish cafes. The quiz lead to lively debate and discussion. Everybody involved ageed that it was a

great success."

– EUROPAP

"When a bar girl is changing her clothes in the dressing room her colleagues will encourage her to use condoms. When she goes out, the cashier will give her two condoms. At the door as she walks out with a client the doorman says 'Come back safely' or 'Do it safely'. Finally if the girl refuses to have sex with a client who does not want to use a condom, the manager supports her decision."

– Werasit Sittarai, Thailand

... for "influencers"

The Italian Committee for the Civil Rights of Prostitutes launched a public campaign aimed at encouraging clients to use condoms in response to a survey which showed that over 40% still requested unprotected intercourse with female sex workers. They enlisted support from an advertising agency, radio stations, a musical group and the health ministry. Free advertising space was secured.

In addition to clients and sex workers there are usually other people and institutions who can influence commercial sex. This includes sex business owners and managers, police and associates of sex workers. They should all have accurate information about prevention of sexually transmitted diseases and HIV and be encouraged to support safe commercial sex in whatever ways they can. Examples include bosses allowing staff to mention condom use in negotiations and police agreeing not to confiscate condoms or use them in evidence in prosecutions. Edcuation directed at everybody influencing the sex industry at once can encourage a communal culture of safe sex.

3.2 Methods

Peer education

Many projects have found that health promotion with sex workers is most effective when it is carried out by women and men who work, or have worked, in the sex industry (peer educators). Peer education is effective for several reasons:

Truck sticker, South Africa

- Sex workers are generally knowledgeable about how local conditions influence work practices and are often able to communicate more easily with other sex workers.
- They can give detailed advice about how to offer safe sex in commercial settings.
- Their experience as sex workers can enhance their credibility, especially where sex workers are suspicious about contact with officials.

Projects should be aware that peer education is a new way of working and that there may be some difficulties. For example, there are suggestions that peer education is less effective in authoritarian cultures, where the status of sex workers is very low, and where there are significant tensions and rivalries in the sex industry.

"Not all sex workers are suitable for peer education. Being a sex worker doesn't immediately give you the necessary skills, or even the knowledge of the industry. Most workers are like me, they work in one part of the industry and know nothing about the rest. So I am a peer but I had to learn about other parts of the industry."

Peer educator, USA

It is useful for projects to determine what role, if any, there is for peer education in a particular

location and to identify ways of managing peer education programmes. This includes carefully defining the role of currrent and former sex workers within the project and providing appropriate training, and ongoing support and supervision for both peer educators and the professional colleagues.

Outreach

Outreach, or fieldwork or as it is sometimes called, is when health services are taken to sex workers. This is often done by approaching sex workers in their workplace (street, saunas, clubs, bars, parks and beaches) but many projects also contact sex workers in their homes and informal meeting places.

Outreach has several purposes:

- providing basic information and, possibly, condoms and lubricant and basic medical services to sex workers who would not come to clinic
- advertising that a service is available
- raising the visibility of health issues in the workplace.

> "Peer educators aim to construct a community and to encourage others to identify with it, but they do not set out to advocate for workers' rights or change the idea that sex workers are deviants. So, despite the words of empowerment and participation, these schemes serve to maintain existing power structures…The peer must behave like a prisoner seeking remand: a good peer is not angry or stoned [under the influence of drugs or alcohol] and is grateful to take one step forward rather than questioning why she started the race at the back. One project explicitly looks for peer educators who appear to 'have greater control over their lives' and who dress neatly and are friendly with the programme staff."
>
> **Alison Murray**

Some commercial sex environments are very closed and contact is extremely difficult, especially at first. This is particularly so when there is a pretence that prostitution is not taking place or where criminals are in control. A British outreach worker says that it took time for her confidence to increase.

> *"Initially I rang up and waffled on [talked a lot] about women's health. I was eager not to offend anyone but I was too vague. Later I was more direct about offering*

condoms, but they declined, saying that they only offered massage. Eventually I walked in and displayed the condoms and the women were friendly and did not throw me out."

A peer educator in the Cameroon made a similar comment saying that it was a full year before she gained access to some places.

"Because I am a so-called peer my name never goes on any of the papers the project produces and I am never the one to travel to these conferences. What I am good for is providing in the number of sex workers. Numbers, numbers always numbers. I used to co-operate because I wanted the job so much but now I just do my own thing with my contacts and avoid the so-called team."

Anonymous

There are different ways to approach sex workers. Each has advantages and disadvantages. Successful projects use an appropriate combination of strategies:

Project staff should not be patronising. A sex worker commented on a visit by social workers:

"These young girls came in and said they were there to teach us about AIDS and safe sex — did we have any questions? We asked them if they had ever worked and they hadn't (you could tell anyway). I couldn't believe it. I am 40 and I've been working for almost 20 years. We just told them to leave the free condoms and go."

Cold calling

When the outreach worker approaches sex workers to introduce him/herself and the services he/she is offering. This approach may reach people who may not otherwise be reached but it can be difficult for the outreach worker and threatening for sex workers.

Snowballing

When the outreach worker is introduced to new sex workers by someone she or he already knows.

Self-referral

When outreach workers make themselves available and sex workers approach them. For example, an outreach worker may sit in a cafe in a sex work area.

Official introduction

Where outreach workers join another group who visit sex workers for a different reason, for example police, health officials or

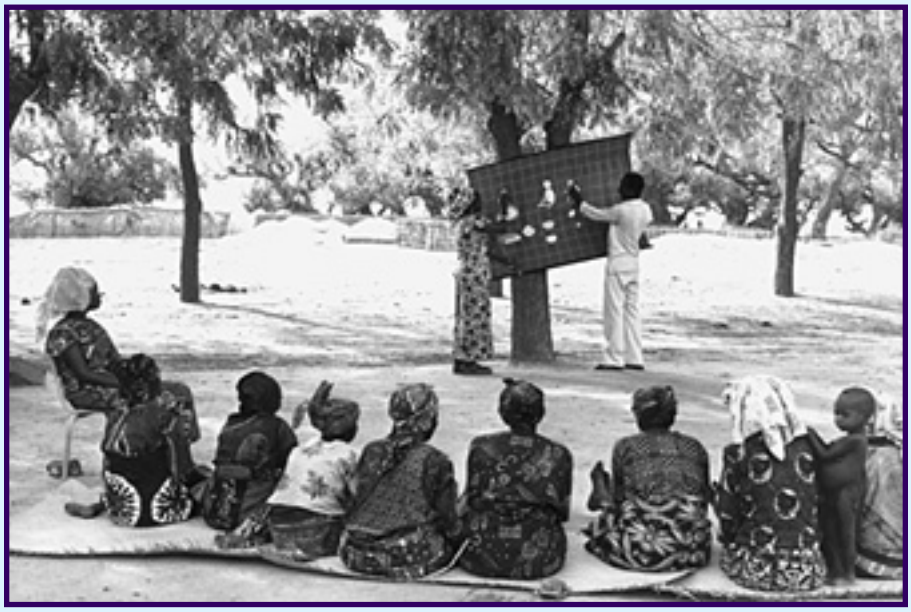
representatives of religious organisations. This is usually only effective if the relationship between sex workers and the primary agency is relatively comfortable.

Satellite services

Where an outreach worker attends another agency, such as a drugs project or family planning service used by sex workers, and makes him or herself available to discuss issues related to sex work. This approach can particularly reach people who are unwilling to reveal that they are selling sex or do not consider themselves to be selling sex. The outreach worker should offer to meet the person somewhere else and should share information with the other agency.

Criminal justice system

Where an outreach worker meets with sex workers in the courts, police stations and prisons. Referrals can be made to appropriate legal advisors and social workers. In this approach it is essential to maintain independence from the criminal justice system and process.



WHO

Sex workers have many reasons for wanting their involvement in commercial sex to remain completely secret. In some countries it has proved to be more effective to target sex workers within a broader category such as "village women" or "young men".

Outreach Tips

- Schedule, and possibly advertise, visits to sex workplaces at regular times so that sex workers can plan to see outreach workers. If possible, schedule teams to visit the same places, whether brothels or more informal settings, at different times to reach all sex workers working there.

- Keep initial contacts short and ensure that the staff member is available for more detailed conversation at a more convenient time or place.

- Be considerate when contacting sex workers. Develop ways to contact sex workers that do not intrude on work time, frighten clients away, or cause friction with fellow workers or managers. Contact can sometimes require a difficult balance and may be best handled by peer educators.

> "In Southern India it was recognised that it was more effective to advertise health promotion events in villages as a cultural programme rather than one which identified sexual health as the topic. People were interested in stories which explored the issues with lots of romance and songs."
>
> **AIDS Research Foundation of India**

- Be prepared to work with clients and influencers and learn how to relate to the people around sex workers. Outreach workers should not be seen by sex workers either to be hostile to these groups or to collude with them.

- Working in pairs may be more effective both in terms of the personal safety of the outreach workers and in their ability to relate to a diverse target audience. An effective outreach team may consist of a peer educator and a professional, such as a nurse or social worker.

Outreach workers in the Philippines who wanted to help HIV positive women were disappointed by the reaction of women who were introduced by police. Then they found that it was because police had previously demanded to look in sex workers' mouths for signs of a white fungal growth which they thought indicated HIV.

Group education sessions

Group sessions can be held in sex workers' homes or workplaces, or in local community venues. The time and place of the session must be acceptable to the sex workers and can be negotiated with them in advance. Group sessions can be an effective alternative or addition to peer education because they provide an opportunity for sex workers to share experiences and knowledge with the project.

"I once spoke with a group of young mothers at a community centre. Strangely almost everybody in the group had a 'friend' or 'neighbour' who worked as a prostitute. They were interested in information to pass on to these 'friends'. Fine by me!"

Peer educator, Scotland

Group sessions can cover issues of concern to sex workers and ensure that correct information is shared. They must also ensure that the confidentiality of participants is not breached.

Sex workers will not automatically talk openly about personal matters, especially in places where people do not speak openly about sex generally. Discussions in groups can be intimidating. In some cultures women are not encouraged to speak, especially about sex. Role plays, where members of the group act out an imaginary scene, has been found to work well in these circumstances.

Images which blame sex workers and portray death are not effective.

Nor will sex workers always arrive at a scheduled time to participate in a pre-set agenda. So scheduling "workshops" to discuss sexual health often fails as a strategy. Spontaneous group discussions are often the most productive and should be encouraged. This is one of the roles of

drop-in centres and sex worker meetings spaces. The most productive discussion groups are controlled by sex workers. Professionals and peer educators can be a resource, for example, by providing accurate medical information, rather than controlling the tone and content of discussions.

Performances, videos and puppet shows have all been used as discussion starters. Humour is one of the best ways of breaking down inhibitions. Sex can be funny and the group education sessions can and should include laughter.

> *"In Indonesia banci (transgender) sex workers performed a play called Camp Genie about safe sex set in a graveyard for bancis. It incorporated traditional symbols, slang and vulgar humour. It culminated in the distribution of condoms when the crowd had collapsed into laughter."*
>
> **Alison Murray**

International HIV/AIDS Alliance

Laughter at a workshop in the Philippines.

Visiting sex workers in their workplace and inviting them to a local drop-in centre or clinic is easier in urban areas where there are clearly defined areas where commercial sex takes place. Sometimes it is possible to work through local agencies which are used by a small number of sex workers, or the media in areas where the sex industry is widely spread. Mobile services may be also be successful. One project in the Australian outback (desert) uses all these methods in an outreach service which involves travelling thousands of miles to reach sex workers in areas ranging from mining towns to fishing fleets. In countries where large sections of the population live in villages, mobile services are particularly effective. However, often they are careful not to target just sex workers

because that would be too stigmatising.

STD/HIV Intervention Project, Sonagachi

A flipchart of diagrams is used by peer educators in India to explain sexual health.

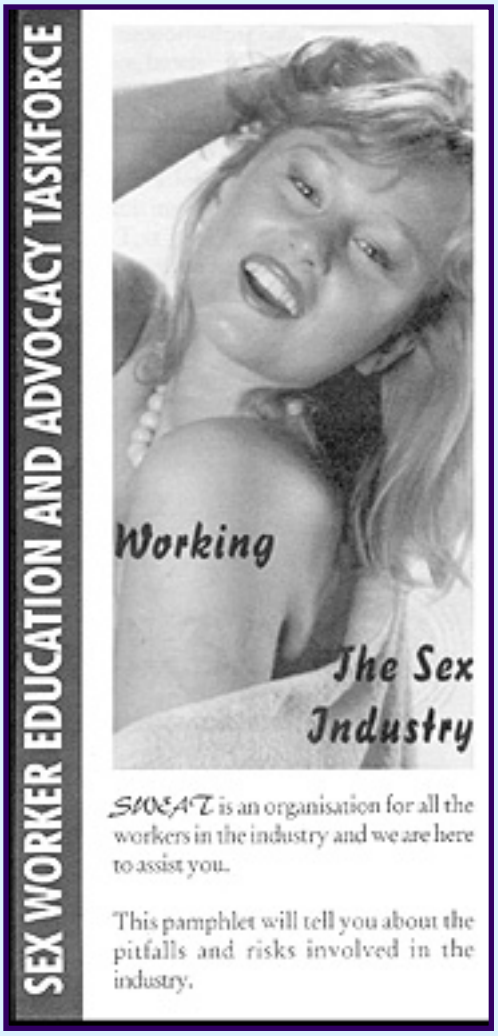
Educational materials

Whatever strategy is chosen, educational materials play an important role. They need to have a clear purpose, target audience and message. The following questions may be asked before material is designed. It is particularly helpful to have the input of sex workers in answering these questions.

- What is the purpose of the material?
- How is it to be used – read once, as a reference, or shown to others?
- Is the aim to provide basic information, stimulate discussion, foster a sense of a shared problem, remind people to practise safe sex, or instruct about a particular aspect of health awareness such as hygiene and

sanitation, safe sex fantasies or safe injecting? Or is it to be used as a tool in negotiating safe sex or work conditions to inform about another issue such as first aid, contraception or avoiding violence?

- Who is the intended audience?
- Is it intended for use in negotiations with clients or managements, or is it information for sex workers themselves?
- What is the literacy level and culture of the target audience?
- Are people likely to want material which mentions prostitution or should information be presented in some other way?
- Is there really a need for new materials or do suitable ones already exist, from another area or country, which could be translated or adapted?

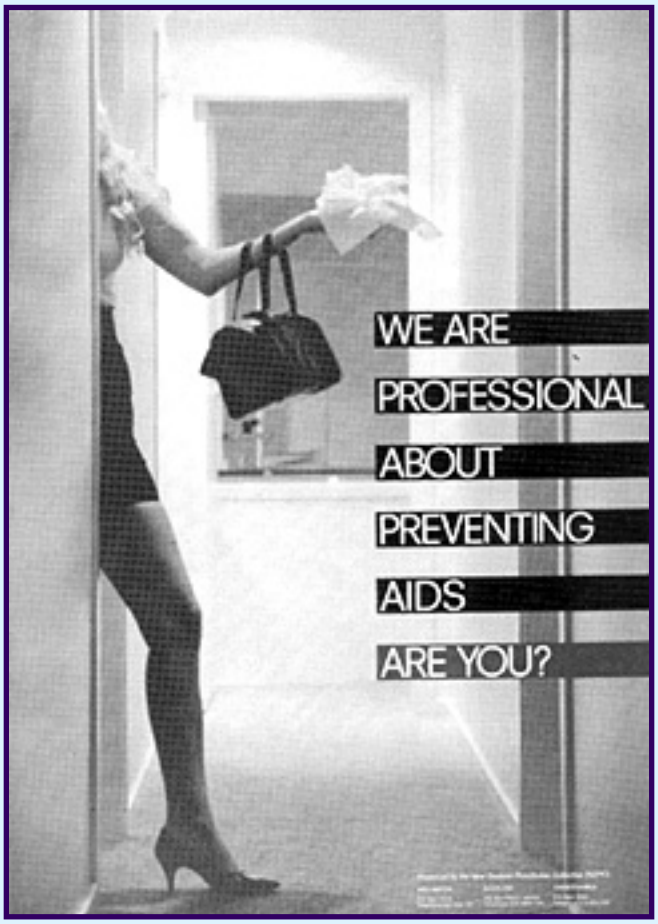


SWEAT, South Africa

These South African pamplets advise sex workers about the law and financial matters.

- How can the target audience be involved in the design and evaluation of this material?
- How can the material be checked before it is published?
- Is the language and presentation clear or could it be misinterpreted?
- Is the material factually correct?
- Which images will contribute to sex workers' self esteem and encourage them to relate to the material?

- How will the material be distributed? Are there more effective ways, such as on match boxes, key rings, nail file packets?



New Zealand Prostitutes' Collective

This poster is popular with sex workers throughout the world.

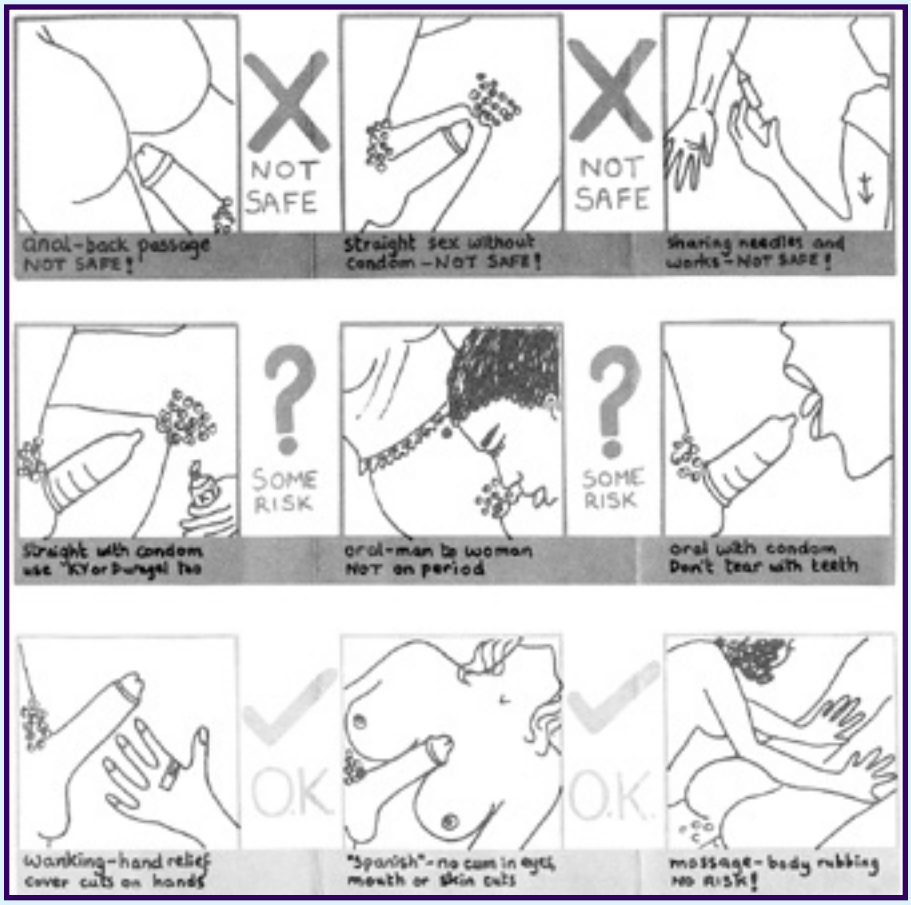
Counselling

Counselling is important because it addresses individual experience and circumstances. It can enable sex workers to acquire valuable information and skills which are specific to their circumstances, experience or culture. Ideally, counselling should take place in private although less formal counselling can be provided in many places and be relatively spontaneous.

