Research for Sex Work 3

Research for Sex Work wants to provide a platform for the exchange of ideas and experiences with regards to AIDS prevention research and sex work. A lot of the research done in the field of sex work is done from the perspective of public health officials, policy makers or academic researchers. It is often criticised by sex workers themselves because they do not recognise their own realities and interests in the research questions and results. This results in recommendations that are hard to implement and these tend to complicate the relations between sex workers and the research community. What is needed is a strategic alliance between researchers who have chosen to utilise their research skills to produce information on sex work from the perspective of the sex workers, and organisations representing sex workers' needs. The newsletter Research for Sex Work is one of the tools to come to such alliances and a medium for advocacy for research that leads to actions that make a difference.

CONTENTS

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EMPOWERMENT

of sex workers & HIV prevention

The concept of *empowerment* comes up frequently when discussing HIV prevention programmes and projects involving sex workers. Sex workers often mention it to be one of the preconditions for interventions. During sessions on sex work at the fifth International Congress on AIDS in Asia and the Pacific in Kuala Lumpur in 1999, empowerment came up as one of the important themes for *Research for Sex Work* to cover. Policy-makers and programme managers also use the term empowerment.

However, the concept is not always well defined by those who use it and there is a lot of confusion. Like many good ideas the term empowerment can be used in different ways and it becomes a panacea in documents and proposals. Sometimes empowerment is defined as participation and representation of sex workers in programmes. However, the fact that there is participation and representation does not automatically lead to empowerment. Participation is a methodology to increase the possibility of empowerment, but it is not empowerment by itself. It can be an effective methodology, but it can also be an ineffective tool if participation and representation do come without possibilities to take decisions and steer the direction of programmes.

In a discussion I had with the director of a sex work peer education programme last year I asked him what he saw as the objective of the organisation's empowerment programme. He answered: *"I want sex workers to know what health risks they are facing by providing them with life saving information. They will use condoms and attend our STI clinics"*. But what about empowerment in a wider sense of the word? I asked him: *"Is your programme also promoting co-operatives of sex workers to invest their money together or set up small businesses?"* He was not pleased with my question. *"No, I don't want that. I want to limit our empowerment approach to the individual increase of choices of the sex workers to be able to protect themselves against health hazards connected to their work"*. I did not have to ask him about co-operative action against abuse by police and possibly developing the programme into a sex workers' organisation, because he clearly did not agree with that either.

Recently I was in Cambodia. International organisations have understood the serious character of the epidemic in that country and they have been quick in singling out the sex workers as prime target population for their interventions. One-sided emphasis on sex workers often results in disempowerment because it takes us away from the concept of HIV infection as a problem of communities in which there are more people than sex workers. The risk of blaming sex workers and creating counterproductive myths about how sexually transmitted infections (STIs) and HIV spread is big. Non-governmental organisations (NGOs) are quarrelling with each other about areas of town where they have the monopoly over working with sex workers. Their programmes are all based on providing STI services and distribution of free condoms. NGOs are even paying the sex workers for the interviews they are doing with them. I see such interventions as disempowering. In the true sense of the

word empowering programmes bring the sex workers in a position where they steer the process and they decide about priorities. True empowerment is not a form of clientelism in which the sex workers are rewarded for giving exactly that information that is needed by the researchers, programme managers and NGO staff.

There is a need for understanding what we exactly mean with empowerment. Then we will be better able to understand what strategies and interventions really give sex workers the power they need in their survival strategies.
Empowerment can be divided in three dimensions.

1 *Personal empowerment*, defined as making people aware of their skills, possibilities and choices and giving them knowledge of and control over ways to change things that cause them problems. Most programmes that limit themselves to health education and condom promotion may result in personal empowerment. Knowledge about health risks and ways to protect oneself against these risks, however, does not automatically lead to sex workers making choices that protect their health. The theory of reasoned action, in which human beings are seen as rational beings, choosing what is best for them, has not been a useful theory in understanding sexual behaviour. In the first place it is important to make sure that programmes are based on what sex workers themselves think is beneficial to them and not what health experts think is good for them. The second reason why it is often not working is that individuals do not live in a vacuum. They live in communities. From many HIV prevention projects for sex workers the conclusion is drawn that sex workers have little control over condom use and that clients decide. Partners, clients and pimps have to be involved in efforts to change behaviour. This leads to a second form of empowerment:

2 *Community empowerment*, defined as the strengthening of the sex work community as a whole to demand changes in their communities and to call for a supportive environment. However, in communities there are conflicts of interests and it is not sure that the interests of the sex workers will be the steering principle for the changes. Programmes will have to focus on sex workers' interests within their communities. This means creating awareness among clients of sex workers of the sex workers' needs and simultaneously creating the possibilities for the sex workers to come up for these needs. In some of the projects sex workers have become really strong in advocacy for their protection. For example, in a few projects sex workers have developed mechanisms to go together to the police office if a police officer has harassed one of them. They have learned to complain and have empowered their community.

3 *Social empowerment*, defined as empowering sex workers to fight for their rights and for acceptance of their profession by the larger society, is a more ambitious goal. In some countries sex workers' organisations have been established. They organise demonstrations and demand recognition for sex workers as workers like other workers, with safe working conditions. As in many countries prostitution is illegal and moral values of the dominant sections tend to stereotype sex workers, this is a very difficult struggle. In addition, in many countries sex workers belong already to the most marginalised groups in their societies before their recruitment.

