

## Working with Women in Prostitution: A Critical Dimension of HIV prevention

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An amendment to H.R. 1298, the United States Leadership Against HIV/AIDs, Tuberculosis, and Malaria Act, seeks to deny U.S. funding to organizations that do not have a policy explicitly opposing prostitution. The amendment, which was offered by representative Chris Smith of New Jersey and passed 24 to 22, reads:

*Page 47, after line 20, insert the following:*

(f) LIMITATION. -- No funds made available to carry out this Act, or any amendment made to this Act, may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking.

*What are the implications?* If this amendment becomes law, it will deny funding to the most effective organizations working with women, children and men in prostitution, leading to:

- Increased rates of HIV infection among prostitutes, their partners, and their children;
- Increased rates of HIV infection among clients, their partners, and children;
- Diminished economic alternatives for women in prostitution resulting from reduced funding for organizations that provide them with education, alternative skills and job training, and micro-credit funds;
- Reduced funding for efforts to reach the most vulnerable, including trafficked persons and drug users.

*What will happen if the amendment succeeds?* The organizations with the most effective programs have a sophisticated understanding of the social and personal dynamics underlying the commercial sex trade. Some operate in countries where prostitution – as opposed to exploitation and pimping – is legal. **These groups do not take positions stating unequivocal opposition to prostitution because doing so would cause them to lose credibility with the populations they seek to serve, and would also further feed the stigma and discrimination that makes it so difficult for prostitutes to secure their own rights and to leave prostitution in the first place.** As a result, *under the Smith Amendment, the groups using the most effective interventions will no longer be eligible for U.S. funding.*

Two examples of projects likely to be defunded under the Smith amendment include:

**Peer education projects that train sex workers to educate one another on condom use.** The Sonagatchi project in Kolkata, India works with tens of thousands of prostitutes and relies heavily on peer education strategies to increase condom use and reduce the rate of infection. Under Sonagatchi's

program, condom usage among prostitutes rose from 1 percent in 1992 to 90 percent in 1998.<sup>1</sup> In Bali, Indonesia, a similar effort led to a 16 percent reduction in sexually transmitted infections in two years. These organizations would lose funding under the Smith Amendment.<sup>2</sup>

**Voluntary education programs that provide women in prostitution with meaningful economic alternatives.** EMPOWER Thailand, a key organization in Thailand's successful struggle against HIV/AIDS, assists women working in prostitution to obtain high-school diplomas and employment skills, providing pathways out of prostitution. In addition, EMPOWER is working with faith-based organizations near the Burmese border to reach prostitutes and is conducting a study of behavior change and condom use by prostitutes and clients from the military and police forces. EMPOWER would not meet the "purity" test imposed by the Smith Amendment.

### **Background on women in prostitution**

*What is commercial sex work or prostitution and where is it found?* Commercial sexual activity or prostitution involves the exchange of sexual services for money or goods, whether regularly or occasionally, for the purpose of generating income. Prostitution exists in every society. In cities, prostitution often is concentrated in public places, such as on the streets, or in brothels in specific areas. But commercial sex also thrives in less-well identified areas, such as on highways, in rural truck stops, and at bars and restaurants. In addition, studies show that poverty, war, and economic dislocation force many people to engage in the informal exchange of sex for basic goods on an intermittent basis, though these individuals are not formally recognized as "prostitutes."

*Why do people engage in prostitution?* The vast majority of women, men, and children engaged in prostitution are driven there by poverty and economic dislocation, or in the case of trafficking, by coercion. Many studies have shown that people turn to prostitution when there is no viable alternative to meeting basic needs, such as food, clothing, and shelter for themselves and their families. These factors are especially relevant for women who may also be the main source of support for children and other relatives. One study in India found that 50 percent of female prostitutes working in Kolkata brothels were supporting children.<sup>3</sup> Women working for low-wages in factories, marketplaces, bars and restaurants may also engage in informal commercial sex transactions to make ends meet and to secure adequate food and housing. In sum, millions of people, and especially women, find themselves with no alternative to survival than engaging in commercial sex.

*Organizations that work with prostitutes seek to:*

**Protect public health:** Commercial sex is more likely to result in high rates of HIV transmission when associated with:

- Female poverty;
- High rates of sexually transmitted infections overall;
- Limited access to health care services;

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<sup>1</sup> STD/HIV Intervention Programme (1999). "Learning To Change: Seven years' stint at Sonagachi" (Calcutta, India: Society for Human Development and Social Action).; Mukherjee S and Banerjee B, et al. (1998). "Social marketing of condoms at red-light areas (RLAs) through community participation and peer promotion." Int Conf AIDS, 12: 674 (abstract no. 33426).