Counsellors should be adequately trained. They need to be trusted to keep all information confidential. Sex workers should be informed of the confidentiality status of the session, for example, whether information will be shared and with whom, whether notes will be kept and who will have access to them. Only counsellors with appropriate skills and training should tell people the results of their HIV/STD or hepatitis test (see **Chapter 4**).

Counselling Tips

- Counselling should always emphasise choice rather than push sex workers in a particular direction.
- Counselling should not be moralistic and should not include religious or spiritual ideas unless it is clear in advance that the counselling is of a religious nature.
- Issues should be dealt with as they are presented by the sex worker.
- Counsellors should be aware of their own prejudices and not allow them to influence counselling sessions. For example, the counsellor may see the private partners or business associates of a sex worker as problematic but this view should not be pushed on the sex worker. Nor should assumptions about, for example, a connection between childhood sexual abuse and sex work in later life, be allowed to influence counselling. Sex workers are individuals and sex work is not a medical condition.
- Sex workers should not be asked questions about sex work which are not immediately relevant or are for the counsellor's own information, such as where and how sex workers operate.
- Counsellors should check that sex workers have adequate knowledge and skills to deal with personal safety, safe sex, STD treatment, the law, contraception, drugs, broken condoms, unwanted pregnancy, and other relevant issues. Therefore counsellors must have a good knowledge of these issues and/or be able to refer sex workers to appropriate sources of information.
- There can be many practical outcomes from counselling. For example, counselling can assist sex workers to learn to cope with stress, deal with relationships, avoid violence or overcome fears about seeking health services.



Safe Project, England

An easy-to-read pamphlet.

Health & Safety... ◀Previous Contents Next▶

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

network of sex work projects
promoting health and human rights

Chapter 4

Enabling strategies

4.1 STD services and condoms

- Providing good STD services
- Distribution of condoms and lubricants
- Health information needs

4.2 Other services and skills training

- Skills training
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- Economic development programmes

4.3 Community development

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- Advocacy in the community
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- Organising for better work conditions
- Better conditions lead to safer services
- Media

4.5 People living with HIV/AIDS

- HIV positive sex worker needs

Sex Workers Alliance of Vancouver

Enabling strategies

Enabling strategies are those which help to create an environment in which sex workers can put knowledge about how to work safely into practice. The best enabling strategies are decriminalisation of sex work and ensuring that sex workers have full civil rights, as discussed in **Chapter 2**. These are dealt with at policy rather than project level. The enabling strategies outlined in this chapter can be implemented by sex work projects and other health promoting agencies, even though they are not necessarily exclusively concerned with health.

> "Health education alone is not the answer to safer sex. The sex worker may have understood perfectly the factual information imparted to her, but she can not promote safer sex with her clients [due to] powerlessness with social roots and important psychological dimensions. Hence our project realised that it was imperative to address the social economic and political influences on a sex worker's daily life."
>
> **Dr S Jana, India**

4.1 STD services and condoms

Providing good STD services

> Clinic staff everywhere must be familiar with the "tricks of the trade", and be prepared to speak frankly with all sex workers.

Access to STD services is important for all sexually active people, especially now that it is clear that STDs facilitate HIV transmission and may hasten progression to HIV-related illness. They can cause damage to the vagina, anus and mouth, providing a way for the virus to enter the blood.

Men with STDs are more likely than women to have clear symptoms (such as pain, visible sores, rashes or obvious discharges) and they may be more motivated to seek treatment. Symptoms in women are often less obvious and are more easily over-looked, especially if women accept a degree of discomfort or pain as normal. However, both men and women can have an STD without symptoms until serious complications arise, such as abdominal pain. For this reason, sexually active men and women should have regular STD checkups. The frequency of testing depends on, for example, how often they have had unprotected sex and if a condom has broken.

Applying a condom with the mouth can make clients less resistant to condoms.

The decision to be tested for HIV and hepatitis (B or C) is more complex than for other STDs because the implications of a positive result go beyond immediate health issues.HIV and hepatitis B and C are not completely curable and people who have them are often subject to discrimination. However, there is a strong argument for early detection of these conditions, since people who test positive can benefit from early treatment and changes in lifestyle. People considering such a test must think carefully and consider the implications of a positive result on their personal situation and welfare, and their likely access to appropriate care and treatment. Ideally these issues should be discussed with a trained counsellor.

As well as providing treatment, STD services can play a significant role in health promotion. Their role is particularly important where there are no other sources of health information. Policies and activities should be designed to attract female and male sex workers and clients to use STD clinics and to encourage clinics to provide appropriate treatment and services.

Insensitive clinic staff can discourage sex workers from seeking sexual health advice and treatment.

Clinics have developed many ways to attract sex workers:

- Providing confidential or anonymous services. "Confidential" means the identity of the person and details about their treatment are not passed on to anyone else. Any records must be kept securely. They can be coded and locked away.

  "Anonymous services" means that the person need not identify herself or himself. Sex workers who are fearful of being identified are often attracted to anonymous services although there is less opportunity for monitoring and follow-up.

- Promoting clinical services.

- Attractive pamphlets or friendly advertisements in newspapers and magazines which are read by sex workers may be an effective way of telling sex workers that a particular clinic is available to

them and will treat them respectfully.

WHO
Maternal and child health service in Sri Lanka.

Some groups of sex workers, such as illegal immigrands, young people or people being sought by police have specific reasons to avoid all authorities, including health facilities. Other groups, such as transsexuals and young men, fear discrimination. These groups need encouragement and support by someone who is trusted. This is more likely to attract them than written material. When clinics gain a reputation for treating sex workers well, the news spreads and the task of attracting sex workers becomes easier. Written materials can advise sex workers about which clinics offer confidential or anonymous services. Outreach workers can often give advice about doctors and pharmacists who behave appropriately toward sex workers.

What attracts sex workers to clinics?

A suitable location

Clinics should be located near where sex workers' workplaces. They could be mobile units which visit sex workers. For example, services for long-distance truck drivers and sex workers could be located in the truck stops where commercial sex takes place.

Convenient opening hours

Some clinics have asked local sex workers what times would be most suitable for them and have altered their opening hours as a result. Certain primary health care services are popular and help attract sex workers (and other sexually active people). These include providing condoms, maternal an" child health, contraception, services for men who have sex with men, abortion and follow up care, HIV treatment and advice, vaccinations and dental treatment.

Childcare

Since women must often bring their children to clinics with them, it can be helpful to provide childcare facilities.

Short waiting times

If sex workers are being encouraged to attend clinics regularly waiting times should be as short as possible. Some clinics arrange sex-worker only sessions. Others give sex workers priority at certain times. In some cases outreach workers distribute vouchers which entitle sex workers to an immediate appointment.

"As a sex worker I feel negated [non-existent] when I see sexual health being dealt with while other health issues are ignored. It gives me the message that the only part of my health of interest is the part which might affect my clients."

Sex worker, USA

"It is common sense to know that sex workers have many aspects to their lives but it is easy to forget that in the clinic. I think training about their lives should be compulsory for people in my job."

Nurse, Cambodia

"I was used to this idea of [being] non-judgmental rut what I got from this training took it even further. We did an exercise called 'locating the prostitute in yourself'. Everyone has fantasies about prostitution and this discussion in the group helped break down barriers between 'us' and 'them'."

Nurse, France

In São Paulo, Brazil, a project provides services in a multi-story brothel complex in which hundreds of women work each month. Condom use has gone from virtually zero to approximately 80 per cent in the seven years it has been operating. However there are other important health needs. Tuberculosis is a serious problem in this environment which has inadequate hygiene and ventilation. It is the same with, non-STD gynaecological disorders. It would

clearly be inappropriate for the project to confine itself to STD prevention and ignore these other primary health care needs.

Specific sessions for different groups

It may be helpful to hold specific sessions for certain language groups or people from a certain area, religious faith or sectors of the sex industry, such as immigrant sex workers.

Providing a welcoming environment

Clinic staff in developing and industrialised countries are taking steps to ensure that sex workers feel comfortable and welcome. Relatively informal and friendly environments work well. Some clinics provide interpreters so that people can speak a language they are comfortable with. Some clinics employ transgender people, gay men or sex workers. Appropriate staff training is vital.

Respect for privacy

Different sex workers have different attitudes to their work and defferent feelings about speaking about it, even to health workers. Health workers should not expect people to reveal whether they are paid for sex when they begin visiting a clinic. This applies even in relatively open Western societies. People should disclose information about their circumstances only when they feel comfortable about doing so. Staff can gain sufficient information about multiple partners by skillful history-taking, without having to ask whether a person has been paid for sex.

Syndromic management of STDs

WHO and other international agencies recommend an approach to STD care which does not require sophisticated equipment and laboratories. Trained health care workers diagnose the condition from symptoms and information about which sexually transmitted infections are present locally. Originally devised for developing countries, this approach may be used by health care workers for routine examinations of sexually active people anywhere and it may be particularly useful where people are unlikely to attend for follow up.

In most places, and particularly where staff time or other facilities are scarce, it is important that resources are not wasted on unnecessary STD checkups. This sometimes happens when all sex workers are regarded as being at equal risk of aquiring STDs and the same frequency of testing is either recommended or imposed on all sex workers.

For a description of this form of STD management see Management of Patients with STDs, Technical Report Series 810, 1991, WHO. Available in English, French and Spanish (See Further Reading).

*The TAMPEP "cultural negotiators" befriend immigrant female and transgender sex workers in Europe and accompany them to clinics. They provide translation and explain the system of health care in the host country. They can also vouch for the confidentiality of the service. (See **Chapter 6**.)*

Sex workers in Australia adopted this widely distributed National Aids Programme slogan, and another, "No balloon, no party," as a negotiating tool.

Distribution of condoms and lubricants

Access to condoms and water-based lubricants is central to sexual health promotion. Condoms and lubricants should be continually promoted and made accessible and affordable. Where female condoms are acceptable and affordable they should be included (some men prefer them for anal sex). Some projects are able to distribute different types of condoms (extra strong, flavoured, small or large) surgical gloves and dental dams (latex sheets).

Distribution of water-based lubricants is extremely important for male, female and transgender sex workers. When lubricants are not used condoms break far more easily. Where possible, the lubricant should be in an appropriate size container. Many sex workers cannot carry a large tube.

Methods of condom and lubrication distribution vary greatly. Even in the same areas projects have different views about how best to distribute

condoms, if at all. Supplying condoms free or for an affordable price must be balanced against the need to maintain supply. Ideally, condoms should be supplied for free. However, only in the more wealthy countries can governments ensure that STD clinics and health promotion projects have a steady supply of free condoms.

To enable a project to choose an appropriate strategy for ensuring appropriate access to condoms, the correct information must be gathered during the situation assessment phase of planning a project.

New Internationalist

Support services and outreach workers can play an important role both in creating basic STD and HIV awareness away from clinics and in encouraging sex workers to use STD services when they need them. CAN, an NGO in Madras, India, identified that alis (castrated men) feared rejection if they went to the local STD clinic. They worked with both the local director of STD control and ali leaders to overcome the problem. Often outreach workers accompanied patients to the clinic.

Methods of distribution

Social Marketing

Selling condoms and lubricants at subsidised prices (social marketing) has a number of advantages. It provides an incentive for sellers to distribute condoms and is usually easier to sustain than supplying condoms free.

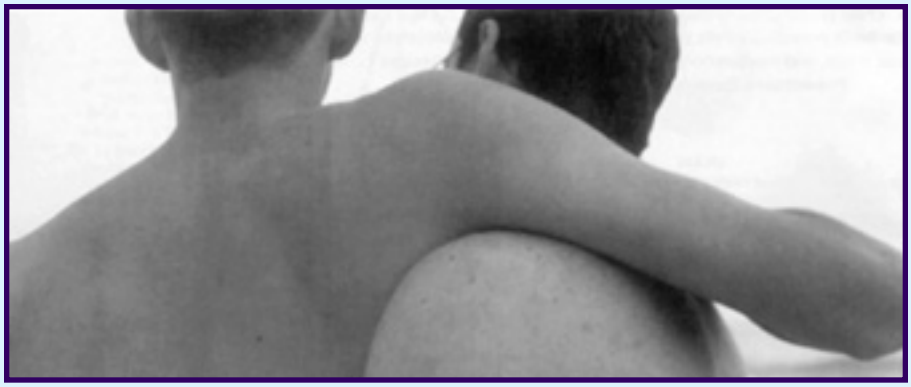
Selling condoms may be part of a national social marketing programme or the work of an individual project. There are suggestions that subsidised condoms are not of an adequate quality or are too expensive. Some projects purchase condoms in bulk at reduced prices and pass savings on to sex workers, clients and sex establishments, in effect setting up their own, small-scale social marketing scheme.

Subsidised condom sales can be made through a variety of outlets:

- normal retail outlets
- newly recruited vendors such as taxi drivers, cleaners,

medicine/water/food vendors, doormen and hotel receptions, salespeople who travel to remote areas

- outreach workers who visit sex workers
- associations of sex business managers.



New Internationalist

"The price of a condom here can be 10 to 20 per cent of the price of sex from street boys in Rio de Janeiro. We have a limited supply so we can only give the boys three at a time but even if we had more condoms it would be unwise to give them more than that because they would be resold. Selling them would require capacity to account for money spent and received. What we need is both more condoms and money to pay outreach workers to make more visits to the street to distribute them."

Programa Pegação, Brazil

In 1987 a group of sex workers were recruited in the Cameroon to act as peer educators and to distribute condoms from the national social marketing programme. They distributed condoms to sex workers and clients during educational sessions in a number of informal locations: bars, night clubs, hotels, street stalls and beauty shops. Condoms were affordable and available at almost any time of day or night. Condom promoters made a small profit on the condoms sold ($US5 for every 1,000 condoms sold) to provide them with motivation and additional income and to reimburse them for time given to peer education work. Each promoter sold an average of 1,750 per month, with 630,000 sold in 18 months.

Gram Bharati Samiti, a project in Northern India, found that sex workers were being charged very high prices at the local market. A trader was taking advantage of the

stigma against women purchasing condoms. The project arranged for condoms to be purchased in bulk for much lower prices.

Chris Castle/AHRTAG

Distribution of safe sex information, condoms and lubricants to villages in Northern India.

Providing condoms and lubrication free of charge

Distribution of free condoms is sometimes used as an entry point for outreach workers. It can help gain access to sex businesses or provide an incentive to attend an STD clinic or educational session. Some projects distribute packs containing condoms and lubricant along with other personal hygiene and beauty supplies and health information.

Even projects which are organised by religious organisations provide condoms. A Christian organisation, TEAR Fund, describes a Christian response to sex workers as one which encourages changes in lifestyle and world view, but in which condom distribution is recognised as part of a Christian "expression of care". Some religious organisations which work with sex workers may not provide condoms themselves but refer

sex workers to places where condoms can be obtained.

SOA Stichting

Condoms are distributed to immigrant sex workers in the Netherlands by peer educators who speak the same language.

Health information needs

Health workers often ask what specific advice sex workers might need about sexual health. Most sex workers require the same advise as other people. However, there are a few issues about which sex workers require different, or more detailed responses. Health workers should be trained to respond confidently to sex workers' needs. Training should be provided by sex workers where possible. Issues specific to sex workers may include:

- Negotiation with clients and management – tips for selling safe sex and negotiating supportive work conditions, such as sick leave, the right to refuse clients, hygiene in the workplace.
- Advice on examining clients for STD symptoms. This includes recognising symptoms and examining clients in various situations, such as in low light.
- Advice on safe sex. Sex workers need to develop appropriate

skills, for example, in reducing accidental and deliberate condom breakage and relieving stress on the mouth, anus or vagina.

- Advice on using lubricants, spermicides and other products. This may need to be different from advice given to non-sex workers. Some products may not be suitable for particular sex acts or frequent use. Sex workers may also need to know which are the best value for money and where they can be bought most cheaply.

There will probably always be a need to distribute free condoms in some places. In many developing countries a condom can be as much as 40 per cent of the price of sex. This isn't confined to developing countries. A project in France explained that it reserves some free condoms for people, mainly drug users, who begin work only when they have no money at all.

- It may be necessary to clarify misunderstandings about health, including unsafe traditional practices or beliefs. Sometimes the use of unsafe products and unprescribed medicines has to be explained and discouraged. Advice about douching (internal washing) is frequently required.

- Coping with a range of primary health care needs including stress and possibly violence and finding appropriate support. Referrals should be made only to agencies which will treat sex workers with respect, particularly if they are HIV positive.

- Advise on HIV should take into account the effects of stigmas against sex workers. Sex workers who have HIV may experience prosecution and even jail if they are found to be HIV-postitive. Sometimes police seek out HIV-positive sex workers and persecute them. Sex workers and other stigmatised groups therefore have different support needs from other HIV-positive people.

EMPOWER, in Thailand, is one of the most well established non-governmental organisations working with sex workers. EMPOWER's approach is conveyed in its name: "Education Means Protection of Women Engaged in Recreation". It has three "drop-in " centres, two in Bangkok and one in the northern city of Chaing Mai. It shares it's headquarters with a sister organisation which cares for people living with HIV.

A woman coming to an EMPOWER centre can follow classes in English and other subjects to obtain qualifications similar to primary or secondary school certificates. Other instruction includes creative expression, such as batik and drama, health issues, and skills such as sewing and typing. A free Thai language newspaper is produced. It addresses the experiences and concerns of women in the trade.

EMPOWER includes projects to enforce workers' rights, including laws which apply to barworkers. All of the sessions and activities have health and HIV/AIDS awareness components. The friendly, non-judgemental atmosphere supplies a place fob women to gather and develop a sense of community so that they can change their situation in the huge sex industry.

EMPOWER outreach work focuses mainly on distributing condoms and basic information because, although they are welcomed by workers and management alike, visits to workplaces must not interrupt business. EMPOWER brings a sense of play and creativity to all its work. In 1995 EMPOWER celebrated its first decade.

4.2 Other services and skills training

Skills training

Training activities can help to develop skills either directly related to sex work or that improve sex workers' broader quality of life. Training can be used to foster a sense of community and empower the individual within it. Examples include:

- assertiveness training and conflict resolution
- specific sexual techniques and new services such as erotic (fantasy services and servicing disabled clients (see **Chapter 5**)
- self-defence
- local languages (for immigrant sex workers) or tourists' languages
- literacy and numeracy skills
- bookkeeping, investing money, business management skills
- telephone skills
- first aid
- massage and beauty therapies
- exercise classes
- nutrition.

Jo Waite

"Self-help" activities can help sex workers overcome difficulties in asserding themselves against sexual harassment and other forms of abuse from which no other protection is available.

Legal assistance and welfare services

Legal assistance

Legal advice is a popular service with many agencies. It can cover prostitution offences, petty crime, violence and property disputes. Where sex work is not legal, sex workers may want advice about how to work without attracting prosecution or persecution. Other areas in which legal advice may be needed are tenancy law, child custody, family disputes and immigration. Projects can provide legal support in various ways, such as:

- employing local lawyers to conduct workshops on the law
- providing advice sessions with a lawyer or legal advisor
- publishing guidelines on legal issues which are relevant to sex workers
- developing a list of individual lawyers and support services who will assist sex workers in a non-judgmental way.

Welfare services

Sometimes health promotion projects can refer sex workers to appropriate agencies in cases of sickness, homelessness, drug addiction or family crisis, for example. They also assist agencies to improve the way they provide services to sex workers, for example, by training staff.