Looking at these three dimensions of empowerment we realise that there is a lot of cross-over, but this arbitrary distinction helps us in reflecting on and discussing empowerment in sex workers' HIV prevention projects and programmes. Education about health risks and condom use alone does not automatically lead to community or social empowerment. To reach this kind of empowerment, other tools have to be developed. Education that has to result in community and social empowerment will have to include for example paralegal training and training in advocacy skills. Another important tool is the organisation of sex workers through participatory processes so that they can come up for the needs identified by themselves.

Abuse and harassment by the police are a real threat to a stable and powerful position of sex workers

After the call for contributions to this newsletter on *SEA-AIDS, Community Research* and *Sex Work* (all HivNet electronic discussion groups moderated by Fondation du Présent), we received a lot of enthusiastic reactions. They can be found in this third issue of *Research for Sex Work*.

Locus of power and control

Reading the contributions in this issue one realises that empowerment cannot be seen apart from the locus of power and control in communities. The role of the police comes up

in several contributions. Abuse and harassment by police officers are a real threat to a stable and powerful position of sex workers. It seems that interventions will have to take this threat seriously and this goes beyond smooth talking with authorities in order to prevent interference with the programme. Development of a monitoring and reporting system about violence and abuse (among others by police) can be a first step towards formulating complaints.

Another locus of power is with brothel owners. We see here a lot of cultural differences and situations cannot always be compared. In the Asian brothels for instance the brothel owners and the people who recruit new sex workers are often very powerful. Differences between voluntary entrance in the sex sector and trafficking are sometimes very difficult to distinguish. Bonded labour to pay back the debts of the family and demanding recruiting agents is an important factor. More research is needed to understand how the sex trade is organised, what role the sex workers play and how they can be empowered in the setting of the Asian brothels.

Another locus of control is with the clients. Here again we see big differences between

cultures. In countries where society is organised very hierarchically and men have much power, the sex workers have little control about their negotiations with the clients and about the sexual acts. Though the whole interaction between sex worker and client is one of communication and negotiation, which provides the sex worker with a certain power, this situation is different when the client has excessive power.

Some processes interfere with empowerment. Like is seen in the case of the Vietnamese sex workers in Cambodia, if one does not speak the language this leads to enormous disempowerment. To be in a position in which one does not know anything leads to dependency, and dependency always leads to having less power.
Another process that results in less power is related to the question if sex workers themselves have made the decision to enter the sex sector or if they were forced into it. This also relates to the theory of the locus of control and health behaviour. People who think that they cannot influence what happens to them (locus of control outside) become powerless, while those who believe they can influence it (locus of control inside) can gain some power.

All this leads to the identification of many important areas where research can contribute to improved interventions for and by sex workers. Research is not only needed for better interventions, but also to produce the knowledge that is needed for our advocacy work to convince policy makers that discrimination and violation of the human rights of sex workers will only lead to making them more vulnerable to HIV infection.

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The theme of the first issue of Research for Sex Work was 'Peer Education'. It was distributed for free during the 12th International Conference on AIDS (Geneva, June 1998). It was also sent on request to people showing interest. The second issue called 'Appropriate Health Services for Sex Workers' was distributed at the 11th International Conference on AIDS and STDs in Africa (Lusaka, September 1999) and the 5th International Congress on AIDS in Asia and the Pacific (Kuala Lumpur, October 1999).

This special issue on 'Empowerment for Sex Workers and HIV Prevention' was co-edited by Ivan Wolffers (Vrije Universiteit Amsterdam), Nel van Beelen (Vrije Universiteit Amsterdam) and Licia Brussa (TAMPEP, Amsterdam). UNAIDS and the Dutch NGO HIVOS provided funding for printing and transport of the newsletters. The editors gratefully acknowledge the financial contribution of both organisations to this publication.

Back issues or extra copies of this third issue can be ordered for free by sending an e-mail to: p.brinckman.social@med.vu.nl, stating Research for Sex Work. Please specify which issue(s) you would like to receive.

"We Want the Power"

Findings from focus group discussions in Hillbrow, Johannesburg

This article describes the means by which South African sex workers conceive the possibility of community empowerment ushered in through the unification of women who work in the sex industry. Within the confines of the Hillbrow hotels and flats where they work, although there is evidence of dissension among sex workers, they already have risk-reduction mechanisms in place, which are able to work only because of unity amongst groups of sex workers. These mechanisms are sex worker-designed and driven to aid in reducing their occupational health risks including that of contracting HIV. Finally, this article will discuss some of the implications of these mechanisms for designing public health interventions to address the needs of sex workers in inner-city Hillbrow.

The data discussed here are taken from a series of focus group discussions held with hotel-based sex workers for the Women At Risk Study, which was a thorough examination of sex work in Hillbrow, Johannesburg.[1] Findings from the focus group discussions revealed strikingly similar patterns regarding obstacles women confront in attempting to unite to keep themselves safe from the ills of sex work. Time and again, respondents from the focus groups pointed to the lack of unity as to why

the occupational hazards they faced were so severe. Occupational hazards identified by sex workers in Hillbrow included threats of violence from clients, police officers and each other; substance abuse; STIs; and in general stress, which were all said to be accentuated by their lack of unification. *"If we got together, the police couldn't threaten us as easily and clients couldn't use us against each other"*, said one sex worker who on several occasions mentioned her attempts to create a stock fund with the women in the hotel where she works.