<sup>2</sup> Ford, K., Wirawan and D.N. et al. (2000). "Evaluation of a peer education programme for female sex workers in Bali, Indonesia," Int Journal of STD & AIDS. Vol. 11, No. 11: 731-733.

<sup>3</sup> Evans, C and Lambert, H (1997). "Health seeking strategies and sexual health among female sex workers in urban India: Implications for research and service provision." Soc. Sci. Med. Vol. 44, No. 12: 1791-1803.

- High rates of unprotected sex with clients who form an “epidemiological bridge” to low-risk partners and others in the general population.<sup>4</sup>

Extremely high rates of HIV infection have been reported among prostitutes in Kenya and Zimbabwe (more than 80 percent); Cote d’Ivoire, Ethiopia, and Malawi (more than 60 percent), and Benin, Mali, and Tanzania (more than 40 percent). Programs that prevent transmission from groups with high rates of partner change to other groups are therefore a *critical* component of broader HIV prevention strategies, and ultimately prevent more cases of secondary transmission than interventions focused only on changing the behavior of low-risk populations.

**Protect the basic human rights of prostitutes *while* creating alternatives to prostitution:** The most effective organizations engage in a range of strategies and activities intended *simultaneously* to enable prostitutes to negotiate condom use with clients, protect the basic human rights of women working in prostitution, and provide alternatives to prostitution. These include:

- Providing health education and information about HIV and related issues to prostitutes, clients and the broader population;
- Conducting peer education and community mobilization efforts to both encourage prostitutes and clients to use condoms, and to empower prostitutes to negotiate condom use with their clients;
- Providing increased access to medical services and to condoms;
- Providing social, legal and psychological support including specialized programs for those subject to bondage, trafficking and drug addiction;
- Promoting laws and policies that protect the basic human rights of prostitutes, including fair and ethical regulation of health and safety in the commercial sex industry; formal recognition and protection of prostitutes’ civil rights; and equal access to housing and education;
- Providing alternative skills and literacy training.

***Don’t these efforts just encourage prostitution?*** No. Organizations working with prostitutes do not encourage prostitution. Instead, they seek:

- *in the short-term* to improve health in part by enabling prostitutes to negotiate condom use with clients, and reduce the risk of infection in both groups; and
- *in the long-term* to provide prostitutes with the skills and opportunities needed to find other means of survival.

The intent of the Smith Amendment is to prohibit funding of these “risk reduction” approaches to prostitution and to instead fund “rescue-oriented” initiatives aimed at closing brothels and helping prostitutes “escape” prostitution.

**“Rescue” strategies do not work.** In the absence of viable economic alternatives to feed and clothe themselves and their families, prostitutes have resisted efforts to be rescued, instead demanding health care, improved working conditions, and access to condoms as better solutions. In 1999, for example, 3000 prostitutes were removed from the Tanbazar brothel in Bangladesh. These women lived in the street and refused attempts to forcibly relocate them until a High Court decision declared their eviction invalid. During the eviction one sex worker commented, “Give us protection and health care, if you

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<sup>4</sup> Overs, C. (2002). Sex Workers: Part of the Solution, An analysis of HIV Prevention programming to prevent HIV transmission during commercial sex in Developing Countries.

really care about us." ("Bangladesh Prostitutes Rebuff Offer," The Associated Press, July 16, 1999). At the same time, rescue and reporting efforts are used as strategies in cases where children or adults forced into prostitution through trafficking or direct coercion.

The rejection by prostitutes of "rescues" does not signal a preference for engaging in commercial sex as a lifestyle, but rather underscores the economic desperation faced by millions throughout the world. Strategies that rely on expounding the "immorality" of prostitution, or that exacerbate the stigma and discrimination associated with prostitution make it more difficult to protect public health and to eliminate prostitution in the long run. Instead, reducing the numbers of people forced to engage in commercial sex will require efforts to focus on both the underlying economic situation and the needs of prostitutes for alternative skills and opportunities.

What will happen when these projects no longer exist? **HIV transmission rates among sex workers and their clients, partners, and children in the general population will increase. Women will continue to engage in commercial sexual exchanges while facing persistent legal and economic discrimination, making it harder for them to leave prostitution in the long run.**