In many places welfare support systems do not exist, or are limited. Some may only provide services to sex workers who agree to stop selling sex. However there are many examples of ways in which communities have responded to individuals' care and support needs. Sex workers have set up financial assistance programmes which enable borrowers to visit their families, begin

WHO

A Kenyan project, KVOWRC, has two purposes. First, it aims to empower women with knowledge, attitudes and

small trade activities, secure childcare and education, buy medicines in bulk or care for sick or dying people. Self-help initiatives work best for sex workers who have access to resources and are not controlled by police or criminals, although they have also been successful in less favourable environments.

skills to negotiate safe sex and to train peer educators. Secondly, in recognition that poverty reduces women's power to ask for safe sex, it also aims to increase women's income from sources other than sex work, by offering training and loans to women to begin small enterprises. It also helps members to set up or join land purchasing co-operatives.

Economic development programmes

Schemes which assist sex workers to earn income from other sources can have an important role in health promotion. Sex workers who do not rely on sex work as their only source of income are in a better position to choose safe sex. Research in Kenya and Nigeria has shown that workers with additional sources of income to sex work are less likely to be HIV positive. Additional sources of income are particularly important where sex work is seasonal or very poorly paid or where there is no social welfare system to support people during illness, unemployment and old age.

A number of agencies and sex worker organisations operate alternative income generation schemes for sex workers. They provide loans for sex workers to start small businesses (including selling condoms and lubricants), buy land or farm, for credit co-operatives, community banks or labour exchanges. They also find training for other jobs or to develop new skills such as literacy or learning another language.

Some women and young men use income generation schemes to leave the sex industry. Others use their newly developed skills and economic power to be more efficient sex workers, for example by learning a language spoken by tourists or buying condoms in bulk. A scheme run by sex workers in Mexico, which includes an AIDS hospice, has been adapted in the USA.

Income generating schemes must be well managed. They must have clear goals and realistic expectations of what sex workers might achieve. They are not "rescue" or "rehabilitation" programmes which are discussed later in this chapter.

P. Almasy/WHO

Market trading can supplement income from sex work.

4.3 Community development

Self-organisation

Over the past 20 years sex workers in several countries have formed collectives and advocacy organisations. Some of these are human rights and law reform organisationc. Others provide welfare services and facilitate self-help activities. Many have designed and implemented their own AIDS prevention projects. Some collaborate with service providers to help ensure that sex work interventions are appropriate.

NSWP

An international protest against human rights violations.

Self-organisation can certainly help to overcome the problems of isolation and self-esteem caused by marginalisation and stigmatisation. It can also help to promote and sustain safe sex and safer working conditions by increasing sex workers' control of their working environment. Some sex worker organisations have evolved into powerful self-advocacy forces which actively challenge human rights violations and causes of sex workers' vulnerability. Many strategies for improving conditions for sex workers have been developed and implemented by sex worker organisations, in many cases before HIV was identified and programmes were funded.

In several countries, health projects developed during the AIDS pandemic have adopted community strengthening work activities. In several cases sex workers' organisations have been formed by users of those projects. This is an important example of how health promotion addresses economic and social development issues.

Peter Barker/Panos

Communal support is a part of Ghanaian culture and sex workers are no exception. To maintain order in a house of up to 50 working women, one of the women, usually the eldest, acts as a caretaker and is regarded as head of the tenants. She regulates payments of bills, oversees tenants' relationships and enforces house rules. As part of this communal approach the women pay into a fund which is used to support the members in sickness and bereavement This informal credit union is called a "susu".

"At each of the three world congresses of sex workers, workers from developing countries have made it clear that self-organising is as meaningful for them as it is in richer countries, possibly more so. We have heard the same desire to speak, rather than to be spoken for. It is not some "cultural barrier" which limits activists in developing countries as those who speak on their behalf often suggest. It is economic. Self-organising is financed by sex workers themselves almost everywhere. It's time for development agencies to change policy and begin to recognise and support sex worker self-organisation rather than the professionally operated clinics and rehabilitation centres of which there are still so many."

— Cheryl Overs, International Conference on Prostitution, USA 1997

Community strengthening activities

Drop-in centres work well in urban settings. They are often situated near street working or bar areas and they typically offer coffee and snacks, condoms and health promotion materials and activities, counselling and referral to appropriate welfare services. Some offer showers and laundry facilities, saving schemes, training in client language skills, education for children or accommodation. As well as addressing welfare needs this kind of environment can lead to sex workers making group decisions about work practices.

The media can foster a sense of solidarity and facilitate information sharing even among sex workers who work outside of urban areas and in different places such as brothels, hotels and private homes. There are many examples of innovative community media. Distributing appropriate, attractive publications can in itself strengthen links and foster a sense of belonging to an occupational or social group. Radio, tapes and drama have also been used as community development tools. The Internet has great potential. A number of sex workers who have access to computers are already using it.

Special events can attract sex workers. Some projects hold parties, competitions, dances, picnics, religious ceremonies, beauty contests and other

Are sex workers a community?

"Whether sex workers and drug users will generate communities similiar to the gay community seems to me an open question. Unless there is a willingness to assert that sex work and drug use are actually desirable it is difficult to see how they can become the basis for a genuine socio-political identity: so far the bulk of self-organisation has tended to hover uneasily between the apologetic and defiant tone which is not sufficient to produce the basis for communal identity."

Dennis Altman

"The word community is over-used and it doesn't help us. Sex work is an occupation not a community. They don't call other groups of workers 'communities'. Sex work is something you do for a job. We need this language of welfare replaced with the occupational language. I'm not a 'community health educator', I'm an occupational health and safety advisor."

Sex work activist, Canada

"[The drop-in center] sets the scene around here. Going there, getting condoms, the safe sex posters, its the done thing around here. We would be suspicious that any new boy who didn't go there was undercutting [charging less or providing unsafe services]."

Male sex worker, Australia

events. One project organised a "rent boy" football team to play against social workers.

In Sri Lanka a couple who had been involved in the sex industry converted part of their home into an information centre for sex0workers to learn more about sexual health. One wall was covered in hand drawn posters and health information.

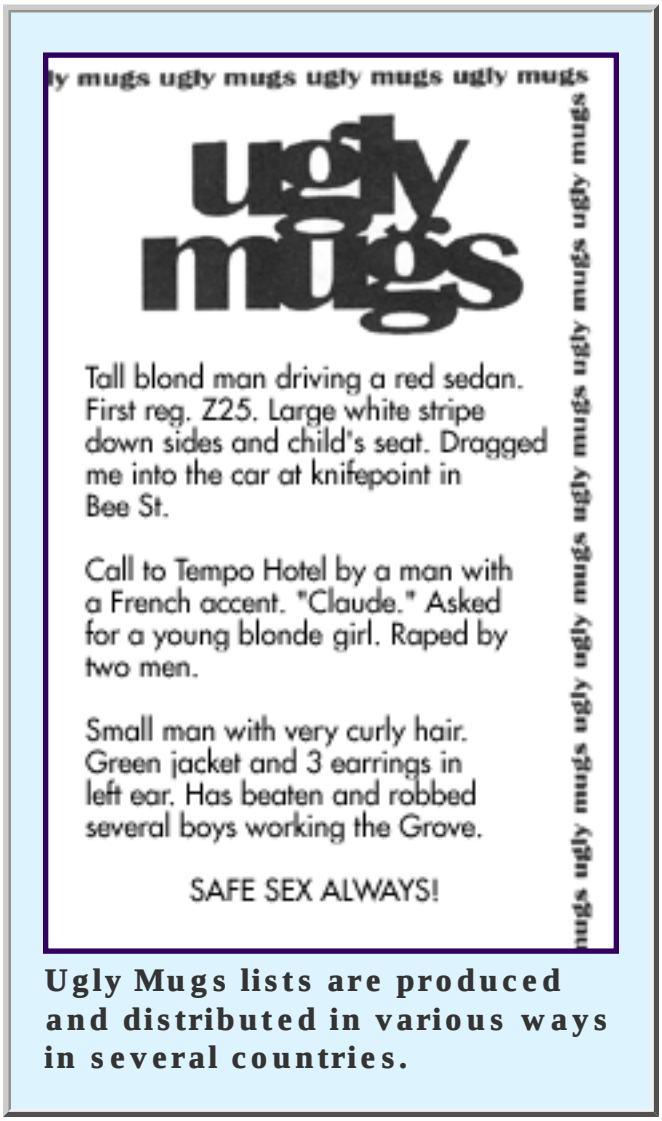
Sex work projects produce newsletters and magazines about community events and issues.

A drop-in centre for transgender workers in a street sex work area in Canada is staffed by transsexuals and sex workers. It aimed to provide education aboet high risk behaviour. However, it soon became clear that poverty was so extreme that basic needs had to be addressed before any health education work could be effective. Meals, laundry and shower facilities became the centrepiece of the service which quickly became popular.

"A function was organised exclusively for sex workers, bringing them to a common platform for creating awareness... a theatre was booked, a show was organised where the sex workers themselves produced a play. As many as 400 sex workers organised it and they sold tickets to regular customers, brokers and brothel keepers. The Secretary of Health also came."

– Community Action Network, Madras, India

Anti-violence activities



Ugly Mugs lists are produced and distributed in various ways in several countries.

Minimising violence is one of the most important aspects of making the sex industry a safe environment in which to work. Anti-violence campaigns and activities seen as essential by sex workers in most settings. It is not unusual for serious violence or murder to be the catalyst for sex worker organising. It is therefore an important focus of health promotion and community development among male, female and transgender sex workers.

Many projects offer self-defence classes and training in personal security. Some obtain and distribute personal security equipment such as alarms and deterrant sprays. A project in a relatively enclosed street area set up a "whistle project" because sex workers were being attacked within earshot of each other. Sex workers were given whistles to blow if they were attacked so that others could come to their rescue.

One initiative which has been adapted in several countries is publishing a list of violent clients and distribute or display it where other sex workers can see it.

These lists simultaneously fulfill several "enabling" functions. They:

- promote individual well-being by helping sex workers to avoid dangerous clients
- facilitate community development by encouraging sex workers to make reports based on a shared interest in avoiding violence

- attract workers to the service and gives the service credibility
- draw attention to inappropriate policing and provide a basis for advocating for better police responses to crimes against sex workers
- can be a vehicle for other educational messages and announcements.

Police liaison

Liaison between police and sex work projects can have a number of benefits both for sex work projects and for sex workers generally. Sometimes liaison is facilitated by intermediaries such as victim support groups, gay organisations, churches, politicians or civil rights organisations. Police liaison is particularly important in countries where it is the police, rather than the law, who determine how sex workers are treated.

In some cases the media has been used to raise awareness of violence against sex workers and to motivate police to behave more responsibly and lawfully towards sex workers. (Media strategies must be carefully managed however. Although they can stimulate constructive debate they can also lead to increased publicity and stigma.)

Good relations with police can help by:

In Chile sex workers denounce violence and suggest increased solidarity and better treatment from the justice system.

"A number of Delhi police face the risk of contracting STDs including AIDS owing to their mindless exploitation of several thousand gay sex workers in the capital… 30 per cent of the sex workers' clients are policemen, but the only difference is they do not pay: 'instead they take money from us,' one said. They also sell their services to other clients."

***Hindustan Times*, 25/12/96**

- discouraging violence (including violence by police officers) against sex workers by responding to it appropriately.

- preventing fieldworkers and project staff from being arrested or harassed.

  ensuring that police actions do not make it risky for sex workers and sex businesses to possess safe sex information and condoms.

- discouraging intense police activity which limits potential for health promotion and which worsens sex workers' conditions. When a group of sex workers are persecuted, they are likely to move to another area and limit access to them by outsiders. Several health projects report having been blamed for police raids which take place after they visited an area. Police raids are less likely to happen if projects employ trusted sex workers as peer educators and establish a good relationship with police.

- improving police response to violence against sex workers. Violence against sex workers is partly due to the fact that men know that they are unlikely to be caught and punished for it.

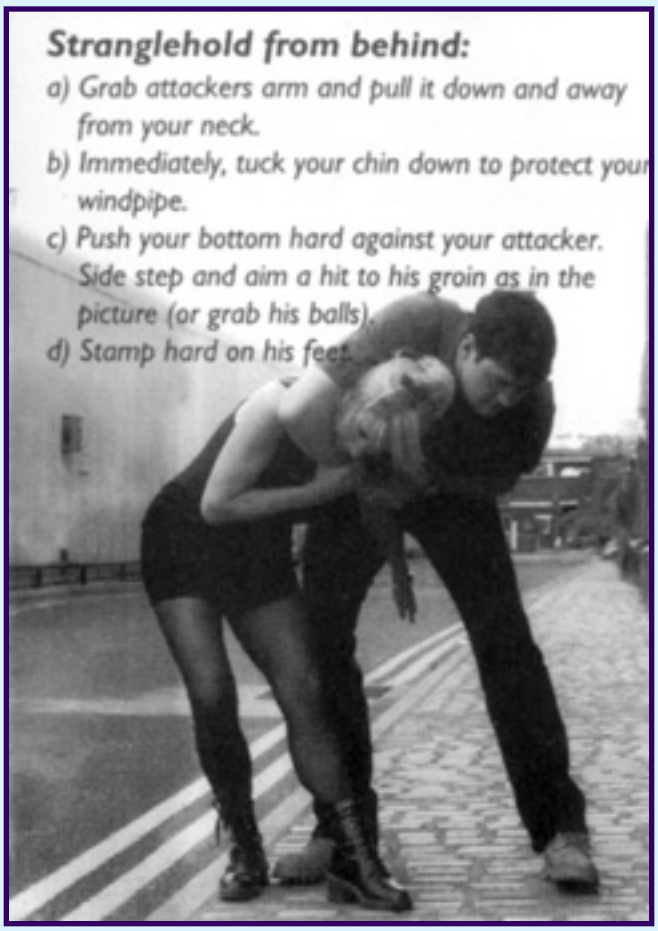
- reducing violence, extortion and bribery.

- creating bridges between police and courts in respect of the treatment of sex workers.

"I think the police superintendent didn't believe me when I said that the standard response to sex workers arriving at the police station to report very violent crimes was 'Go away, what do you expect? It's part of your job'. She gave me her beeper number and said that the moment such a thing happened she would attend the police station immediately to interview both the sex worker and the constable involved. This in fact happened which I consider to be a very good start."

Project manager, Britain

In Papua New Guinea a comic called *Hit n Ran* has been produced to educate police. Its name is taken from the police expression for the way to deal with sex workers. It tells a story of a policeman contracting HIV from another policeman during the gang rape of a woman in a police station.



Praed St. Project, Britain

Rescue and rehabilitation

Rehabilitation programmes focus on assisting adult women (rarely men) to stop selling sex. Unlike income generating projects which aim to expand choices and improve opportunities, rehabilitation programmes operate from the position that the sex industry is always unsafe and degrading. They therefore usually take a limited, if any, role in health promotion because such activities conflict with the objective of freeing women from sex work.

Experience in almost all countries shows that usually only a small percentage of women leave the sex industry as a result of rehabilitation programmes, and that those who do are replaced by new sex workers. However, rehabilitation programmes have a long-standing place in service provision to sex workers. Some sex workers greatly appreciate support in leaving the sex industry.

Donors and programme planners should not mistake rehabilitation programmes for health promotion. This mistake has sometimes led to resources which should have been used to provide effective primary health care and health promotion being spent inappropriately. The same

applies to programmes which try to rehabilitate or "cure" homosexuals.

A project workers said,

"We gave them so much — livelihood, training, financial help. We're talking about 5,000 pesos each you know… Most we can't find anymore. They tried. I'm sure they tried. Such little profit (from food stalls) when they can make so much more like that (she snaps her fingers). No matter how hard we try to pull them out it doesn't work."

Orbit, Third quarter, 1996

"They enter the red light areas with police but remain out of sight! The prostitutes are rounded up, tied and battered and thrown into the lockup! Thereafter they are transported around from place to place like animals. Subsequently the voluntary workers arrive on the scene with the package of rehabilitation… We are sure that if a prostitute is recognised as a woman the 'new era saviours' will protest. Until we can acquire our rights within our profession we will remain the recipients of others' sympathy and charity and these so-called saviours will remain 'Gods'."

sex worker, India

"In Thailand about 800 to 1000 women are placed in these homes per year so hundreds of thousands remain employed as sex workers. But the real problem with this kind of programmatic response is that rehabilitation doesn't help because it limits or controls the women. It treats them as unequal. It makes them feel guilty. The underlying message is, 'you are dirty, now we wash you so you become clean again'. This judgemental attitude and regulation of behaviour does nothing to help women regain control of their own lives.

"Sex workers must be considered workers. Concentrating on sex reinforces the stigma of prostitutes and ignores other problems that are more pressing to the women themselves."

Chantawipa Apusuk, EMPOWER

4.4 Advocacy and civil rights

Advocacy for sex workers as a group takes several forms. Since almost every country has laws about sex work which increase sex workers' vulnerability to HIV and STDs and inhibit the effectiveness of health promotion, health projects often urge changes in legislation or in the ways that laws are enforced.

Even in countries where sex work is not illegal, or where laws are weakly enforced, discrimination and stigma force sex workers to work in poor conditions. In these countries, lqw reform alone is unlikely to improve conditions for sex workers or their access to health education.

SWAV

Stickers produced to promote community solidarity in a neighbourhood in Canada.

For many sex work projects, campaigns for law reform are an integral part of HIV and STD prevention programmes. They aim to reduce sex workers' vulnerability to human rights violations, violence and tisease.

Health projects form alliances with human rights campaigners, feminists, gay and lesbian organisations, religious groups and many other organisations to campaign for improved legal and official responses to sex workers and the sex industry. Their demands and the methods they use vary. Some seek changes to prostitution laws. Others seek to change civil laws to give sex workers full citizenship rights. Often their objectives are straightforward, such as obtaining a water supply to a brothel area or a school.

Health workers are often well represented in the membership of advocacy groups. Some health projects give practical support by allowing advocacy groups to use their resources, such as meeting rooms and computers. Participating in advocacy groups is an empowering activity in itself. Small victories, such as securing access to childcare or an improvement in police attitudes, can have an important effect on groups of sex workers.

Safe Project

A Christmas card produced by a British project which was keen to establish good relations in its local community.

Advocacy in the community

When the work of health promotion agencies is affected by local laws and policy it is appropriate for them to approach local authorities directly to advocate for a more favourable environment. Advocacy is appropriate when, for example:

- police raids push the sex industry away to places where access by outreach workers is difficult, or sex businecs operators stop visits by outreach workers because of raids
- police will not respond properly to complaints of violence against sex workers
- men who have sex with men are persecuted and laws against homosexuality limit support (including safe sex advice) for men selling sex
- police use condoms as evidence against sex workers and managers of commercial sex venues.

Civil rights

To enjoy health, welfare and basic freedoms, people need access to fair

treatment by government services, courts, unions and institutions such as banks and insurance companies. Sex workers are deprived of these rights in many countries either by specific laws, or stigma, or both. Even where sex work is legal, sex workers continue to struggle to wain these rights.

Organising for better work conditions

Informal negotiations

Sex worker organisations and health projects use various strategies to advocate for better working conditions. For example, health project staff, government officials and health workers have successfully negotiated with sex business managers for better conditions. Similarly there are many instances where project workers have negotiated with police for improved conditions for sex workers, such as being allowed to carry condoms, work in a certain area or be better protected from violence.

It should not be assumed that all sex business managers discourage condom use and safe sex for the sake of short-term profit. In some places running an unsafe establishment is bad for business. Sex business managers should first be approached as ordinary business people who are interested in both profit and maintaining proper standards for their workers and clients.