"If we got together, the police couldn't threaten us as easily and clients couldn't use us against each other"

Although previous research has shown that sex workers in Hillbrow generally have cut-throat relationships with each other, which creates significant barriers for effective risk-reduction strategies, there are sex workers who are able to visualise the potential they have to make sex work safer if only those barriers could be eradicated. These rifts are similar to the differences highlighted within any community namely, ethnic and cultural differences, age, foreign versus South African women and variation in geographic origin. It is not uncommon for sex workers to perceive each other in a hierarchical manner making distinctions between what they, like their counterparts within the larger community, see as superior or inferior. Such perceptions do not make a strong foundation for the community empowerment of sex workers. All the same, sex workers who participated in the focus group discussions overwhelmingly agreed that they could personally be empowered if only they and their co-workers could unite overcoming the fierce competition due to the nature of the sex industry.

Risk-reduction mechanisms

Focus group discussion participants shared accounts of how clients benefit from the disunity amongst sex workers. For example, if a client offers an additional monetary incentive to a sex worker for 'flesh to flesh' intercourse and she accepts, that places every woman within the hotel at further risk. That same client will typically use that sex worker's example to avoid using condoms by threatening or demeaning the other sex workers. If desperate for the funds, it is difficult for sex workers to triumph over the immediate need to make money, unable to see the long-term effects of having sex with a possibly infected client. All the same, women participating in the focus groups expressed the need for consistent condom use, reiterating the fact that condomless sex with even one client can ruin it for the entire lot.

They also made mention of cases when clients became violent toward sex workers who strongly insisted upon using condoms, especially those clients who mentioned their previous condomless encounters with other sex workers as ammunition. On the brighter side, focus group participants described mechanisms within some hotels that deal with their colleagues who did not always use condoms. When sex workers heard through the grapevine that someone was not using condoms with clients, their colleagues dealt with the accused strongly and in some cases violently. Although this system is reliant upon information gathered from clients, it accentuates the gravity of consistent condom use amongst this group.

In other hotels, there are 'head mamas' who are either self-appointed or elected by the women conducting business in the hotel. This head mama, who is usually a seasoned sex worker wise to the ways of reducing risk, serves as a counsellor who is responsible for the behaviour of women within that hotel. Women also made mention of the induction processes practised in several hotels, which are initiated by head

mamas or other groups of sex workers. During induction newcomers are taught how to protect themselves from STIs and how to reduce other health risks, such as violence. This is an indication of collective efforts aimed at empowering sex workers to avoid risk.

Sex workers will warn each other about dangerous clients who are known to be abusive, those who refuse to pay, and those who will abandon them when leaving the premises of the hotel. After unleashing a painful recollection of being abducted and raped by a client who is well-known throughout Hillbrow's hotels, one respondent emphatically asked what kind of person would she be if she failed to caution her colleagues about him, even those who she did not like. The above illustration provides substantiation of how one sex worker has taken her grief and channelled it to help her colleagues. Among the most striking of our findings are the pockets of cohesiveness and solidarity reported between groups of sex workers, which can be utilised to reinforce safer sex practices in the local sex community.

Nonetheless, according to interviews with over 700 sex workers, not one respondent was aware of any sex worker organisations or unions that represented the rights of sex workers. Further, women reported being reluctant to join or establish any organisations possibly due to their short-timers' approach to sex work, which is often their occupation by default, not necessarily choice. Further, if given an option, most sex workers reported that they would leave the sex industry immediately. In the meanwhile, it is clear that there are some women working toward the empowerment of the sex worker community to make sex work safer.

Due to the intense stigma attached to HIV infection, sex workers who know their status typically do not disclose to each other

Implications for public health

During focus group discussions, sex workers were quick to stress the economic benefits of having viable relationships with other sex workers. In addition, several respondents admitted to being in financial debt to their sex worker friends or being owed money, citing the potential danger that could arise from outstanding debts. Some sex workers were described as being 'too proud' to enter into financial arrangements. Creating a stock fund or combining funds for alternative income-generating activities could lead to greater economic security for sex workers who then perhaps have greater latitude to turn down dangerous and uncooperative clients.

When asked whether self-help strategies are employed amongst sex worker's networks, the women in the focus group discussions ardently agreed, giving instances of how they sometimes stay in their hotel rooms for two days at a time deliberating and caucusing about their personal problems. All the same, noticeably not all topics are discussed during those sessions including one's HIV infection.

Likely due to a lifestyle characterised by chronic material instability, unpleasant working conditions and violence, a large number of women may not appear to feel the need – or the ability – to invest in the future, which may jeopardise any attempts to organise sex workers working toward empowerment. Despite the afore-mentioned impediments, out of ten focus groups with eight to ten participants each, the majority of women indicated some preference for unity as a means to gaining personal and community empowerment. The following passage from a Hillbrow-based sex worker displays this outlook: *"We sex workers must help each other, motivate each other rather than tear each other apart, only then will we be empowered".*

Due to the intense stigma attached to HIV infection, sex workers who know their status typically do not disclose to each other. One sex worker who I interviewed disclosed her positive HIV status to me, pleading for some sort of assistance, adding to the equation her worry of also being pregnant. Of course, I asked her to visit me at the STI clinic where our offices are located the following day so she could take a pregnancy test and receive contact numbers for support groups for HIV-positive people. When she arrived the next day, she was with a co-worker. The woman whispered to me, *"my friend knows I'm pregnant, but nothing else, you're the only person I've told about my infection and I'd like to keep it that way"*. This illustrates her fear of being ostracised within her place of work, even amongst friends. There is a need for additional counselling specifically to address the needs of sex workers and for support groups that are sensitive to the needs of HIV-positive women who continue to work within the sex sector.

This article has explored Hillbrow sex workers' efforts in the face of HIV infection, to work together to make sex work safer. While it has focused on sex workers in an urban area of South Africa, many of the mechanisms described above may be relevant to men and women working in the sex industry – both in sub-Saharan Africa and elsewhere. Public health interventions designed to prevent the transmission of HIV within the sex sector should also consider how sex workers approach their risks and build upon existing initiatives designed and driven by sex workers.

"We sex workers must help each other, motivate each other rather than tear each other apart, only then will we be empowered"

Dorothy Nairne

Note

1 The Women at Risk Study is a collaborative research project between the Reproductive Health Research Unit (Soweto, Johannesburg), the Sociology of Work Unit at the University of Witwatersrand (Johannesburg) and the Section Health Care and Culture of the Medical Faculty, Vrije Universiteit (Amsterdam, The Netherlands). See also the article 'A hotel-based STD programme in a violent neighbourhood in Johannesburg', in: *Research for Sex Work* 2, p. 18-20.

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Community-led HIV prevention by southern African sex workers

The field of HIV prevention has seen a trend towards community development approaches seeking to 'empower' members of disadvantaged grass-roots target groups – through maximising their leadership and participation in the implementation of health promotional programmes. Empowerment is important because people are more likely to feel that they can take control over their sexual health if they feel that they are in control of other aspects of their lives.

Participation in health promotional programmes contributes to empowerment through transferring health-related information from experts to ordinary people, and through providing grass-roots community members with the opportunity to exercise leadership roles in community health initiatives. However, in practice there are many constraints inherent in working for the 'empowerment' of disadvantaged community members living in conditions of poverty or social disruption.

Women face multiple layers of disempowerment at the psychological, social and economic levels

In this article we report on an ongoing HIV prevention programme led by sex workers in a southern African industrial community[1] – in an attempt to highlight the way in which the programme has sought to work with some of these constraints. Almost seven out of ten sex workers in our region of interest are HIV-positive. Women face multiple layers of disempowerment at the psychological, social and economic levels – as women in a fiercely hierarchical and male-dominated community, living in conditions of poverty, working in what they describe as a highly stigmatised profession, in a country where their profession receives no legal recognition, and where there is no formal recognition of their rights to work-related health and safety.

The programme discussed here forms one small part of the wider activities of a large HIV prevention project in a southern African industrial community, which employs a large number of migrant workers. This project uses participatory approaches to maximise the active involvement of local groups in programme implementation. Running from 1998 to 2000, and funded by overseas and local donors, it employs three full-time workers, recruited locally, and has two major components: improved STI prevention and community-based condom distribution and peer education led by migrant workers, sex workers and youth.

The aims of our programme include working with women to overcome some of the obstacles to condom use, and to contribute to the development of a supportive community context for those who are already HIV-positive. It is run by women working from a small shack settlement, located near a large industry that employs thousands of migrant men.

One of the first challenges facing the programme co-ordinator (a local woman employed by the NGO that runs the project) was that of building confidence and team work skills amongst sex workers with little previous experience of shared responsibilities within a structured programme. Women were trained in participatory education skills (e.g. role-plays, dramas), and given access to unlimited supplies of free condoms. The NGO co-ordinator visits the community two or three times a month to support peer educators. Furthermore, this local peer education team networks closely with similar sex worker teams in other areas in the region.

In this article we draw on two sets of detailed in-depth interviews conducted with sex workers, the first conducted six months after the programme had started, and the second eighteen months after its inception.

Factors hindering condom use by sex workers

Our first interview study, six months after the programme had started, revealed that condom use was extremely rare, despite the fact that most people knew the 'facts' about AIDS. Levels of perceived vulnerability were low, with people living with AIDS tending to conceal the nature of their illness.

Women said they lacked the economic power to insist on condom use if paying clients refused to use them (complaining that condoms inhibited their sexual pleasure). They also lacked the psychological confidence to insist on condom use in a strongly male-dominated culture.

They referred to a lack of unity amongst sex workers, competing for a short supply of paying clients. If a woman refused to use a condom, the client would simply find a more willing woman in the shack next door. Women said that unless they could present a united front against clients, a condom programme would never succeed.

In a community where everyday survival is an ongoing struggle, people often experience high levels of jealousy of peers who are lucky or successful. The peer education project involved the selection of ten peer educator leaders to run the programme, each of whom was paid $27 per month for her involvement. This created some resentment against the programme in the beginning, with some women being reluctant to participate in its activities.

In its early stages, there was some degree of scepticism about the programme. No similar programme had ever been run in the community, and people felt it was nothing more than a passing 'fad'. Furthermore, given the low esteem in which they held themselves and their colleagues, some sex workers were sceptical about the ability of anyone of their rank and profession to have anything of value to teach anyone else.

Project gains and obstacles

Interviews conducted one year later suggested that while a number of serious obstacles still stood in the way of the project, it had made a series of positive gains. Attitudes to the programme were extremely positive. Virtually everyone now emphasised its value to the community. There was widespread recognition of the positive role of the peer educators. Not one person expressed jealousy of the salary they were earning – stressing their appreciation of the hard work they did, often for long hours. Several people stated that while they had initially not taken the programme seriously, the fact that it had continued to last for such a long time had convinced them of its worth.

Levels of sex workers' perceived vulnerability to HIV were much higher. We believe this was due to at least four factors: 1) the efforts of the peer education programme, and the respect it had earned from initially sceptical community members; 2) the programme co-ordinator informing the community about the results of a survey, providing factual evidence about high levels of HIV infection in this particular community; 3) growing numbers of AIDS deaths in the community;[2] and 4) the gradual increase in perceived risk amongst some male clients – some of whom had been subject to parallel peer education programmes – and some of whom were increasingly prepared to use condoms.
The increased credibility of the programme, as well as increased levels of perceived personal risk were accompanied by growing peer pressure to use condoms. People who did not use condoms tended to hide this fact from their peers. Those who failed to use condoms were increasingly chastised by their peers and made to feel ashamed of themselves.