Marie Claire

Soon after the sex industry was legalised in Victoria, Australia, a sex worker, Maryann Phoenix, successfully negotiated with a powerful trade union, the Australian Liquor Hospitality and Miscellaneous Workers Union (LHMU), to include sex workers. Sex workers responded enthusiastically and Maryann is now a full time organiser for the union.

Unionisation potentially works in two ways to ensure that sex workers have optimal health. The first is to improve pay and conditions. Already the LHMU has supported sex workers through court cases which have enforced

Unions

One of the ways workers can secure better conditions is through trade unions' negotiation with employers. Unions for sex workers are limited to countries were the sex industry is legal and quite formal, and to employed sex workers. (Usually sex business managers go to great lengths to avoid admitting an employer/employee relationship with sex workers.) Trade unions have also been reluctant to allow sex workers to join them even when it is technically possible. Resistance to unionisation comes from sex business managers and others who have financial interests in sex workers remaining unorganised or who believe that prostitution should, or could, be abolished.

industrial rights such as sick leave, security of employment and health and safety conditions. The industrial courts have forbidden media coverage so that sex workers are not discouraged from bringing cases. In some brothels the union has negotiated for an hourly rate of (Aus) $10 to be added to sex workers' commission from each client.

Secondly there is potential for the union to organise it's own health promotion and occupational safety programmes. Such a development could increase sex workers' control over the content of such programmes since government funded programmes are invariably guided by public priorities rather than those of the sex workers.

Maryann says that the victories which have been won so far are just a beginning. This is not just because these advances have been made technically possible by the legalisation of the sex industry in Victoria but because workers have begun to expect and demand better conditions. Legalisation has also helped the public to accept the process and many people in Victoria are quite proud that a progressive approach to the sex industry has been taken.

"We are well on the road to a safe sex industry. Destigmatisation is the key. Law reform was an important step in the process. The union is another."

Professional associations

Professional associations are easier to form than unions. They may be open to a wider range of people and can be more flexible in their approach to problem solving. In some countries such associations have a stronger tradition than either unions or regulations which govern the workplace. Professional associations generally promote self-regulation. They do not usually have the capacity to enforce standards as a trade union might.

There are professional sex workers' associations in countries such as the USA, Nepal, Germany, Ghana, Canada, India and Nigeria. Some include sex business managers, employees and

"freelancers" so they may be more suitable where the sex industry is less formal and illegal or semi-legal.

Health and safety regulations

Sex workers' rights organisations who urge law reform suggest that many problems could be solved if the ordinary laws and regulations governing other businesses were applied to the sex industry. This includes planning, health, building and safety regulations. Law reform is possible mainly in those countries where labour and industrial regulations work effectively and where sex work is relatively formal.

Better conditions lead to safer services

The sex workers' movement says that improvements in working conditions and civil rights will lead to sexual services being provided more safely. Here are some of the reasons given by members of the Network of Sex Work Projects:

- "Sex workers can have more time to negotiate before they agree to go with the client if they are under less pressure."
- "The more you can turn a client on the easier, quicker and safer it is. You need privacy, quiet, maybe pornography, but most of all the worker herself or himself needs to be relaxed."
- "Having an apartment of your own means you can store all the things you need there, such as condoms, lubricant and sex toys."
- "The infrastructure of well organised, indoor

In the Dominican Republic health project staff visited each brothel. They offered health eduation services and asked the managers to agree to support condom use and to improve sex workers' conditions in general.

sex work offers rest rooms, bathrooms, condoms, lubricant and safe sex information. Lightingis also needed to see possible signs of STD in a client. None of these things exist on the street."

- "Clean running water is essential for good hygiene. So is management who support condom use and give you time off from work during menstruation and illness."

- "When competition is not so bad you make more money. You can afford to refuse clients and you negotiate from a more powerful position than when you work in a crowded place."

In Thailand managers were told by government officials that condoms must be used and that their brothels would be closed if they did not comply. Condom use increased from 30 per cent to 90 per cent.

An Australian sex worker organisation offers endorsement to brothels and escort agencies which support good practices. Brothels can use the endorsements to attract both staff and clients.

A project which provided health education and English lessons in the bia ôm bars (Beer and Hugs) in Vietnam was curtailed by a major, national campaign against "social evils" which began at the same time. This caused women to leave bars, and therefore the classes, to avoid adding their names to registration lists. The campaign caused a wave of arrests of street workers and the installation of windows in karaoke rooms and massage parlour cubicles and newspaper editorials calling for an end to condom distribution.

- "If you are not paying a huge amount for your room (I mean if you can get one at all), you can do fewer customers and therefore there is less risk of condoms breaking."

- "Self-esteem and safe sex are connected. Working in substandard conditions erodes self-esteem."

- "Freedom from fear of violence allows the sex worker to be more assertive."

Media

The presentation in the media of sex workers, and health projects working with sex workers, is very important. Like everybody else, sex workers are affected by media images of themselves. Donors and governments, and other key potential supporters of health promotion,

are also influenced by media and public reaction.

Some sex workers' organisations and health projects have developed skills in educating journalists and dealing with their enquiries. By joining a network, organisations can learn how other agencies have worked with the media. Gay organisations, civil rights groups, community based AIDS agencies and women's organisations have been helpful to sex worker organisations and projects in developing media skills.

4.5 People living with HIV/AIDS

The relationship between prevention and care has emerged as a practical issue for many sex work projects as the extent of HIV in their communities became clearer. As a result, many sex work projects have adjusted their strategies and activities to incorporate care and involvement of people living with HIV, the involvement of sex workers who are living with HIV, the involvement of the sex workers with HIV in sex worker projects has increased. There are some excellent examples of community care for sex workers with HIV.

Discrimination and ignorance often results in bad treatment of people with AIDS who are in need of care and support. Sex workers are subject to a double stigma which can jeopardise access to quality care. Nevertheless, some of the most innovative models of both clinical and community-based care have involved sex workers.

Issues around testing for HIV and hepatitis C are more complex than for other STDs because they go beyond immediate health issues. There are strong arguments for early detection of these conditions as they can benefit from early treatment and changes in lifestyle. When thinking about whether to have a test, the individual must consider carefully the outcome if they test positive. For example, they must consider the effect on their personal situation and welfare, and their likely access to appropriate care and treatment. Before taking an HIV test, the person involved should discuss these issues with a trained counsellor.

HIV-positive sex worker needs

Testing information

Accurate information and counselling about HIV testing is essential. Sex workers should be informed of additional issues which may arise for them such as dismissal from a job, withholding the registration which enables them to work, or even criminal prosecution.

Positive test

Sex workers who discover that they are HIV positive may have additional needs to other people who test positive. Health workers or counsellors should ensure that they adapt information accordingly.

A support group for HIV-positive women in Africa discovered that several of them had been working as sex workers. They were sure that even more members of the group were also selling sex but were not admitting it. Some of the women had become infected by clients but most were infected by their husbands before they began to sell sexual services. One woman had been thrown out by her husband because she was HIV-positive (even though he had infected her), and she began selling sex. The women in the group found that they had many things to discuss about sex work as well as living with HIV. They report that they feel entirely unable to be open about sex work, even with the HIV/AIDS and primary health care workers who support them as HIV-positive women.

An appropriate setting

Sex workers' results should be given in an appropriate place and with appropriate back-up. Open drop-in centres, brothels or on the street are **not** appropriate places to give HIV results even if the person has not kept appointments to collect their result. Absolutely nobody but the person him or herself should ever be given HIV test results (or the results of any health test).

Some things sex workers need if they test positive:

- emotional support
- names of organisations which can help, and which respect confidentiality and will treat sex workers fairly
- accurate information about HIV and treatment options and welfare and care issues
- accurate information about the consequences of working in the sex industry, such as legal persecution and potential threats to the person's health by aspects of sex work such as stress and exposure to opportunistic infection

- help with planning who to tell and how, and safeguarding confidentiality

Further support needs of sex workers who test positive may include:

- ongoing counselling which addresses sex work issues on the sex worker's own terms.
- accommodation, employment, drug use or other lifestyle issues
- assistance in accessing treatment and care
- parenting assistance
- advocacy against discrimination or persecution.

Cal-Pep

Peer education, HIV testing and counselling combined in California, USA.

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

Chapter 5

Safe (commercial) sex

5.1 Analysing safe (commerical) sex

- Strengths
- Weaknesses
- Opportunities
- Threats

5.2 Negotiating safer sex

5.3 Knowledge and skills

- Using condoms
- Oral sex
- Non-penetrative sex and fantasies
- Kissing
- Douching and cleaning
- Microbicides
- The female condom
- Menstruation management
- Safe transgender sex
- Recognising STD symptoms

Buro GVO

5.1 Analysing safe (commercial) sex

Commercial sex differs from private sex for several reasons: because managers and others have influence; money is exchanged so motivations are different; and it is usually illegal and stigmatised. Some features of commercial sex make it easier to practise safe sex and some make it more difficult. Sex work projects need to provide advice to people in the sex industry which goes beyond standard safer sex information. They must provide information about how to sell safe sex in environments which are often unfavourable to safe sex.

Projects should continually gather and disseminate tips. Staff must be thoroughly familiar with the issues, which is why peer education often works well.

Before planning a project, it is useful to analyse local issues affecting possibilities for safe commercial sex. The aim is to form a picture of local practices that might support or limit possibilities for sex work. This is also useful for staff training.

SAFE SEX or *SAFER* SEX

Why SAFE sex? Shouldn't it be *SAFER* sex? After all, sex can never be 100% safe. Condoms break, accidents happen.

In ordinary English, when all possible precautions are taken, and risk has been minimimised, we say something is being done "safely", or it is "safe" — driving safely, or a safe water supply for example. Accidents can happen in sex but so too when someone drives safely on a safe road in safe conditions. Sex workers aim for the safest possible sex.

There are several ways of approaching the task. A practical way is for sex workers and professionals to bring various "stakeholders" together to discuss practices in the local sex industry and categorise which practices are strengths, weaknesses, opportunities or threats. This is called a SWOT exercise. The following is a SWOT exercise about commercial sex in general but could be adpated for local use. There are many methods for doing a SWOT exercise. The essential point is to identify practical issues that can be used as a basis for developing strategies.

Strengths

- Clients and sex workers both wish to avoid contracting an STD.
- The need for safe sex is likely to be acknowledged by clients and sex workers because it is usually accepted that both parties are having sex with other partners. This contrasts with situations where partners are meant to be faithful to each other (but may not be).
- Sex workers can integrate safe sex practices into a

Sex workers need maximum protection at all times — safe sex.

It's a controversial view. Sex workers can decide. Safe sex or safer sex? — Just ask.

Swiss AIDS Foundation

"No we don't need a condom. I have been faithful for many years."

"It's the same for both of us. (I bet he says that to all the girls.)"

"In the shadow of the AIDS pandemic, many prostitutes are aware of the implications, that the spread of disease has, not only for their own lives and livelihoods, but also for their sex partners, and in turn for the general population. Consequently, day and night they instruct their clients in safer sex practices before engaging in sexual contact with them. For those clients who protest the message is clear. To quote an imposing transsexual worker, it's "No joe, no go!"

professional routine which is not affected by their excitement or passion.

New Internationalist

Weaknesses

- Sex workers and/or clients may not be motivated to avoid exchanging body fluids during sex, because they do not know about HIV and STDs and therefore do not feel at risk.
- Sex workers may need money urgently for pressing needs which lead them to neglect sexual health considerations.
- Clients or sex workers may be drunk or may not care about their own sexual health or that of others.
- Clients may offer more money for unprotected sex.
- Non-penetrative sex or other safe practices may be taboo.
- Condoms and lubricant may not be available, or may be too expensive or of poor quality.
- Some sex workers may work informally, or alone, and cannot benefit from others' expertise or from opportunities to build safe sex into the structure of a more professional transaction.

Opportunities

- The professional sex worker has a vested interest in working safely because his or her income depends on staying healthy.
- Unlike private sex, commercial sexual transactions usually involve a negotiation about price and other arrangements, providing an ideal time to specify that all services will be safe sex.
- Sex workers often work in groups which means they can be targeted by health promotion strategies and may be able to agree safe sex practices among themselves.
- Managers can introduce safe sex policies.

Para usar sólo en los programas dirigidosa las trabajadoras sexuales y sus clientes. COIN

Comics are a popular form of health promotional material. This one, from the Dominican Republic, portrays a sex worker who exercises control over her work and private life.

Threats

- Sex business managers may encourage unprotected sex in the belief that this may be more profitable.
- Sex workers are unable to keep adequate supplies of condoms and lubricant because they might be used as evidence of illegal activities, or because there is nowhere to store them.
- Some sex workers negotiate from a disadvantaged position, for example, negotiations take place in the street, or in a place controlled by the client, an unsupportive manager or another third party.
- There may be intense competition between sex workers for clients, making demands for unprotected sex are more likely to be met.

- Sex workers may not have adequate negotiation skills, or may not speak the same language as clients. They may be much younger or from a lower class than clients. Female sex workers may be reluctant to talk about sex due to cultural restrictions.

Many aspects of the sex industry can be both strengths and weaknesses. Even when they are not in direct communication with each other, sex workers function as a market in which certain services are available at certain prices. This "market" in which certain services are available at certain prices. This market can sometimes work to ensure that prices rise appropriately and that only safe services are available. On the other hand, competition may lead to lower prices and risky practices. The challenge is to make health promotion interventions a positive influence on the local sex industry.

5.2 Negotiating safe sex

Demand for unprotected sex is clearly the greatest "risk factor" in sex work. The best strategies, therefore, are those which change the balance of power in favour of sex workers. However, many sex workers must cope with negotiating from a position of relative powerlessness. Developing effective responses is therefore important. Interestingly, some of the points below were made by sex workers in Belgium, a rich country in which there are four, well established sex work projects and where men have been exposed to high quality sexual health information for more than a decade. Sex

workers in Belgium still need strategies against client demand for unsafe services.

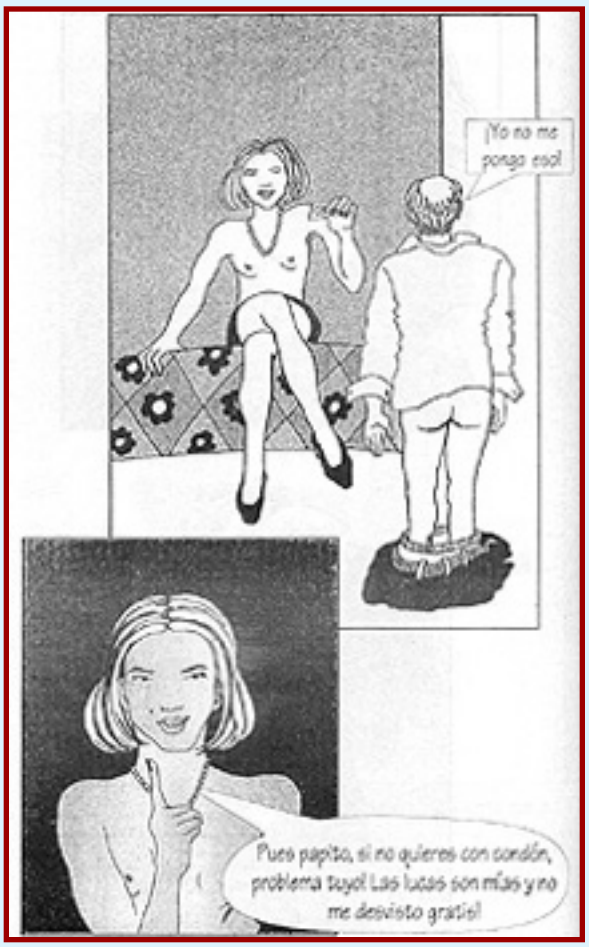
These are some reasons clients have given for not using condoms:

- they decrease sensitivity
- they are not necessary, because the men claim to be free of STDs
- they believe that the sex worker is free of STDs (this is a particular problem where medical examinations for sex workers are compulsory)
- an erection is not possible with a condom.

Sex workers have several choices about how to react to these demands.

1. Refuse the client

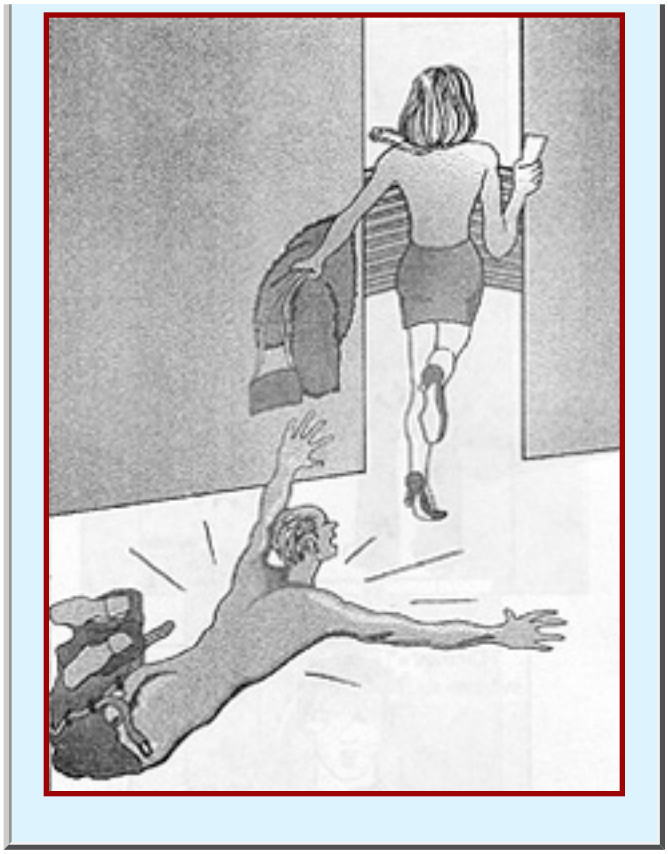
Although this eliminates risk it obviously leaves the worker with no money, or even in debit if expenses have been paid. So it is not the option sex workers want to take. It also may result in an unpleasant scene with the client and possible difficulties with managers or others



Fundación Apoyémos

A Columbian comic depicts refusing clients who refuse condoms.

who influence the situation.



2. Discuss the matter with the client

Persuasion can be successful, but only if the sex worker has the opportunity (sometimes others negotiate on behalf of the sex worker), speaks the same language as the client, and has good communication skills, confidence and information. The client also must be reasonable and sober.

3. Safe sex

Offering an alternative service which does not require a condom is a popular strategy. Again, for this to be successful, good communication is needed and the sex worker must have adequate safe sex information and skills.

4. Deception

Some health workers suggest that sex workers develop the skill of putting a condom on a client without him knowing (perhaps with the mouth) or rubbing the penis between the thighs or moistened hands rather than the vagina or mouth. While this avoids the need for negotiation, it can be difficult for the sex worker if the client discovers the deception and is angry about it.

5.Solidarity

In most places the success of any of these strategies is strongly influenced by a client's opportunity to obtain unsafe services from another sex worker. It is therefore important that whole sections of the sex industry are involved and mobilised in educational and community strengthening activities so that clients cannot bargain sex workers for unsafe services and lower prices.

Fundació Apoyémos

A Columbian comic depicts refusing clients who refuse condoms.

5.3 Knowledge and skills

Using condoms

Sex workers need thorough knowledge about condom use. This includes how to store condoms, check expiry dates, open packets without damaging condoms, roll the condom onto the penis at the best possible time, and remove and dispose of condoms.

Many projects encourage sex workers to exchange practical

information and offer opportunities to demonstrate and practise condom use.

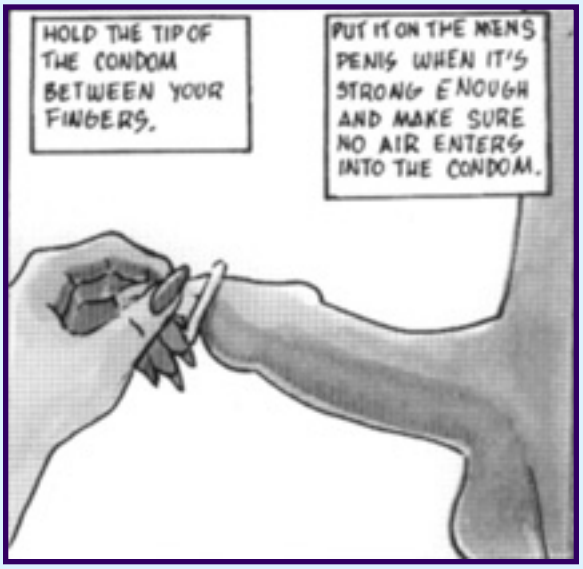
Problems with condoms

The most common problems are condoms slipping off or breaking.

Sex workers suggest several reasons why condoms may slip off. They include:

- the condom is not the correct size or shape for the penis
- the penis is not erect
- too much lubricant has been used
- the client has deliberately caused it to slip or break.

Often sex workers hold the base of the condom onto their client's penis (or their own) to minimise slippage. If sex goes on for a while, the sex worker should stop to check that the condom is still in place. Sex workers should note which positions they feel least able to control and check the condom throughout sex.



TAMPEP

Visual instructions for correct condom use.

One of the most frequent questions asked by sex workers is what they should do if a condom breaks. Immediately after a condom breaks during sex, sex workers can douche or wash the vagina or anus to reduce the amount of semen present, or rinse their mouths with anti-bacterial mouthwash. Female sex workers who do not already use additional contraception to condoms may wish to take emergency contraception (a pill taken up to three days after unprotected sex) if available.

Often sex workers request advice about HIV or STD testing after a condom has broken. Sometimes health advisors find it necessary to counsel sex workers or clients to alleviate exaggerated fears of acquiring HIV in this circumstance.

> "A woman came in (to the clinic) most upset. A condom had broken at work the night before and the client was African. She was sure she would have contracted HIV and the doctor didn't help much by going on about about HIV among Africans. Of course she had been having unprotected sex with a series of (presumably non-African) boyfriends for the duration of the HIV pandemic. Neither racism or irrational panic has a place in health promotion."
>
> **Peer Peer educator, Britain**

Some sex workers prefer to use two condoms at the same time to reduce the possibility of condom failure. Recent research examined condom breakage in commercial sexual transactions with female sex workers in Thailand. In about half of 5,040 vaginal sex services, double condoms were used. Hardly any condoms broke, but where they did, the breakage rate was lower where two condoms were used (0.02 per cent compared with 1.78 per cent where only one condom was used). Using two condoms may decrease sensitivity. Some sex workers who use two condoms suggest placing some lubricant on the penis before putting the condoms on. Where two condoms are used they should not be prelubricated, nor should lubricant be applied between the condoms as this can cause them to slip.

Oral sex

The potential for HIV transmission during oral sex has been much debated. Oral sex is now believed to carry a low risk of transmission. But there is widespread agreement that, regardless of HIV risk, it is advisable for sex workers to use condoms for oral sex to avoid contracting one of the other sexually transmissible diseases, including hepatitis.

> "With a boyfriend you think about whether unprotected oral sex without ejaculation is safe or not. (I mean safe from HIV.) At work no way! For a start there are all the other diseases, and working, you NEVER trust clients' promises about anything — especially not when they say they won't come."
>
> **Peer Sex worker, Fiji**

HIV prevention messages aimed at gay men sometimes rate oral sex as a low risk activity. This is based on epidemiological evidence about HIV, but is not good advice for male sex workers who need to consider STD

risks. This underlines the need for specific resources for male sex workers.

Non-penetrative sex and fantasies

Clients often visit sex workers for sexual experiences which are different from usual. This places sex workers in an ideal position to sell services which are safe as well as interesting to the client, and therefore, perhaps more profitable for the worker. Safe sex fantasies are those in which no skin is broken and where there is no opportunity for exchange of body fluids.

Safe sex fantasies and other non-penetrative activities include:

- erotic talk and teasing
- dressing up and playing sexual fantasy roles
- voyeurism – watching sexual acts
- photography
- external ejaculation – being careful not to allow sperm to reach mucous membrane or open cuts or sores (external ejaculation must be carefully orhestrated by the sex worker and should not rely on the client assuring him or her that he will withdraw before ejaculating)
- spanking
- using dildos and sex toys (they can be washed after each use or a condom placed on dildos
- fetishism (where an object, such as shoes or underwear, is the centre of a fantasy)
- shaving.

Non-penetrative sex is sometimes promoted by project staff who believe that sex workers all find penetrative sex to be intrusive and unpleasant as well as carrying more risk of STD/HIV transmission. This is not necessarily the case. In some places there are strong taboos against non-penetrative sex and many sex workers regard penetrative sex as being quicker and easier than non-penetrative alternatives. For some people, sexual fantasies involving role playing or unusual behaviour is less demanding than intercourse. Others find fantasy work to be more intrusive.

These kinds of services can be taught by peer educators in both one-to-one and workshop sessions. Some projects in places where women do not speak about sex openly have found ways to discuss them with sex workers. A project worker in Africa suggested that "taboo" sexual acts are often popular with clients. "Taboo", she said, "means denied rather than non existent."

There are specialist fantasy services (sometimes called "esoteric" services) which do potentially involve risk.

Risky services include:

- piercing, tattooing, and scarring (many projects supply sterile equipment for these services)
- fantasies involving urine and faeces or blood
- torture where skin is broken, electricity is used etc.
- various kinds of anal stimulation.

Some projects have built up expertise which enables them to provide advice about how those services can be provided safely. Sex workers are usually discouraged from providing these kinds of services unless they have had relevant training.

Kissing

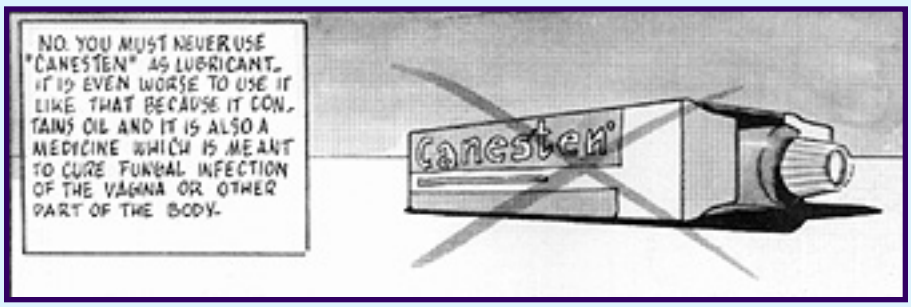
An experiment:

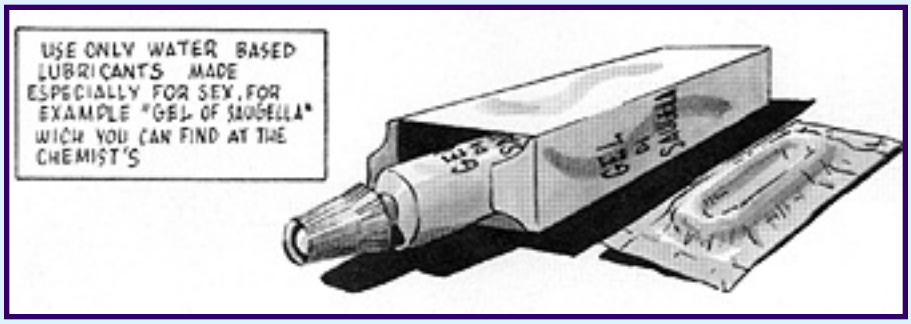
Try putting vaseline or baby oil on a condom. Wait a while then stretch it over a banana. You will notice it's not much good for safe sex any more.

Kissing is a sensitive subject to many sex workers who find it to be too intimate and personal for the commercial sex. On the other hand it can be profitable and in a few places it is expected. It carries no risk of HIV transmission but herpes, glandular fever, gonorrhoea and syphilis can all be spread by kissing.

Douching and cleaning

Male and female sex workers use a number of personal hygiene methods. Unfortunately these often include the use of harsh chemicals and detergents which are not suitable for use in the anus or vagina because they break down the natural protection against infection. The same is true of vaginal drying agents. None are recommended.





TAMPEP

Examples of accurate information about suitable lubrication for the male condom.

Microbicides

Microbicides are chemicals which kill germs or viral material, including those that may cause many sexually transmitted diseases. Spermicides are chemicals designed to kill sperm. Nonoxynol 9 (N9) is the most commonly used spermicide. Research has been carried out to see if it also has a microbicidal effect. So far, research has shown that N(does not reduce the risk of HIV transmission.

Many people have reported that N9 irritates the skin in the anus or vagina. It might therefore increase the risk of HIV transmission. Most services discourage routine use of N9 because its harmful effects may outweigh any benefits.

A project in India found that women sex workers were unlikely to discuss condom use with clients. They preferred to produce the condom and put it on the client when he was already undressed and had an erection. This involved overcoming reluctance on the part of the women to handle clients' penises. That, in turn, required a supply of water, so that the women could wash their hands.

"The search for a safe, effective microbicide is underway. Scientists say that they want to create a "chemical condom" which

would enable receptive partners to protect themselves without the cooperation of the insertive partner. Clearly such a development would potentially be a great benefit to male and female sex workers alike, although there may be some difficulties if it did not protect against all STDs.

"Sex work projects are often approached by research organisations requesting access to the sex workers who use their service when they are conducting microbicide trials. The ethical issues of this kind of research are particular, and research in general, are complex. Agencies which have no experience in medical ethics should consult before they make any agreements. The Network of Sex Work Projects can refer projects for appropriate advice."

— One World, One Gender: report of the 1996 International Conference on AIDS

The female condom

The female condom has been tested for effectiveness and acceptability during recent years. Initial reactions have been mixed. There were negative reactions to its cost, the sound it makes for some couples during sex and difficulties inserting it. However, many people have found it to be comfortable and more secure than the male condom.

Subsequent trials in which training in the use of the female condom is provided have brought more positive reactions. Many sex workers insert the condom prior to street work and find it particularly useful when they are menstruating. Men also report using the female condom for having anal sex with men. Both men and women report using it when clients say they find the male condom difficult to wear, for example, if their penis is not a "standard" shape, or if they have a particularly large or small penis or are unable to perform after the interruption of putting on the male condom. It is also a useful alternative for people

> "Lots of clients say that they can't use a condom, not that they won't. 'Won't' is easy to deal with; you tell him to go away. (And if you work where you can't do that you should change to somewhere you can.) Now 'can't' is different. You have to keep him and get the money by selling him something else, something that does not involve a condom. Of course, once you have him in there you can always change things and use a condom. To do that you need expert sex skills to avoid his skill of losing his erection every time he sees a condom!"
>
> **Peer educator, Netherlands**

who are allergic to latex. It can assist the sex worker to gain more control in the negotiation. On the other hand, the client may object because it takes away his perceived power.

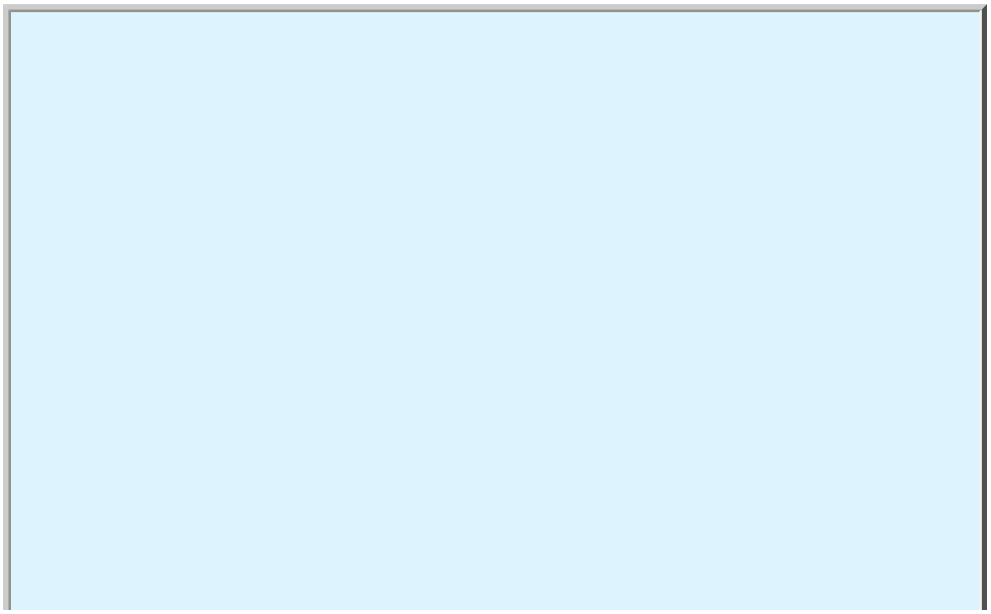
One of the claims for the female condom is that it offers women (or men who are receptive partners in anal sex) greater control than a male condom. Certainly the fact that it is more difficult to break is an advantage and there are reports from female sex workers that it is sometimes possible to use them without the client's knowledge.

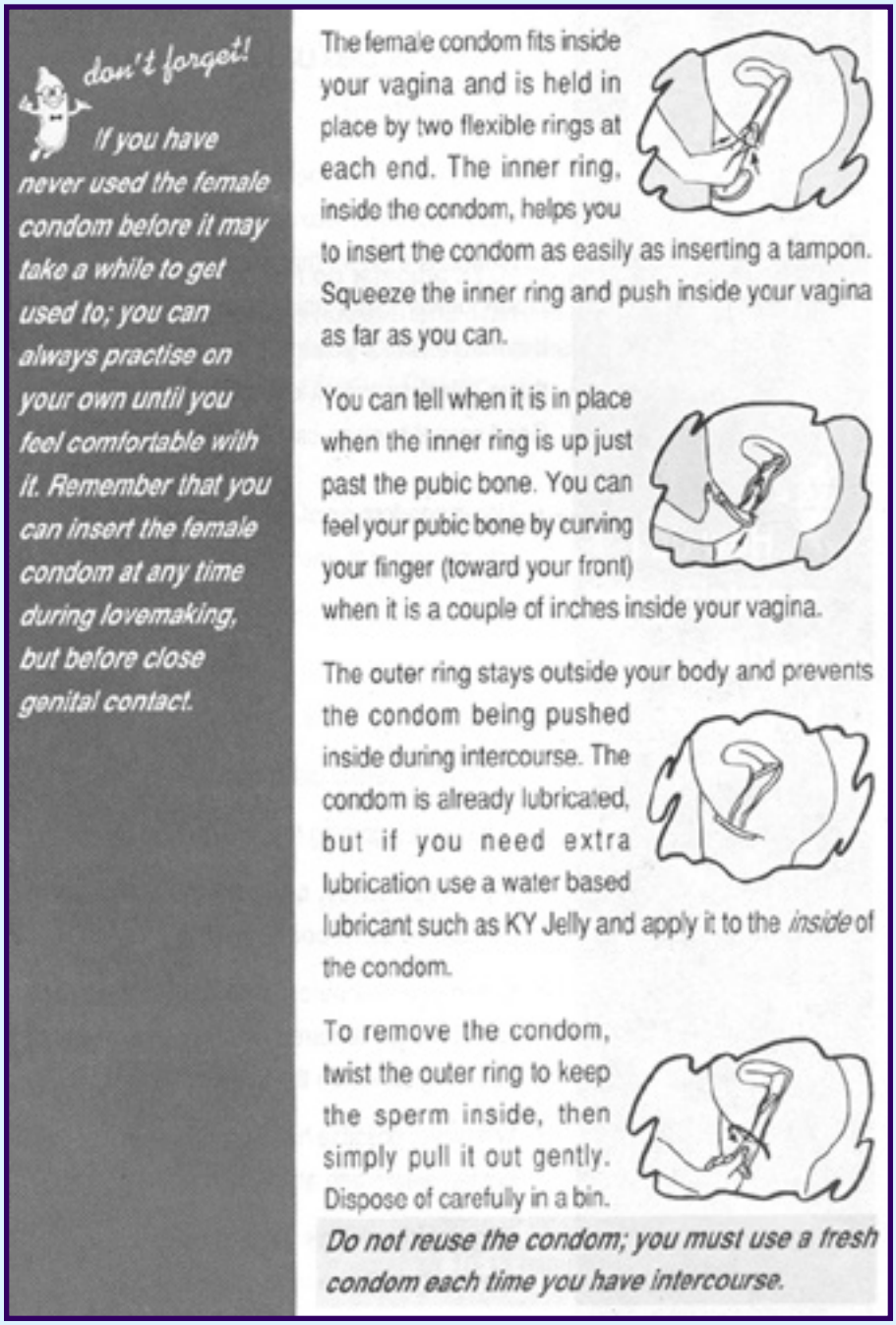
Some women report that they use both the female condom and the male condom together because they believe it gives them extra protection against breakage. In fact, the chances of breaking condoms are increased due to the friction created between the two different materials; therefore, it is essential that additional lubricant is used between the two condoms.

Many people take out the inner ring before using a female condom to make it more comfortable. It is important that the sex worker actually places the penis into the condom. Otherwise the penis may go between vagina/anus and the condom. Quite often the inner ring is removed and the condom is placed on the erect penis before intercourse.

Re-use of the female condom is possible but not advised. At least one project working with women with very limited access to condoms advises boiling the female condom before re-using it and suggests that this can be repeated a maximum of five times.

There is insufficient information available at present to determine whether the female or male condom is safer. There is no reason to advocate one over the other so it is entirely up to the user's personal preference and method availability.





Action for Reach Out & AIDS Concern, Hong Kong

Example of accurate information about how to fit a female condom.

Menstruation management

Some sex workers choose not to work during menstruation but many have no choice. Some women use small sponges to control the flow of blood. these can be taken out and rinsed at appropriate intervals. Women using sponges may need to be advised that the sponge cannot pass through the cervix, so there is no need to worry unduly if it seems "lost". Affixing thread to help retrieve the sponge has sometimes caused problems such as cutting the vagina or becoming entwined around the

cervix. It may be necessary to advise that the same sponge should not be used for more than a day. It is not advisable to use sponges if they may not be clean or where clean water is not available.

Taking an oral contraceptive (the Pill) or an injectable contraceptive such as Depo Provera throughout the whole menstrual cycle will prevent bleeding, but should not be a regular practice.

It is important that women can confidently offer alternatives to vaginal sex during menstruation.

> "I don't ask women if they work when they menstruate because when I did they all said no and that was the end of the conversations. Now I tell them about sponges and say that they are useful "in case" menstruation begins when you are already working."
>
> **Peer Project worker, Netherlands**

Safe transgender sex

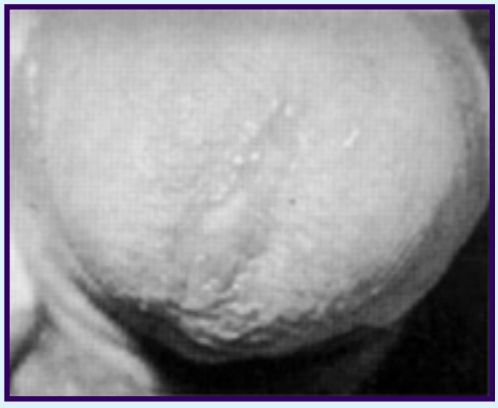
Both transvestites and transsexuals (before or after surgery) may require specific advice about safe sex, general health and personal welfare.