Coincidentally, and due to factors external to the project, the previously self-elected all-male community leaders had been replaced by an elected group, which included a number of women members. Thus a situation now existed where women exercised leadership both through their leadership of the sex worker-led HIV prevention programme, and also in other community leadership structures.

The programme is run by women working from a small shack settlement

However, a number of problems remained to hinder the programme's goals. The first of these was that women said that after they had been drinking alcohol (many drank excessively) they were less likely to remember or be motivated to use condoms. The second obstacle was the existence of extremely negative attitudes to persons with HIV. Almost all sex workers said that if they were HIV-positive they would not tell anyone because of their fear of the stigma and abuse by other community members.
Another obstacle was that due to persistent reluctance among many clients to use condoms, a 'two-tier' system had developed where women could charge extra for unprotected sex. In conditions of poverty, they were frequently tempted to do so, taking care not to let their colleagues know that this was happening.

Psychological confidence

Empowerment is a multi-level process, which may be characterised as taking place along three inter-connected dimensions: individual, community and social. At the individual level, the programme has led to increased levels of perceived vulnerability to HIV. However, perceived risk does not necessarily lead to behaviour change. Behaviour is also shaped and constrained by a range of community-level and social-level variables.

To what extent has the programme contributed to women's empowerment in relation to their sexual health? At the community level the programme has generated a sense of peer pressure in favour of condom use – where lack of unity had previously prevented the development of health-enhancing unity amongst sex workers. Furthermore the programme has succeeded in overcoming initial scepticism and jealousy, and now constitutes a well-respected local network. One particularly significant feature of the peer education network is that it is led by women, a key development in a historically male-dominated community.
The programme is part of a larger project (see box) which seeks to change norms in the broader region within which our shack settlement of interest is located – through integrating the efforts of this particular programme with the efforts of similar programmes being run in similar sex worker communities and amongst groups of migrant workers.

In our first set of interviews women referred to two aspects of 'social disempowerment' that jeopardised the likelihood of safe sexual behaviour: saying they lacked both the economic power, as well as the psychological confidence (as low-status women) to insist on condom use in the face of reluctant male clients. The programme has not contributed to the economic empowerment of its members (apart from the small salaries paid to a few peer educators). However at the level of the psychological empowerment of women in this community, it has provided a context in which female sex workers, traditionally lacking social status in the community, have become guardians of important health-related knowledge regarding its most serious health problem. Furthermore it has provided a context for women to exercise leadership in a traditionally male-dominated community. We believe that both these factors could make an important contribution towards increasing women's sense of empowerment.

The extent to which our ongoing participatory programme succeeds in contributing to the empowerment of women in a way that increases the likelihood of positive sexual health remains to be seen. At the broader level of analysis, much work remains to be done using programmes such as ours as vehicles for mobilising a broader constituency of southern African sex workers to lobby for official recognition of their profession and of their rights to healthy and safe working conditions.

Zodwa Mzaidume, Catherine Campbell and Brian Williams

Notes

1 In order to protect sex workers' confidentiality, references to the name of the project and its location are left out.
2 While persons with AIDS still chose to conceal the nature of their illness, people were privately increasingly aware that a growing number of deceased community members had shown symptoms of AIDS-related illnesses.

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HIV prevention strategies among female sex workers in the Dominican Republic

The Dominican Republic is a Caribbean country of approximately 8.5 million people. The number of female sex workers in the country has been conservatively estimated at 60,000 women. Of these women, approximately 80% work out of establishments such as bars, discos, and brothels and an estimated 20% work from public areas such as streets, beaches and piers. Commercial sex and sex tourism are important elements contributing to the growth in HIV prevalence in the Dominican Republic. The average national HIV prevalence among female sex workers attending government STI clinics rose from 3.3% in 1991 to 7% in 1995 and has remained fairly stable since that time. This article documents the historic evolution of HIV/AIDS/STI prevention programming among female sex workers in the Dominican Republic.

In 1989, two Dominican NGOs, Centro de Orientación e Investigación Integral (COIN) and Comité de Vigilancia y Control del SIDA (COVICOSIDA), joined together with the National Programme for the Control of Sexually Transmitted Diseases and AIDS (PROCETS), with funding and technical assistance from Family Health International (FHI) and the Academy for Educational Development (AED), to form a project called *Avancemos* (We shall overcome). Based on the philosophy and methodology of education among equals, an extensive peer-led network of volunteer and leader health messengers was established in female commercial sex settings throughout the country. During this first phase of activities, project objectives included the dissemination of accurate information regarding transmission modes of HIV/AIDS/STI, condom use negotiation skills with clients, condom social marketing, and referrals to STI clinics. Knowledge, Attitudes, Beliefs and Practices (KABP) surveys and focus group discussions were conducted with sex workers to better understand the determinants of and barriers to condom use with clients. As a result of this research, innovative educational materials such as comic books (e.g. *The Triumphs of Maritza*), posters and stickers were developed and distributed throughout the project's intervention area, depicting typical sex worker/client scenarios and creative ways for sex workers to convince clients to use condoms.

Personal and social empowerment among female sex workers

While significant increases in consistent condom use between sex workers and their clients were achieved with the first phase of Avancemos, HIV prevalence continued to increase throughout the early 1990s. In response, a second phase of Avancemos was conceptualised based on a series of *reuniones de reflexión* (meetings for reflection) with the leadership of the peer-led health messenger network. Sex workers from around the country revealed that protecting themselves from HIV/AIDS required more than the acquisition of 'AIDS facts' and convincing arguments. In these meetings, the women began to tell their life stories and shared their inner fears and hopes. Discussions of poverty, abuse, loss, marginalisation and patriarchy were tempered with strategies for mutual support, empowerment, consciousness-raising, and collective action.

The women began to tell their life stories and shared their inner fears and hopes

As a group, the women asserted that condom use promotion and HIV prevention must be situated within the context of their daily realities and in order to do this, their daily realities must be told and heard. Thus began the sex worker run newsletter, *La Nueva Historia: periódico de la noche* (The New History: newspaper of the night), dedicated to breaking their historical silence and invisibility. In addition, educational activities were expanded, moving beyond HIV/STIs, to include an integrated set of topics such as reproductive health, gender and sexuality, violence prevention, and human, labour and legal rights.

In 1995, the first national congress of female sex workers was held in the Dominican Republic. This unprecedented event represented an important symbol of the process of personal and social empowerment the peer-led network of women had begun. The congress received considerable media attention within the country, given the sensitive political nature of commercial sex in the Dominican Republic. The following quote represents the thoughts of one of COIN's health messenger leaders, reflecting on the meaning of the congress. *"For many, this event is something curious, for others it is a technical exercise, but for us, this congress is helping us to realise who we are. We have hope that for the first time, society is going to consider us as human beings: as mothers, friends, and women".*[1]

As a result of this congress and an intense process of recruitment and mobilisation, a national union of female sex workers, *Movimiento de Mujeres Unidas* (MODEMU – Movement of Unified Women) was formed in 1996. While COIN continued to train and supervise peer educators, MODEMU began to develop its own programme objectives, including the integration of female sex workers into the process of democratic participation of the country. With funding from the Democratic Initiatives Program of USAID, COIN and MODEMU developed a new series of workshops and materials for sex workers around the country. These workshops combined elements of individual and social empowerment: by examining the importance of individual self-esteem as the basis for being able to recognise, promote and defend one's own social and legal rights and responsibilities, as well as those of one's com-

Condom use promotion and HIV prevention must be situated within the context of daily realities

munity and country. As a result of these activities, sex workers began to recognise themselves as leaders not only in the realm of HIV prevention in sex establishments, but also with regard to other health and social issues in their communities, neighbourhood associations, and political parties. HIV/AIDS, while still a top priority, began to be viewed by the women as a symptom of a larger set of social inequalities and injustices, which must also be addressed in order to curb the epidemic.

Environmental-structural support for condom use

By 1996, the average HIV prevalence among female sex workers in the capital Santo Domingo had stabilised at approximately 7%. However, HIV prevalence among sex workers from specific STI clinics within the capital and other areas of the country had reached up to 10%. Consistent condom use rates between bar-based sex workers in Santo Domingo and their new clients had risen from 67% in 1990 to 93% in 1996, while condom use with regular clients remained relatively low, increasing from 32% in 1990 to 50% in 1996.[2]

Seeking to fill these gaps in condom use, COIN became interested in successful condom promotion strategies used by other countries. In 1996 the AIDSCAP Project of FHI supported COIN to conduct qualitative research to test the acceptability and feasibility of adapting the Thai '100% Condom Programme' to the Dominican context. The Thai 100% Condom Programme utilised an environmental-structural approach to behaviour change by creating government policies and regulations mandating condom use in commercial sex acts, access to condoms, and sex worker attendance at regular STI screenings. The burden of compliance with these policies and regulations lies with sex establishment owners, who can be sanctioned by the government for their non-compliance.[3]

Results of formative research conducted with sex establishment owners/managers, sex workers, and clients from the Dominican Republic, revealed support for 100% condom use policies and regulations within female sex establishments. Sex workers encouraged the development of such strategies, asserting that they should not be the only parties held responsible for HIV/STI risk reduction and that the influence and support of owners and managers should also be mobilised. Establishment owner/managers stated that they believed having a '100% condom' establishment would be good for business. Clients confirmed this hypothesis, stating that they would feel more comfor-

Addressing self-esteem: a research project in Thailand

Most HIV/AIDS interventions aimed at sex workers are confined to HIV education and condom promotion. There are not so many examples of research-based interventions that explicitly address the crucial dimensions of self-esteem and self-confidence. A research project in central Thailand developed and evaluated an intervention that had as one of its objectives to enhance sex workers' sense of self-esteem and perceived future in order to strengthen their motivation to 100% condom use.[1] This choice of objectives was based on the pre-test survey results that low self-esteem, low knowledge about HIV and fatalistic attitudes were all found to be significantly related to inconsistent condom use.

The intervention involved three sessions arranged by health workers with small groups of sex workers over a two to three-month period. Two videos depicting various personal dilemmas from everyday sex work life were used in the first and the third sessions to focus attention and encourage discussion. The second session involved open discussion about the women's experiences. Also, audiocassettes with pop songs and health messages were distributed to the women for free. The scenarios for the video stories were written in consultation with a group of local sex workers.

The evaluation showed that over a one-month period the consistency of condom use increased from 66% in the pre-test to 86% in the post-test period. There was no change in the consistency of condom use in the matched control group.

The video and audiocassette package, including a user manual, is now being distributed by the Ministry of Public Health and the Bangkok Metropolitan Administration to health centres in Thailand. The Thai-language package can be obtained from Prof. Suporn Koetsawang, Institute for Population and Social Research, Mahidol University, Nakorn Chaisri, Nakhon Pathom 73170, Thailand.