The types of sex practised by transsexuals and transvestites varies enormously. Transgendered people usually need to know about safe sex from the perspectives of both genders. They also need more specific information, including ways to arrange male genitals to be less conspicious without causing damage, information about hormones, surgery and care of the neo vagina (after sex reassignment surgery) and techniques for simulating anal and vaginal sex. It is always necessary to stress the importance of lubrication, particularly for post-operative transsexuals whose vaginas do not lubricate during sex.

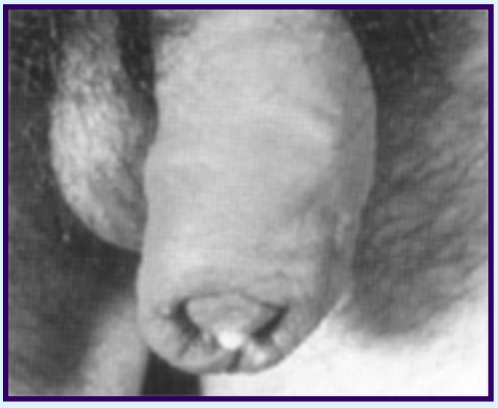
PASTT, France
A graphic depiction of safe transgender sex.

Recognising STD symptoms

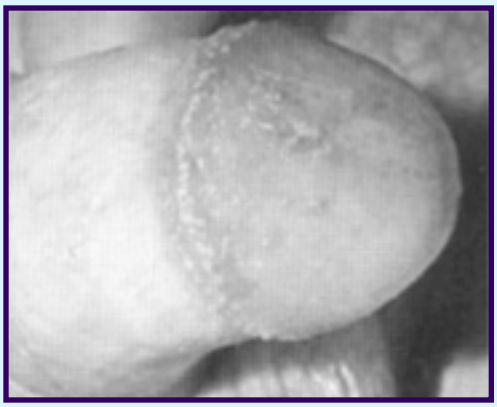
Learning to reconise visible symptoms of STDs is important. Photographs can helpful. They should depict conditions which sex workers are most likely to see rather than pictures of more extreme symptoms. Of course it must be stressed that there are many infections which have no visible symptoms, including HIV and hepatitis.



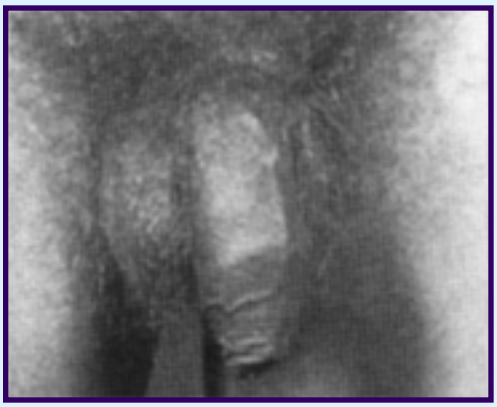
Chlamydia



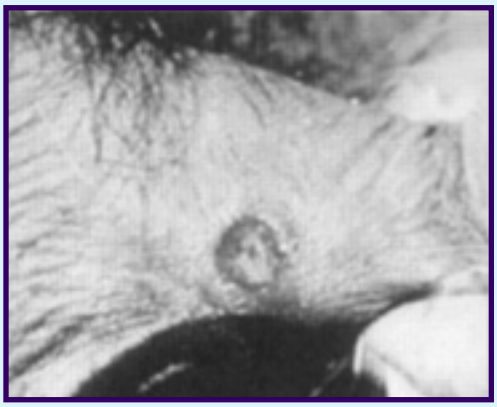
Gonorrhea



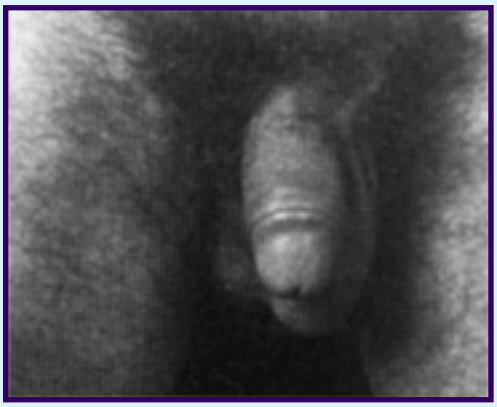
Herpes



HIV - no visible signs



Syphilis



SOA Stichting Netherlands

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

network of sex work projects
promoting health and human rights

Chapter 6

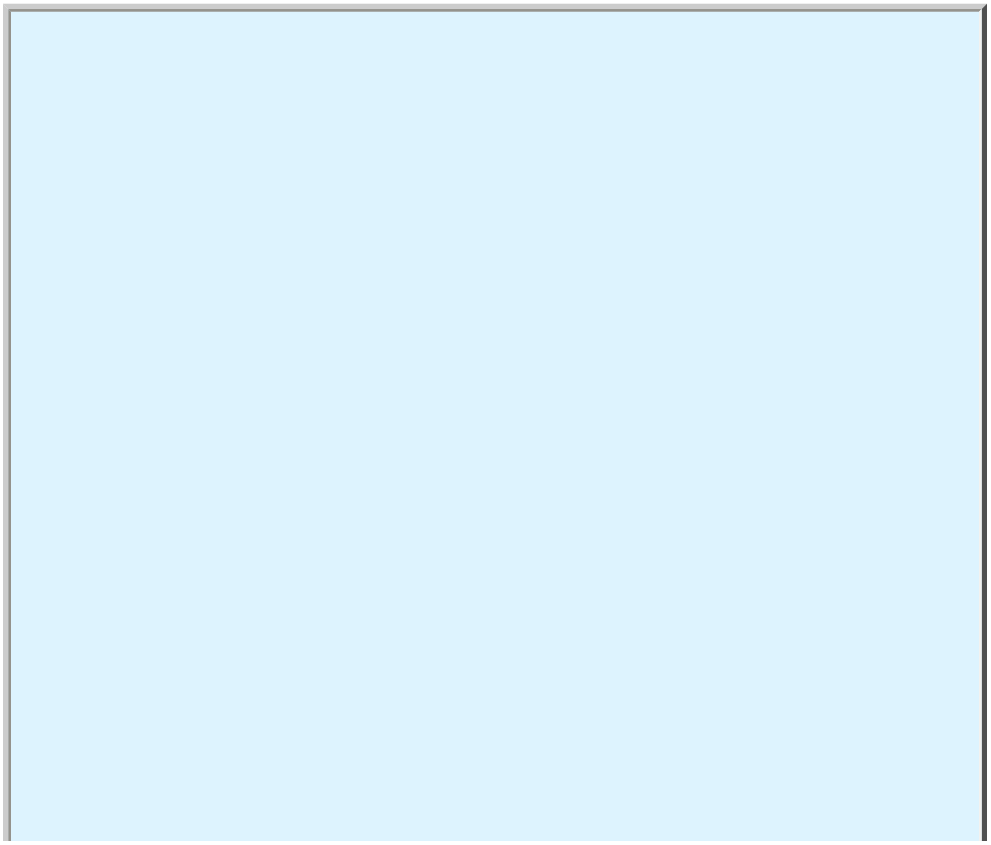
Health and safety for mobile populations and drug users

6.1 Migration, mobility and health

- Types of mobility
- Health promotion and care

6.2 Strategies for drug users

- Harm reduction
- Other injecting substances
- Non-injectable drugs
- Women's health and drug use



Scarlet Alliance

A multilingual erotic booklet designed to be read by foreign clients in the waiting rooms of brothels and escort agencies.

6.1 Migration, mobility and health

> "In Thailand, women have always had an important economic role in the family, trading and working small businesses. Today, daughters from the rural north east are recruited into Bangkok's massage parlours by employment agencies. They send money home, their parents are grateful, and the daughters continue to fulfil their duty of providing support to their families."
>
> **Maggie Black**

Providing primary health care to migrant communities requires particular skills and planning. Ideas about health, sex and reproduction vary between cultures, making the task of providing health care and education more complex. The circumstances of migrant sex workers can make health promotion even more difficult. Many live and work in conditions which are not conducive to good health and which limit access to health care. Sex workers may:

- be reluctant to visit services for fear of arrest and deportation or be prevented from doing so by others (bosses and minders)
- find health care is not available or is too expensive
- face language and cultural barriers
- not know what is needed or available
- rely on poor advice and inappropriate medication.

A number of projects throughout the world have developed responses to the needs of migrant sex workers, some with remarkable success.

Types of mobility

There are many reasons why sex workers and clients move their location. As with all types of sex work, project planners must ensure that they understand the real nature of migration in their area and do not stereotype migrants.

Sex workers move temporarily or permanently in their own countries as well as across national borders. Migration from rural to urban areas is common, particularly in countries which are undergoing rapid industrialisation. Sex workers also travel within their own countries, to avoid arrest, deal with personal problems, make more money, or simply to experience different places. Frequently, they travel to places where

there are large numbers of potential clients such as military camps, mining towns and roadside truckstops. Sex workers also travel as part of larger population movements, such as to festivals or special events, or away from war zones and famines.

Mobility sometimes involves a new language or dialect and significant cultural change. This can happen even when sex workers travel in their own country from a rural to an urban area or to another culture in a large country such as India.

Once a year, in Tamil Nadu in India, a festival takes place in a remote village. Transsexuals called alis come from all around India to the celebration. Of the 10,000 pilgrims who attend, 20% are alis while 30% are men who pay the alis for sex. The State AIDS project health team developed a rapport with some alis, observed and respected their customs and their unique language, and identified a lot of HIV and STD risk behaviour among them. They found that they had no access to treatment, education or condoms. With the help of a team of ali peer educators they set up a bus at the festival site from which they provided health awareness material and condoms to alis and clients. A specialised medical team provided medical assistance.

Sex workers

Women and men travel from developing countries to richer countries, either specifically to work in the sex industry or in circumstances which lead them to sex work. Much recent attention has recently focused on the extent to migration to richer countries is connected with organised crime, coercion and slavery-like conditions such as bonded labour (see **Chapter 2**). Regardless of how people arrive in a destination country, certain conditions should ensure their access to health care and information.

Travel to richer countries usually involves major changes of language and culture and fear of arrest and deportation. Sex workers from developing countries often work in places where conditions are below the accepted standard in the destination country. Sex workers may be more vulnerable to client demand for unprotected sex because they have no right to refuse clients, are in debt or do not know about sexual health. Sometimes migrant sex workers provide services to clients who are also immigrants and who themselves may not have had access to information about sexual health, perhaps because they do not speak the local language.

Siren Project, Australia

***Siren's Story* is a booklet in Tagalog for Filipina sex workers in Australia. It is the story of a woman who manages her work and private life successfully. It contains information about how to work and manage money as well as health information and tips for negotiating safe sex. There are various versions of the booklet for sex workers from different countries.**

Clients

Clients are also mobile, especially as international travel becomes cheaper. Sex tourism has developed as men, and less frequently women, travelling to find cheaper or better commercial sex than in their own country. It has become a focus of international attention, especially with increasing awareness of HIV and the exploitation of children.

Despite the publicity on sex tourism there are other significant patterns of client mobility which should be considered when planning a project. Sexual services are purchased in the course of business and tourist travel both between and within countries. There are also large numbers of truck drivers, miners, military personnel, and agricultural workers who routinely purchase sexual services away from home.

Health promotion and care

Clients

In many cases, men from Western countries who pay for sex in poorer

countries have already been exposed to health education campaigns at home. Reinforcing these messages can be an important strategy for projects in developing countries. Messages can been distributed through leaflets and local guidebooks, in tourist agencies, hotels and bars. Western men seem to discuss sex with outsiders more openly when they travel so projects may consider recruiting hotel staff, guides, taxi drivers and others to reinforce safe sex messages, in written or spoken form, and to tell clients where to purchase condoms as well as sexual services.

Several projects encourage men to demand safe sex as well as seeking to address the sex workers' powerlessness. Strategies include teaching sex workers about clients' language and culture.

A number of projects target men along truck routes. Both prevention and STD care can be provided in truckstops where paid sex with men and/or women is available.

Sex workers

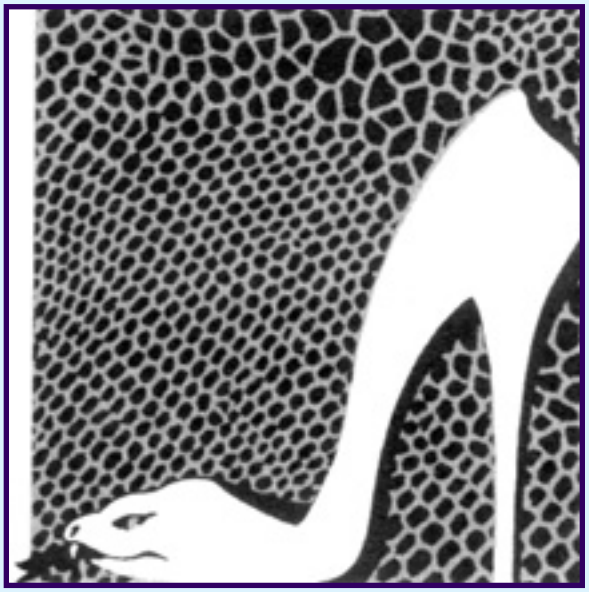
More is known about female sex workers from developing countries living in Western countries than about male sex workers in similar situations, or about migrant sex workers in developing countries. Even so, some agencies and projects successfully overcome barriers to provide services to migrant sex workers. Hopefully, the lessons learned from these experiences can be appropriately adapted and transferred to other situations.

Some of these lessons are:

Access to health care

There may be important practical and psychological reasons why migrant sex workers are less likely to use clinics, drop-in centres and other services or allow access to outreach workers. These barriers can be identified and reassessed during the project.

Because migrant workers may fear



Hydra

The sex worker organisation in Berlin, Hydra, publishes its

information for women in the sex industry in several languages.

deportation or other persecution, health care should be anonymous or confidential, and be seen to be so. Clinics should keep note-taking to a minimum and give assurances that information is not collected. Gaining trust is vital. When migrant sex workers use a clinic where they are not required to identify themselves and do not suffer persecution, they can be encouraged to tell others.

If free health care is not available anonymously or confidentially there are strong arguments for policy changes which projects can put to relevant authorities (see **Chapter 2**). In the meantime, sympathetic doctors and health workers may be able to offer help at reasonable cost.

Cultural barriers

These can be partly overcome by providing "cultural interpreters" who can explain how things work and assist sex workers to establish themselves in a new country, for example by securing accommodation, banking facilities and health services.

It is not only immigrants who should learn to deal with a different culture. Cultural interpreters can provide information for health and project staff and translators about the religion, culture and language of the immigrant workers who attend their service. Staff can familiarise themselves with a few key words of another language. Even where it is possible to communicate by gesture (for example, "take a seat") it is a mark of respect and declaration of goodwill to be able to say a few words in the person's language.

Pictures and music can tell people that a service is open and friendly to people from a variety of backgrounds.

Projects should monitor how their service is used by the various ethnic or language groups. If sex workers of a particular ethnic group are not participating, or participating in a different way, such as having noticeably shorter or less frequent contact, a consultation with that community may be able to identify the reasons and develop a strategy for encouraging equal access.

Clinics can identify language needs and provide interpreters or arrange access to telephone interpretation. Sex work projects sometimes provide interpreters. Intermediaries may need to explain issues to interpreters to help prepare them to translate conversations about sex work and sexual health. Many translators have had no experience of talking about sexual health and practices, homosexuality and other stigmatised behaviours,

especially in non-judgemental terms.

Printed materials in relevant languages can encourage healthy practices and behaviours. Doctors in migrants' own countries and immigrants who have lived for some time in destination countries may be able to provide information.

Transnational AIDS/STD Prevention Among Migrant Prostitutes in Europe (TAMPEP)

TAMPEP is a project which spans four European countries: The Netherlands, Italy, Germany and Austria. It is a model of intervention, reaching a total of 23 different migrant groups of women and transgender people from East Europe, South East Asia, Africa and Latin America.

TAMPEP provides migrant sex workers with culturally appropriate HIV and STD education, resources and materials appropriate to sex work. It seeks to increase empowerment and responsibility. It educates social and medical establishments to better respond to migrant sex workers' health needs. It is a reference point for migrant sex workers and it observes the variations and dynamics of migration in the countries served by the project. It researches social, legal and working conditions of migrants. For each cultural target group there are two TAMPEP-trained professionals: a "cultural mediator" from the migrant community who acts as a bridge between members of the cultural community and the social and medical institutions; and a peer educator who receives training to pass on messages and increase responsibility and empowerment for her peers.

German language classes are provided by TAMPEP for Spanish speaking transgender workers. The students said that they need to know basic German, especially phrases they needed at work. The courses cover language necessary to attract a client's attention, basic conversation when first meeting a client, negotiating sexual practices, everday conversation and grammar.

TAMPEP

"I have had terrible experiences in public hospitals."

"You don't have to worry here, everybody is very nice."

"But I don't have papers."

"You don't need anything. Everything is anonymous and free. All you have to give is your first name and date of birth.

"And they won't tell the police?

"No, definitely not.

"If you have sex without a condom it's best to go to the doctor."

"You can tell the doctor the truth about your work. To provide treatment he has to know all the history."

6.2 Strategies for drug users

"Strategies for dealing with the reality and underlying reasons for drug use are needed and they should be formulated so as to avoid using drug use as a further excuse for oppressing and victimising sex workers."
***— Resolution of the European Symposium on Health and the Sex Industry*, 1994**

> "Needle exchange doesn't encourage drug use. In fact by coming to exchange needles users are exposed to the idea of drug services, counselling and so on early in their 'career'. Before needle exchange they only went to drug services when they were desperate to get off which is often too late."
>
> **Peer educator, Britain**

There are substantial fears that injecting drug users who are HIV positive are likely to infect clients who would not otherwise be at risk of contracting HIV. There is a widespread assumption that drug-using sex workers sell unprotected sexual services, even when they know that they have an STD or HIV, because their need to buy drugs for an addiction outweighs the responsibility to have safe sex. It can be argued, though, that everybody participating in consensual sex must be responsible for her or his own sexual health. To blame sex workers, including those addicted to drugs, for unprotected sex is to take away responsibility from clients.

Epidemiological evidence from industrialised countries suggests that sex workers who are injecting drug users are not a major source of HIV infection. This may be because there are relatively few HIV-positive drug users who have unprotected sex with clients and also because HIV is not easily transmitted from women to men. Nevertheless, in the interests of sex workers' health, projects for sex workers should consider if there are drug users in their target areas. If they are, they should either integrate drug services to their work or develop an appropriate approach to drug use, such as making referrals to relevant agencies and distributing needles and syringes.

Harm reduction

Harm reduction is a relatively new concept for agencies working with drug users. Previously, agencies aimed to help their clients stop taking drugs. Harm reduction aims to reduce the harm caused by drug use and misuse. It encompasses HIV and hepatitis prevention, reducing damage to veins, and promoting general health and life issues, such as dental hygiene and parenting skills. Total abstention from drugs has a place in harm reduction programmes as one of the choices available to drug users. Harm reduction methods include:

- providing clean injecting equipment and advice about how to inject and use drugs more safely
- counselling about the choices and methods available
- prescribing replacement drugs such as oral methadone or codeine (and, in a few cases, injectable methadone, heroin, cocaine or other drugs of choice)
- social support including advocacy for the rights of drug users, for example to good quality health care and palliative treatment, assistance in criminal justice matters, family health etc.

Bleach has been promoted as an effective way to eliminate HIV. However, bleach may not be as effective as first thought because:

- when bleach mixes with blood left in a syringe it can cause it to clot and bleach is not effective on clotted blood
- bleach needs to be in contact with blood for much longer than was at first thought. (at least 30 seconds for full strength bleach and up to five minutes for weaker solutions)
- bleach strength varies and all bleach loses some of its strength when it is stored
- the effect of bleach on Hepatitis C virus is not known.

If bleach is distributed or recommended it must be accompanied by instructions or training about its correct use.Instructions should stress that full strength bleach must be used for at least 30 seconds on syringes that have been rinsed immediately after their previous use.

The philosophy of harm reduction acknowledges that drug use has different meanings and roles in the lives of individual drug users, and that not all people who use drugs are addicts. Sex work and drugs have different connections for different women, men and transgender people

in the sex industry. Some use drugs to support (sex) work, while some work to afford drugs. For some, there is no particular connection – after all, people in all jobs take drugs.

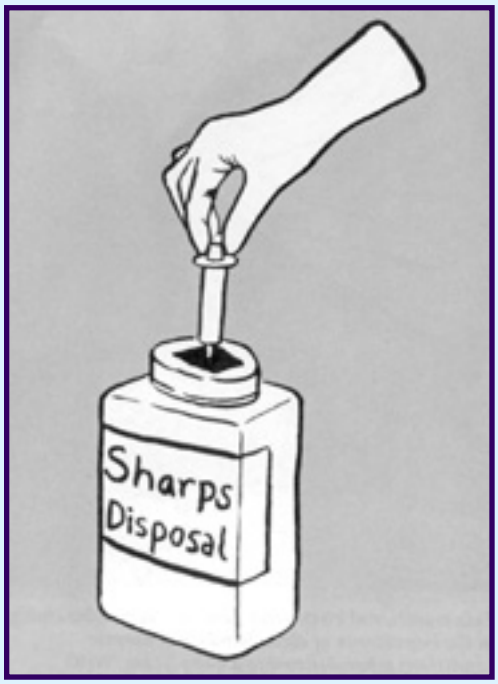
For some people the capacity to provide safe sexual services is not affected by drug use, while others fit the stereotype of the desperate drug user. Sex work projects are often well placed to work with individuals as well as having an impact on local drug taking practices in general. Remember: sex workers are often "part of the solution, not part of the problem". Many needle exchange projects report that drug-using sex workers are effective volunteers and peer educators.

Harm reduction originates in the USA, the Netherlands and Switzerland. It was initially used in urban areas. However it has been adapted successfully to developing countries and rural areas, such as traditional tribal communities in Manipur, India, near the Burmese border; Kuala Lumpar, Malaysia; Nepal; and among indigenous Australians in remote communities.

Harm reduction is controversial. It can be seen as accepting drug use rather than fighting it. Projects which provide harm reduction services should have firm policies about their work and be ready to answer any criticisms which may arise.

Supply of safe drug-using equipment

Where sex workers inject drugs for pleasure, hormones or medicines, it is important to provide needles, syringes, sterilising swabs and sterile water. This can be done on an exchange basis if the project is able to collect and appropriately dispose of used equipment. Alternatively, the project can distribute appropriate containers and instructions for sex workers to dispose of the equipment themselves. In many



AIDS Action/AHRTAG

Containers with hard sides and secure lids can be used for disposing of needles if

places, distribution of needles is forbidden or adequate supplies are not available. In these cases bleach is distributed for cleaning used injecting equipment and drug users are told about less harmful methods of taking drugs.

commercial disposal units are not available.

For more information about ways of providing aids to safe injecting contact your health services.

Syringe disposal

Where commercial sex and drug use takes place in the same area, sex workers are often blamed for syringe litter, even if other drug users are littering. Some places supply secure bins in streets where drugs are used. In some cases sex workers who have access to education about safe needle disposal have encouraged other drug users to dispose of syringes properly.

Agencies in Germany have created a "care pack" for female drug-using sex workers. The pack contains condoms, lubricant, cleaning tissues, menstruation sponge (with spermicide and information about its use), information about safe drug use and a questionnaire.

Oral hygiene is often an important topic for drug users, particularly for those who use crack (smokeable cocaine) and/or provide oral sex. One outreach worker noticed that the men he was visiting cleaned their teeth before working and that this caused their gums to bleed. They said it was to have fresh breath when working. After discussion they decided to use liquid breath freshener before work and brush their teeth after work.

Other injecting substances

Illegal drugs are not the only substances which are injected. Hormones, medicines, vitamins and silicone products are also injected. Appropriate equipment and instructions should be available to people injecting these products to make them as safe as possible. Similarly, projects should be prepared to provide equipment and/or advice about other piercing, tattooing or flesh-cutting practices wich occur either as part of work or private life.

Non-injectable drugs

Injectable drugs are not the only drugs which impact on sex workers' health and safe commercial sex. Research has shown that prescription drugs, alcohol and solvents used by sex workers can cause impaired judgement and loss of inhibition leading to unsafe sex as well as vulnerability to violence. Sex workers strongly suggest that clients'

consumption of alcohol is also a significant threat to safe commercial sex.

In the USA the incidence of HIV is disproportionately high among users of crack and there are indications this will happen in some Latin American and European countries too. Several explanations have been suggested: people who are already vulnerable to HIV use crack; oral damage from crack pipes facilitates oral transmission (acquisition) of HIV, hepatitis and STDs; and/or the extreme disinhibiting character of the "crack high" and the need for more money to buy more crack quickly leads to reckless and unsafe sex. These and other reasons may combine to create this high HIV vulnerability. Whatever the case, in many places there is an urgent need to develop health promotion strategies for sex workers who use crack.

Women's health and drug use

Women who use drugs face specific health and welfare problems. Appropriate support is often not available especially for women and transgender people who sell sexual services. In recent years, more effective and "user friendly" drug services for women in general, and sex workers in particular, have been developed in a number of countries.

Sex work projects can help drug agencies to become more accessible and relevant to women and sexual minorities. Female sex workers who use drugs may require a range of health and welfare services such as reproductive health services, advice about drug use and drug substitution during pregnancy and parenting support.

A German sex worker organisation, Madonna, found that sex workers quickly became disenchanted with services offered by drug agencies.They arranged for a Madonna staff member to attend drug services on designated days to contact sex workers and provide amore sensitive approach to their health and welfare needs. Similiar experiences in Malaysia lead to the development of a drop in centre for drug using sex workers, many of whom are transsexual.

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

network of sex work projects
promoting health and human rights

Making Sex Work Safe

Chapter 7

Making projects successful

7.1 Assessing needs

- What is the situation?
- Who should be involved?
- What are the sexual health needs?
- What sexual services are practised?
- How is sex work organised?
- What STD services are used?
- Do services and projects already exist?
- What policies do services have?
- What is the legal context?

7.2 Assessment techniques

- Gathering existing information
- Collecting new information

7.3 Project planning and design

- Making sense of problems
- Turning problems into objectives
- Activities
- Measuring change
- Identifying assumptions

7.4 Monitoring and evaluation

- Is the project working?
- Monitoring
- Start at the beginning
- Types of evaluation

7.5 Project planning: an exercise

7.1 Assessing needs

What is the situation?

Needs assessment helps to ensure that a project responds to needs in a relevant and appropriate way. It consists of gathering information (baseline data) before planning the project. How to best carry out a needs assessment depends to a large extent on who is doing it and why. For example, a needs assessment may be required to provide information for a funding application, to recommend action for existing local services or a health authority, to establish a new initiative or extend an existing one.

> The methods described in this chapter are useful to all the various people involved and can be used to improve or refine the project's work. But this chapter is not intended as a complete guide to projct planning. For further information readers asee *Community Action on HIV: a resource manual for HIV prevention* (see **Further reading**).

Sometimes existing services are well placed to carry out a needs assessment. For example, existing clinics and NGOs already have knowledge and expertise, and contacts which they can use to gather information. Agencies without existing contacts and experience need to develop local community links before beginning a needs assessment. Sometimes external consultants with experience of setting up sex work projects can be helpful.

Sex worker participation

The participation of sex workers is essential for a needs assessment to be meaningful. Generally, the earlier sex workers become involved, the more useful the result will be. Projects need to be flexible to allow sex workers to participate. For example, sex workers may need training to conduct interviews or participate in planning committees. Times and places or meetings need to be convenient fo sex workers. The style of meetings must not be alienating. For example, project management jargon should be minimalised and explained. Even very technical discussions can be accessible to observers.

Setting the scope

It is important to set the scope of a needs assessment so that the information gathered answers key questions. For example:

- Who is involved in sex work directly or indirectly, and who should be reached?
- What social and legal contexts, practices, knowledge and beliefs help or hinder safe sex?
- Where does sex work take place and consequently where should activities be focused?
- When is most convenient for sex workers to be contacted or attend clinics, workshops etc.?
- What do sex workers want?

The answers to these questions will help identify what type of activities are most appropriate.

The first step in planning a needs assessment is to decide the "big questions", that is, those which underlie the purpose of the needs assessment. Then divide each of the "big questions" into a number of smaller ones. For example, **to answer a big question** like this: Is a health intervention necessary in this area?

Ask some smaller ones like these:

- What other services exist and what do they do?
- Are sex workers accessing appropriate health care?
- Are sex workers and clients practising safe sex?

To answer these big questions:

- What type of service would be most effective?
- Who should deliver it?
- Who should be targeted?
- What obstacles are there?

...and more smaller questions:

- To what extent will written materials be effective?
- If they are not likely to be useful, what alternatives might be successful?
- Is there any potential for working with clients/influencers? How might that work?

> "A research project was asking things like: 'How many abortions have you had?' 'What religion are your parents?' 'At what age did you first have sex?' There was nothing which explored what magazines and newspapers sex workers read, where they got their information about HIV/AIDS/STDs or what other languages they spoke. It was a confused mix of pseudo-scientific,quasi-anthropological enquiry rather than a solid base of information which leads to action."
>
> **Consultant, France**

- Should women, men and transgender sex workers be included or should any future project only target one gender?
- Would peer education be appropriate? How might peer educators be recruited and trained?
- Should the projectspecifially target sex workers or should it target sex workers as part of a broader audience?
- What geographic and demographic factors affect the capacity of the project to reach sex workers?

The process continues until a question emerges that can be answered. For example, **to answer**: Would peer education be appropriate?

Ask:

- Are sex workers suspicious of authorities?

- Is there much rivalry among sex workers?
- Is there a single "underground" culture or are there more than one?
- What is the mix of ethnic and language groups?

Then...

- Look at how peer education works in similar situations.
- Discuss the possibilities for peer education with potential peer educators, influencers (especially sex business managers) and other sex workers.

International HIV/AIDS Alliance

A project planning meeting in the Philippines. Planning and evaluation should be accessible to everyone involved.

Who should be involved?

This needs assessment needs to involve a range of people.

Sex workers

- Where do most sex workers come from?

- what movement is there of women and men in and out of sex work?

- Are there any networks or associations of sex workers or relevant sexual minority groups, such as gay men or transsexuals? If so what do those organisations do?

- Are there possibilities for collaboration between the project and sex worker groups or other agencies?

- What ethnic, religious, language or caste groups do sex workers belong to?

- Do male sex workers identify as gay, bisexual or heterosexual? What links do they have to gay communities?

- Do sex workers take drugs? If so, which ones and what is their impact?

Clients

- How can clients be grouped? For example, local single men, local married men, migrant labourers, truck drivers, tourists, military men, men who identify as gay? Does this vary in each sex work location?

- What languages do clients speak?

- Have clients been targeted to general health education campaigns? What is their understanding of sexual health?

Influencers

- What tasks are performed by people who do not directly provide sexual services e.g. finding or greeting clients, providing premises, cleaning, serving drinks or food, protecting sex workers from violence etc.?

- What are the priorities and interests of these people?

- What are the similarities and differences between their priorities and those of the sex workers?

- How do influencers relate to sex workers, clients and to each other? Is there any rivalry or violence? Are there associations of sex business owners or other ways to address them collectively?

- What languages do influencers speak?

There are a range of people who have an important influence on how the sex industry is conducted. Only the most informal sex work does not involve "influencers". Some business managers are helpful while others are not. Some local business people and even police are helpful, while some obstruct the objectives of health projects.

People who perform different tasks in the sex industry can be grouped in various ways. Groupings should be used to prejudge them according to stereotypes or moral values. Some examples are:

Private influencers

- sex workers' families
- lovers (of women and men)
- other "street people", including people with whom sex workers share accommodation, drug dealers, performers, members of sexual subcultures, friends, neighbours etc.

Business influencers

- landlords, bar and cafe management and others who allow their premises to be used for commercial sex
- managers of brothels, bars, escort agencies and other formal sex businesses where sex workers work
- taxi drivers, nightclub staff, advertisers and others who are paid to facilitate meetings between clients and sex workers.

Professional influencers

- police and other law enforcement agencies
- doctors, health and social workers, counsellors, outreach workers
- politicians and other policy makers.

Wider community

- religious or cultural leaders
- local community groups

What are the sexual health needs?

- What is the relative importance of different STD and HIV transmission routes, such as male-to-male sexual contact, male-

to-female sexual contact, mother to child or drug injecting using shared needes or syringes?

- What is known about patterns of HIV and STD infection among female and male sex workers, and among other groups (e.g. truck drivers and transport workers, military men, drug injectors, and those attending STD clinics and antenatal clinics)?

- What information is available about STDs, reproductive health and HIV for different population groups?

What sexual services are practised?

- What kinds of sex are practised by sex workers and their clients, whether women, men or transgender people?

- Do sex practices vary according to type of contact or transaction site (e.g. between bar, brothel and street-based sex work) and/or geographical region (different parts of a city or country)?

- Do sex practices (and safe sex) vary with different types of

"We used a number of methods to evaluate our project:

Formative evaluation
At the beginning of the project we used focus groups, individual interviews and observation to learn more about the commercial sex workers in Calabar and design the specifics of our intervention.

Process evaluation
Project records provided us with information about educational sessions in the hotels and clinic, chairladies and proprietor's meetings held, condoms given away free and sold and clinic attendance.

Outcome evaluation
At the beginning of the project we used a questionnaire to collect data on STDs/AIDS knowledge, sexual practices and condom use.

We used serology (blood tests) to determine the prevalence of HIV and other STDs and noted changes over time. Registration and attendance at the clinic provided us with a means to measure awareness of the existence of the clinic and understanding of the need to treat STDs and other ailments at the clinic. For example, at the start of the project 60 per cent of the women took antibiotics as a prophalaxis for STDs. Now, most of them rely on the clinic to treat their health problems.

Qualitative information collected through observation and focus group discussion demonstrated the enthusiasm of the target population for the programme. Feedback from the larger community, observations pertaining to the behaviour and response of the target group to the programme and overt official support and recognition of the programme represent significant ways of evaluating

clients and partners?

- How much does the process vary between different services?
- Are people familiar with condoms?

programme acceptability and effectiveness."

The evaluation framework of a project in Calabar, Nigeria.

- What are people's attitudes to condom use?
- Where are condoms available and at what cost (and how does the cost of condoms compare with the cost of sex)?
- Are lubricants available and are they used?
- In which situations are condoms more or less likely to be used and why?
- Are other contraceptives used?
- What, if any, myths or misinformation exist?

How is sex work organised?

Arrangement

- contact sites (e.g. bars, clubs, brothels, neighbourhoods, hotels, street, through newspaper advertisements)
- transaction sites (e.g. brothels, hotels, rooms near bars, sex worker's apartments/private rooms, car parks)
- level of control by influencers
- sex workers' freedom of movement
- existing community organisations (e.g. formal or informal networks of sex workers, sex workers' or gay organisations) and any services they provide (e.g. child care, legal assistance, support groups, credit union)?

Location

- Where does sex work occur?

- Where are those who influence the sex industry located?
- Where do most clients come from?
- Where are law enforcement agencies located (e.g. police)?
- Where are condom distribution points, and health and welfare services?

Working conditions

- What is the balance of power between sex workers and clients and between sex workers and business owners and managers?
- Does this vary according to contact/transaction site, age of sex workers, economic level of establishment and/or the client?
- To what extent are sex workers able to choose clients, or to turn down clients who are abusive, drunk, or refuse to use condoms?
- Is there access to running water, clean linen, and adequate safe sex supplies (condoms, lubricant)?
- Can sex workers communicate freely with each other?
- What other health and safety issues affect sex workers e.g. compulsory alcohol consumption, incidence of hepatitis, tuberculosis or dermatological conditions or violence?

What STD services are used?

- What kind of STD services are available?
- Are services good quality?
- Are services welcoming to female/male/transgender sex workers? Have staff been appropriately trained to deal with marginalised people?
- What symptoms do sex workers recognise as suggesting an STD?
- What level of pain or discomfort is considered normal (e.g. itching, abdominal pain, backache)?

- Do sex workers examine clients for signs of infection (e.g. penile discharge, lesions, warts)?
- Do sex workers use any medications other than those prescribed by doctors?
- Ghat do they do if they feel ill or uncomfortable? Who or where do they go first for advice (e.g. clinic or private doctor, family member, friend, business associate or manager, traditional healer, informal drug vendor, pharmacy)?
- Are there specialised STD or AIDS clinics or are STD services provided in other settings such as hospitals or family planning clinics.
- Are services available at a convenient time and place?
- Do people feel stigmatised by using services?
- Does the cost of services affect whether people use them?

Do services and projects already exist?

- What relevant health promotion or social welfare programmes already exist, either at local or national level, such as targeted education (e.g. to men who have sex with men) condom promotion or self-help groups?
- Are there already any sex work projects, either specifically for sex workers or including significant numbers of sex workers as part of a larger target group, for example health projects or charitable

"In order to improve an existing service, a project explored the values and aspirations of female sex workers in different sectors of the sex industry in Rio de Janeiro. They chose five areas, representing different types of formal and informal sex work, and conducted focus group discussions with psychologists facilitating and taking notes. The discussions covered safer sex practices, violence, drug use, family relations and civil rights and other topics introduced by the sex workers. The discussions revealed very different attitudes between the groups and highlighted the need for varied interventions and activities."

Programa Integrado Marginalidade, Brazil

work?

- What activities are these projects promoting?
- What kinds of problems or constraints have been identified and how have they been resolved (e.g. police confiscate condoms, high rates of migration among sex workers and/or clients, unwillingness of sex workers to participate, high rates of condom breakage, unreliable distribution of condoms or other necessary materials)?

What policies do services have?

- Are sex workers required to undergo regular examinations for HIV or other STDs? If so, how often and in what circumstances?
- What are the consequences (legal, job-related) of having (or not having) HIV and STD tests?
- What are the consequences (legal, job-related) of testing positive for HIV or another STD?
- Do the same regulations apply to both women and men who sell sexual services?
- How do sex workers and clinical staff feel about local STD policy?
- Do services already incorporate health education?

What is the legal context?

- What laws affect the sex industry, either directly or indirectly? (See **Chapter 2**.)
- Do the same laws and regulations apply to women, men and transgender people? If not, what are the differences?
- Are sex work businesses and activities, such as brothels, known street areas, massage parlours and commercial sex bars and clubs, legal or illegal? If they are illegal hoq do they operate – through tolerance, corruption, weak laws, inadequate resources to enforce the law?
- What penalties exist (e.g. fines, jail, deportation) and against whom are they used?