Note

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Periódico de la Noche

La Nueva Historia

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Trabajadoras Sexuales Van al Diálogo Nacional.

table visiting establishments where they knew the women were required to use condoms and were periodically checked for STIs.[4]

Subsequent quantitative research was also conducted on the topic of environmental-structural support for condom use in Santo Domingo in 1998. This research demonstrated that sex workers from establishments with high levels of environmental-structural support (e.g. access to condoms, establishment-based condom use policies, and periodic monitoring by government health inspectors) were significantly more likely to use condoms, even with their regular clients, than those from establishments with low levels of such support.[5]

These studies indicated that both establishment-based as well as governmental policies regarding condom use may be effective in increasing condom use rates and decreasing STI/HIV infections among sex workers in the Dominican Republic. Thus, two models of an adapted version of the Thai 100% condom programme were developed specifically for the socio-political and cultural context of the Dominican Republic. In Santo Domingo a voluntary, solidarity-based approach to 100% condom use in sex establishments is being implemented, which encourages compliance through mobilisation and education of sex workers, owners/managers and other establishment staff, while in Puerto Plata a solidarity approach combined with government regulation and enforcement is being utilised. The goal of this new research is to evaluate and compare the impact of these two approaches to obtaining '100% condom use' in the Dominican female sex industry.

Two models of an adapted version of the Thai 100% condom programme were developed specifically for the Dominican Republic

Multiple causes, multiple approaches

In the Dominican Republic, sex workers, NGOs, and government officials have worked together for the last ten years developing a broad-based, participatory and holistic response to HIV/AIDS in the female sex industry. The initial peer education approach has been expanded to include community mobilisation and empowerment-based strategies, as well as environmental-structural approaches to change. Multiple approaches are being utilised to prevent HIV/STI among sex workers and their partners, as experience and data has shown that there is no one determinant of risk for infection (e.g. lack of information, low self-esteem, or lack of social support). Instead, there is a myriad of inter-related factors (e.g. individual, relational, socio-cultural, and environmental-structural) that influence HIV-related risk behaviour, all of which must be recognised and addressed in order to curb this epidemic.

Luis Moreno and Deanna Kerrigan

Notes

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LEGALISATION AND DECRIMINALISATION: *The Brazilian experience*

Since the very beginning of its activities, the *Rede Nacional de Profissionais do Sexo* (the Brazilian Network of Sex Workers) focused on prostitution-related Brazilian legislation matters. The Brazilian Network of Sex Workers consists, nowadays, of twenty prostitutes' organisations (NGOs) distributed all over the country. Our first newspaper, *Beijo na rua* – launched in 1987 – included a transcription of the Brazilian Penal Code, and also an article on our group's view of the matter.

The discussions on the theme are broad – and as it always happens within our group – controversial and complex. At our Leadership Meeting in Rio de Janeiro in August 1998, it became clear that there is no unanimity attitude or leadership consensus on the legislation. There is however a strong belief that the sex workers shall be ruled by the same rules that govern other Brazilian citizens.

As a matter of fact, three different points of view were identified within our group:

1. Legalisation: Prostitution shall be legalised as a profession, including all duties and rights inherent to the professional citizen.
2. Discrimination/decriminalisation: The Brazilian Penal Code, dated 1940, considers prostitution as a crime, not for the prostitute, who does not incur in any crime, but for the so-called agents (hotel, cabaret, and brothel owners), as well as for any other person working in or around the sex sector. For us, addressing discrimination means eliminating prostitution-related specific legislation from the Brazilian Penal Code, so that the same laws that rule all the Brazilian citizens govern all people working in and around prostitution.
3. Prostitution should remain as it is now, concerning the law, and the Brazilian Network of Sex Workers should concentrate on expanding the social rights of sex workers (regarding health care, violence by the police, et cetera).

The Network's co-ordination believes that the first two options are complementary: both the decriminalisation and the subsequent legalisation are required, so that we can focus our efforts on expanding the social rights of prostitutes, and on improving Brazilian society's sense of respect for sex workers.

Both the Leadership Meeting held in 1998, as the National Meeting held in Porto Alegre in 1999, have yielded outstanding results, and have shown that we increasingly need to provide the sex workers with information on the importance of decriminalisation and legalisation.

During those meetings we have noticed that, especially in some states in northern Brazil such as Ceará, the sex worker associations are extremely connected to feminist groups, and are also politically influenced by them. Actually, we have been historically facing a lot of problems with the feminists, who insist on victimising the prostitute, and consider all the people involved in prostitution as prostitutes' exploiters. As most societies, Brazilian society has always been morally opposed to prostitution. Obviously, many prostitutes incorporate this existing prejudice. Therefore, we find a lot of women who say that they hate to be prostitutes, and that they would be the happiest women in the world if they could leave prostitution. According to them, legalising such terrible activities would be immoral. Those women can be easily influenced, not only by the feminists, but also by those who believe that legalising and decriminalising prostitution is a truly absurd proposal.

In spite of all that, we certainly believe that our proposals have improved the situation of sex workers considerably. Our group is increasing its visibility in Brazilian society. We have already sent our claims to the Ministry of Justice, and the Penal Code reviewing process has already started. We are now planning to publish a pamphlet to be distributed among the sex workers, aimed at clarifying about legalisation and discrimination-related matters, and especially showing the benefits that legalisation would certainly bring to prostitution.