- Do sex workers avoid STD services because they are associated with police or other authorities.
- Are laws against rape and physical assault enforced when sex workers are the victims?
- How do police and other law enforcement agencies respond when sex workers report crimes in which they are the victims?

7.2 Assessment techniques

Gathering existing information

Information about sex work and the HIV/STD situation, and the social, economic, cultural, religious and legal contexts in which sex work occurs, may be collected from:

- articles about the sex industry in local newspapers and magazines
- novels and short stories by local writers that contain sex workers as characters and which describe the context and/or practices of commercial sex
- memoirs and other first person accounts by sex workers and/or clients
- epidemiological and sociological studies, information about relevant behaviours and practices (e.g. in HIV/STDs, gender and sexuality)
- international publications and resource centres listed at the end of this book.

Collecting new information

The first section in this chapter outlined suggested key questions which might be used to investigate the local sex industry. Using informal methods of gathering information about stigmatised and intimate behaviours, such as observation and key informant interview, (with those who are knowledgeable "insiders") are usually more effective than formal surveys. It is extremely useful to train sex workers themselves as interviewers and observers.

AIDS Action/AHRTAG

Focus groups can be an ideal way to gather information upon which to base plans to diversify or refine a service.

Mapping

It can be very he|pful to produce a "map" of the local sex industry, based on existing maps of the area in which the work is being planned, to identify key issues for the project to address.

Sex workers often know a great deal about sex work in the area and can be important sources of information for mapping. A map could show:

- where sex workers and clients meet each other
- where sex workers and clients have sex
- where agencies that provide services to sex workers, clients are located
- where important events such as police activity and festivals take place (and when)
- location of condom distribution points, health and welfare services.

As with any documentation of commercial sexual activities it is essential to prevent any misuse of such a map. The map should be treated as confidential.

Estimating population size

It is useful to have some idea, however approximate, of the size of the target group. This helps in identifying activities and locations for your

work and in setting targets. Preliminary estimates are often too low, as they are likely to be based on the more visible forms and locations of the sex industry, and may not take into account either the amount of clandestine sex work (e.g. male or transgender sex workers) or the impact of migration. However, estimates can always be revised as the project develops.

In any country, there are usually female and male sex workers. In some countries there are also transgender sex workers. There are usually more female than male, but very rarely are there no male sex workers. Male and transgender sex workers tend to work in all the same ways as females but in different locations. Adult and adolescent sex workers may be working separately and have different needs (young people are more likely to provide sexual services informally or occasionally – street youth who trade sex for food or a place to sleep, for example).

Counting sex workers and clients is an important feature of needs assessment, although the result is unlikely to be exact and does not need to be. Some forms of sex work are easily observable while others are not. To estimate the size of a commercial sex market which includes closed clubs, bars and private homes, researchers must have access to basic information which can only be provided by "insiders". There is a case for beginning pilot services while gathering information on which to base a long-term strategy.

Estimating the number of clients can be dealt with similarly. A survey with sex workers and interviews of a random sample of each category of sex worker could help determine how many clients there are on a typical night, types of clients and how many visits clients make per week or per month.

Surveys and interviews with sex workers could also show how many clients are casual (new to them), how many are seen regularly, how many are frequent clients (even if new to them personally) and how many are rare clients. Again, this approach may be more successful once some level of service has been started and contact with sex workers established.

International HIV/AIDS Alliance, Ecuador

Consultants from donor and technical support agencies can participate in project planning and developing evaluation systems rather than imposing their systems and methods.

7.3 Project planning and design

Making sense of the problems

Every project needs a clear vision of how to solve the main problems identified in the needs assessment. It can be useful to write each individual problem on a card. Take each card and ask, "What causes this problem?" Write the answer on a second card, and place it underneath the first. Go through the problems in this way until they have each been linked to a cause.

Turning problems into objectives

The next step is to imagine an ideal situation which would resolve the problems you have identified.

Summarise this situation, for example, "Sex workers and others are able to work in safe, health promoting conditions." This becomes the overall goal or aim of your project. However, your project probably won't achieve this alone, so it is important to state clearly how your project will contribute to this overall goal. The steps towards achieving your goal are your objectives.

For example, your needs assessment might identify a pressing need to provide sexual health services for sex workers. Objectives need to be specific, measurable, achievable, relevant and time-limited (SMART). The objective to provide health services would state how many clinics would provide what services to what standard, how many peer educators or outreach workers would promote the service and the number of workshops or training sessions that would be held – all within a specified time period.

Activities

To achieve each objective requires about three or four key activities. These state what the project staff will actually do. Each activity needs to have a defined set of targets or results such as how many clinics will be established, what equipment secured, what materials purchased or produced, how many staff recruited and trained etc.

Measuring change

Indicators need to be established for each activity to enable you to see if it is being carried out as planned and helping to achieve the objective. Indicators enable you to see if you are reaching your targets. Indicators are very useful for assessing the performance of the project and are essential in monitoring and evaluation (see next section).

Indicators should be worded in terms of quantity (numbers of people, infections, services, materials etc.), quality (to what standard) and time (by what date). Consider how this information will be collected and documented and ensure that project staff have the skills and resources to do this.

Identifying assumptions

It is important to identify any assumptions you are making. For example, you may be assuming that the level of police activity remains low, but what would happen to your project if it suddenly increased? If this is a real possibility you may need to include a relevant activity.

7.4 Monitoring and evaluation

Is the project working?

There are many reasons to monitor and evaluate projects. Monitoring and evaluation takes place throughout the project and enables regular reports to be produced. Special purpose evaluations, or reviews, take place less regularly. Some are conducted internally and some involve external evaluators. Evaluation methods vary considerably and can include complex scientific measures as well as simple information gathering and analysis.

> "When I first went to those meetings they may as well have been talking Chinese. I was terrified that they were going to ask me for an opinion and I would be exposed. I thought: 'God what am I doing here?' Now I know that when they say 'monitoring and evaluation' they just mean keeping a track of what you are doing and making sure it's working. Now I manage the project, do all the statistics and write the reports."
>
> **Project manager, Britain**

Monitoring and evaluation aim to answer key questions about two aspects of the project – the process and the impact. Key questions are:

- Are project activities being carried out as planned? How could they be improved?
- Is the project achieving what it set out to do, and making a real and positive difference in people's lives? How could this be strengthened further?

Evaluation is an integral part of a project. The evaluation process must be developed before a project is implemented so thad activities can be monitored throughout the period. It is a mistake to conduct a project and "do the evaluation" later.

Sometimes evaluation is seen by project staff as a burdensome, intrusive or even threatening task. This is particularly so if the evaluation is seen as serving external needs. Evaluation developed with the participation of staff, volunteers and service users and seen by them

to respond to their needs, is likely to be more effective and less difficult to implement.

Health professionals and policy makers recognise that health education, especially HIV prevention, can be hard to evaluate. The impact of the project can be difficult to measure in isolation from other factors. For example, it is difficult to know if condom use has increased as a result of a targeted intervention directed at sex workers, or as part of a general education campaign which has reached both sex workers and clients. Likewise, it is difficult to measure the extent to which peer education has reached those who would not otherwise have had access to health information.

> *Evaluation of a state-enforced policy of condom use in brothels (in Thailand) revealed a great success. Condom use had risen at a satisfactory rate. However, the evaluation revealed the worrying information that the STD rate had not declined as expected. Programme planners needed to discover why this was so and refine future work accordingly.*

Evaluation should:

- show whether the project's objectives are being achieved, or what progress is being made, and whether any changes are needed

> In Ecuador a primary health care clinic was planned to be located in a brothel complex. A needs assessment found that sex workers wanted health care for their children as well as themselves and that they would not take their children to the brothel area. An alternative site for the clinic was found in a nearby market.

- show whether resources are being used in the most effective way and how they could be better used
- involve a broad range of stakeholders to provide a picture of the project from their various perspectives. This is sometimes called "participatory evaluation".

Monitoring

Monitoring means regularly gathering information about the project's activities from the start to find out whether work is being carried out as planned and whether there are any reasons to change the goal, objectives or activities. Information is collected from, for example, service users, clients, health care workers, and other participants. Monitoring looks at the "reach" of the project (what percentage of its

potential target group it is reaching) and includes qualitative information, such as the number of new contacts made, the number of condoms distributed or requested, and number of clinic visits or referrals made.

It is important that monitoring is an integrated, ongoing activity. Minutes of meetings, staff journals, newsletters and field notes should be routinely collected for analysis. Recording systems, such as forms and checklists, should be clear and well designed, and staff should be trained in their use.

Start at the beginning

Effective monitoring and evaluation begins by setting measurable objectives at the outset. Progress can be monitored by asking questions.

The measures used for monitoring progress are called indicators and these help to keep track of what the project is doing (and not doing) and where it is going.

Smaller questions can indicate the answers to the bigger ones. A common big question, is: "Has the project reduced the transmission of HIV and STDs to and from sex workers?"

It is usually neither possible nor appropriate to answer this by asking how many sex workers have HIV or an STD, partly because baseline data does not exist. However, using smaller questions provides indicators whihchcan help to answer the big question.

Christopher Castle/AHRTAG

Near Jaipur in Northern India sex workers pointed out during a needs assessment that their basic needs such as safe drinking water, general health care and education of their children were not being met and these were their first priority. Some reacted to the question of AIDS with: "We are already dying for want of safe drinking water. What difference will it make if we die of AIDS?"

In response, three pilot developmental activities were carried out: a bore well for safe drinking water; monthly clinics; and primary education for the children. These activities served as a bridge between the project, Gram Bharti Samiti (GBS) and the target community. GBS report that the activities created a good

For example:

feeling among the sex workers about GBS and "a good image for the project among the villagers. With these critical needs addressed, the sex workers were more able to consider STDs and how to protect themselves."

- Have more of the sexual contacts been protected as a result of the project?
- Have there been any changes in frequency of minor STDs, unplanned pregnancies? Have requests for condoms and lubricants increased?
- Have sex workers changed their patterns of seeking health services for the better?
- Have visits to an STD clinic or private doctors increased?
- Has the project received an increase in requests for referral to doctors and clinics?
- Have any of the barriers identified in the needs assessment been addressed e.g. training been provided for local service providers?
- Has the project reached enough workers?
- How many sex workers are in the target group? (This may have been reviewed since a previous needs assessment.)
- What percentage of the target group has been reached?
- What are the characteristics of those who have not been contacted? (Perhaps they are at great risk or perhaps they are working safely and do not need advice, support or assisted access to condoms.)

Types of evaluation

Process evaluation

Process evaluation focuses upon how the project is implemented. It considers aspects such as:

- number of training sessions/publications/events completed
- number of STD examinations performed or referrals to other services
- number of sex workers, clients and influencers contacted

- number of "one off" contacts compared with the number of repeat contacts
- average amount of time spent with members of the target audience
- percentage of meetings, events and tasks in which sex workers have participated.

Impact evaluation

Impact evaluation considers measurable changes over time, for example, beliefs and attitudes, behaviour, practices, and policies. These changes need to be related to the activities of the project and not to another intervention or influence.

Impact evaluation requires the collection of appropriate baseline data, relatively early in the project and follow-up data at regular intervals during the life of the project (e.g. every six to 12 months).

Measurable changes might include:

Jo Waite

It is important to measure subtle changes such as improvements in police attitudes.

- increased knowledge about sexual health
- more positive attitudes towards sex workers in local services, the press, among police etc.
- increased skill in negotiating safe sex or using condoms
- increased frequency of safe sex (both intercourse with condoms and non-penetrative sex)
- more sex work business managers supporting routine condom use and /or non-penetrative sex
- involvement of sex workers in the programme

- higher percentage of contacts with the project which are initiated by members of the target group.

Qualitative evaluation

Qualitative evaluation compliments quantative information to provide a fuller picture of the project. Qualitative information can be gathered from sources including focus group discussions, diaries, suggestion/complaint books, individua| interviews, and records of events, such as stories, pictures and simple questionnaires which allow people to express their views.

Information about improvements in the quality of life of those who use a service can be used in training or written reports to funders and can be shared among staff and service users. Qualitative information is not necessarily converted to statistics but may be presented in as summarised text or individual anecdotes.

Refining the project

Evaluation may identify gaps and problems, and highlight opportunities to address these. For example, an evaluation might show a series of positive results about safe sex in the workplace but no corresponding decline in STD rates. Strategies to address safe sex behaviour with private partners might be increased.

Evaluation is often an ongoing process and strategies may need to be changed as information emerges.

Programa Pegação, Rio de Janeiro

Distribution of promotional materials such as badges, matches, condom packs and nail files is effective and easily measured.

Expansion

Once a project is working reasonably smoothly and effectively, its scope can be expanded. It can expand its target audiences (e.g. to include clients or influencers), its location or geographical reach, or introduce more ambitious work.

Expansion should not happen too rapidly or too early because it can stretch resources or take away the original focus.

Replication

The experiences gained by established projects should be shared with others involved in similar areas of work. For example:

- Project staff, especially sex workers, can train staff in new projects. Basic training skills are required for this.
- Exchange visits and study tours can be arranged.
- Letters, newsletters and educational materials can be exchanged with other projects. The Internet includes websites and discussion groups for projects to share information. The Network of Sex Worker Projects, regional networks of sex work projects and the International Council of AIDS Service Organisations may able to put projects in touch with each other.

7.5 Project planning: an exercise

Below is an example of a needs assessment report You can use this for an exercise in designing a project.

Guidelines on the activity

This exercise will be more useful and enjoyable if carried out in a small group. First, hand out copies of the needs assessment and ask everyone to read it.

- Ask people to identify the potential beneficiaries and the key stakeholders.
- Ask people to consider how contact could be made with the potential beneficiaries. Ask them to identify the issues to be explored with potential beneficiaries, and how to do this.

- Ask people to identify specific problems highlighted by the needs assessment. As they do so, write down each problem on a separate card or piece of paper.
- Place all the cards face up on the floor or stick them on a board.
- Ask people to link the problems in terms of cause and effect, so that cards finish up with the effects at the top and the underlying causes at the bottom.
- Take the effects and turn them from negatives into positive statements (goals or objectives).
- Do the same with the causes and turn them into activities.
- Consider what might be the main concerns of each group of stakeholders in relation to a project for sex workers (and others).

Needs assessment report

Location
Coastal city at one end of a major truck route that goes through three other major cities (and many towns) within the country to the capital of a neighbouring country.

Population
500,000 of which: men 300,000; women 80,000; children 120,000.

HIV/STD
Prevalence of HIV and STDs is thought to be low among the population overall. However, surveys among sex workers and men who have sex with men reveal very high levels of STDs, with a growing problem of HIV.

Major employers
Trucking company employs 1,350 long-distance drivers; military camp with 50,000 men; shipping company with 2,035 male employees; several factories with around 1,000 male employees each; two factories (a textile factory and a cigarette factory) together employing 1,500 women. Large informal employment sector, including street vendors and small business owners (e.g. kiosks, small hotels and boarding houses, unlicensed drinking establishments). Other economic activities: Major daily market in the centre of the city; used by farmers and other traders. Wednesday is the biggest market day, attracting people from a wide area.

Housing
Most workers are migrants from other parts of the country, or neighbouring countries. Transport workers include men from other countries the truck route passes through. Few workers in the formal sector live with their families; most live in company dormitories or small hotels that are clustered into three districts in the city.

Organisation of sex work

Female sex workers

About 12,000 women work in bars, both licensed and unlicensed (3-15 per establishment), serving drinks and also, on a more or less regular basis, engaging in sex with male bar attenders in exchange for money (tips). Another 3,500-4,000 live in small apartments or single rooms, sometimes two women sharing, and earn their living through the provision of sexual services. Some of the women who work in the cigarette and textile factories sometimes trade sex for money, contacting clients on the street, near small hotels that rent rooms for short periods of time, or in the harbour area, or in nearby bars. A few women provide services to tourists, contacting clients in tourist hotel bars.

Male sex workers

Approximately 1,500 young men provide sexual services to men, most of whom contact clients in the harbour area or on the beach, a few of whom contact clients in one of the bars near a five star hotel.

Management

The women who work in the bars are generally controlled by the bar owners, many of whom are women who are former sex workers, although a few are men. The bar owners are worried that all the talk about AIDS will hurt their business. Many are wary of having any health education materials or condoms on the premises for fear of discouraging customers. In addition, they are afraid that if they had stocks of condoms, the police might use that fact as an excuse to raid the bar.

Contact/Transaction site

Most bars have small rooms in the back where the bar workers can take clients for quickie sex. Women also take clients out to their own rooms, often in the same area, for "all-night" transactions.

Turnover

There is an estimated 50 per cent turnover in the sex worker population per year (i.e. 50 per cent of the women leave the area and/or stop doing sex work, to be replaced by a similar number of newcomers or returning migrants). There is also a significant amount of movement within the city, from one establishment to another, and also from one category or level of sex work to another.

Professional career

A few sex workers manage to save up enough money to buy a bar, becoming bar owners who then hire other women to work in their bars.

Legal status

Prostitution is illegal, but the police rarely arrest anyone. Very occasionally, usually before or during a big tourist convention, or just before a big military ship is expected, police round up a lot of women and put them in camps on the edge of town.

STD services

The family planning clinic is willing to provide STD services, but tends to be disapproving of prostitution, so few of the sex workers go there. The primary health care clinic has hours specifically set aside for STD services, usually in the morning before the factories are open. However, few women go there, in part because of the hours (when they are generally asleep), but also because they don't feel welcome. Running water is often cut off, making it difficult for health care providers to sterilise syringes, speculums and other medical instruments. Diagnoses are often made on the basis of symptoms. Many women treat themselves with antibiotics, bought from traditional healers and street vendors.

Condom availability

There are some condoms available from pharmacies, but are expensive. Family planning clinics distribute condoms, but are usually unwilling to give them to single women. They will only give married women 10-12 condoms per month, which is not enough for sex workers. In addition, the breakage rate for the condoms distributed by the family planning clinics is fairly high, leading to a high distrust of condoms. No water-based lubricants are available, which may be one reason for the high breakage rate.

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org

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- *Sexe à moindre risque*. Paris: PASTT (Illustrated booklet for transgender sex workers in French. Available from: PASTT, c/o AIDES Federation, 23 Rue de Chateau Landon, 75010 Paris, France.)

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- TAMPEP materials:

    - Leaflets about AIDS and hepatitis B, venereal diseases and condoms and lubricants, available in English, Spanish, Portuguese, Thai, Polish, Czech, Bulgarian and Russian.

    - Comics: *Augusta's Way* in English, *Dicas & Jeitinhos* in Portuguese and *Dichos & Diretes* in Spanish.

    - Cassettes about AIDS prevention available in Polish, Czech, Russian, Bini, Ibo, Pidgin English, Akan and Portuguese.

    - Two leaflets for transsexuals and transvestites: one covers hormones, silicone, transgender operations and condoms; the other is about venereal diseases, AIDS and hepatitis B. Available in English, Portuguese, Spanish and Thai.

    - Folder about contraception in English, Spanish and Portuguese.

    - Comic folder *Advice on security at work* in the series *Augusta's Way*.

    - Leaflet *General advice on security at work*, available in English, Portuguese, Spanish, Polish, Russian and Bulgarian.

    - Booklet about AIDS and STDs in Serbian-Croat and Albanian.

    - Material for peer educators – *Love and Care for Yourself*.

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Network of Sex Work Projects
P.O. Box 13914
Mowbray 7705
Rep. of South Africa
Tel: +27 21 448 2883
Fax: +27 21 448 4947
Email: secretariat@nswp.org