Prostitutes want to regain their citizenship rights

"My mother, Maria de Lourdes, is a prostitute, has successfully raised me and my three brothers, has paid for my University Literature degree, and has always loved and helped us. I have to say that I am the daughter of a prostitute so that people understand that I am fighting for my citizenship rights, as well as they are. […] Prostitutes search for plain citizenship, which includes both rights and duties, and to have access to information and mechanisms which ensures safety, health and respect".
Leila Barreto, co-ordinator of the Prostitute Women's Group in Belém do Pará

"The prostitute has a husband; she has children; she has a family. […] Nobody wants to have special rights or special care; they don't want to be seen as victims. They want to be respected as common citizens, common men and women. They just have a different profession".
Tina Rovira, from the NEP/Núcleo de Estudos da Prostituição (Centre for Prostitution Studies), Porto Alegre

"In the past, when diseases or epidemics occurred, the prostitutes were always the guilty ones, and the doctors were always after them. With AIDS, it was the opposite. We talked to the authorities, made our claims, and worked together with the government to prevent the disease. […] Self-esteem and self-organisation are extremely important as we dream of the prostitution legalisation utopia".
Gabriela Silva Leite, co-ordinator of the Rede Nacional de Profissionais do Sexo (The Brazilian Network of Sex Workers)

Statements of participants of the National Meeting 1999 of the Brazilian Network of Sex Workers, held in Porto Alegre, Brazil. 140 people from 13 different Brazilian states attended this meeting.

Source: 'Prostitutas querem resgatar cidadania' (Prostitutes want to regain their citizenship rights), newspaper article by José Mitcheli and Flávio Lenz in Jornal do Brasil, November 14, 1999, translated from Portuguese into English by Priscila Martins Celeste

Gabriela Silva Leite is a sociologist and a retired prostitute. She is co-ordinator of the Brazilian organisation Davida, which fights for civil rights of sex workers. She also co-ordinates the Brazilian Network of Sex Workers.

Translated by Priscila Martins Celeste

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Involving the police

In most countries sex workers have to deal with hostile police officers, who raid the sex work areas to arrest sex workers, and sometimes use violence against, threaten or even rape the women arrested. In Brazil it took the united sex workers many years to change this situation of maltreatment. During the National Meeting of sex workers organised by the Brazilian Network of Sex Workers which was held last year in Porto Alegre, two policemen from the Civil Police Force, and one major from the Military Police plus one transvestite and one prostitute debated together during the seminar's closing debate. The idea was to discuss everyone's rights and duties concerning violence and discrimination.

The policemen said that they have no prejudiced attitude towards the sex workers. But they were contested by prostitute Renata Silva and transvestite Cassandra Fontoura, who reveiled the policemen's arbitrary behaviour in the streets. Renata said that she had been "robbed and forced to have sex with a policeman". She also said she was "persecuted, and could not work for three days". Cassandra also talked about extortion, and said that many clients are afraid of public exposure. According to her, there is a 'file' containing pictures of all transvestites. "We want those pictures back or destroyed", she said. "We are not criminals".

Little by little, the authorities recognised the problems they really face, "we could say that 10% of the policemen are bad policemen". But they went even further, and have stimulated denouncements and social organisation. Tina Rovira, co-ordinator of NEP/Núcleo de Estudos da Prostituição (Centre for Prostitution Studies), said that when the organisation was born in 1989, its purpose was to offer services in the AIDS prevention area, but it was not able to call the attention of the prostitutes, because at the time, they were terrified by the police and violence in the streets. "Since then, there were significant changes, based on social pressure, organisation, political support, denouncements and courage. Now we are finally able to bring police authorities to a debate".

Source: 'Prostitutas querem resgatar cidadania' (Prostitutes want to regain their citizenship rights), newspaper article by José Mitcheli and Flávio Lenz in Jornal do Brasil, November 14, 1999, translated from Portuguese into English by Priscila Martins Celeste

Empowerment for sex workers?

Notes from the Philippines

Working with women in the Philippine sex industry over the past six years, I have heard a lot about 'empowerment', but see little in terms of empowering programmes and policies. Part of the problem involves defining 'empowerment': the concept relates to one's ability to make choices, where 'choice' entails the possibility of alternatives when it comes to 'strategic life decisions' regarding livelihood, marriage, etcetera.[1] This involves personal agency both in making these meaningful decisions and being able to act upon them. However, agency and empowerment occur in a social setting where there are others who are also interested in furthering their own interests, often exerting agency and power to the detriment of others. It is this overlap – both between individual actors and also encompassing social responsibilities – that makes empowerment so difficult to realise.

In addition to these basic problems of social interaction, there are the specific nuances of sex work that also complicate matters. As a form of labour, there are always going to be tensions between employer and employee, as well as demands of consumers, yet the illegality of this enterprise means that sex workers have difficulties organising or seeking redress in cases of abuse. Furthermore, the stigma associated with this activity informs and structures sexual identities that are fluid[2] and 'fictional'.[3] Few women want to identify themselves as sex workers/prostitutes because society does not accept female sexual autonomy in any form (even if it is based on economic survival). The 'prostitute-as-victim' becomes a palatable alternative, embraced by both social critics as well as sex workers who do not wish to challenge the dominant discourse that rationalises their actions on the basis of moral considerations. Yet such an identity limits female empowerment because the ideology of victimisation (whether due to violence, poverty, or other forms of 'masculine' domination) requires – and thus, in many cases, creates – a subject that is disempowered. Rather than addressing concerns of sex workers, society attempts to eliminate prostitution through repressive measures.

The ethnographic encounter

Living in the age of AIDS, research and other programmes focusing on sex work have multiplied recently, however theories concerning sexuality and power in these relations have not been incorporated into many of these studies (especially in the literature concerning AIDS). Prevention efforts have concentrated on condom use, yet it is evident that the messages do not have much of an impact in this setting.[2]

In spite of the idea that education fosters empowerment, the power of researchers and public health personnel has done more to obscure what is happening in terms of sexual practices than actually alleviating the problem of AIDS and other STIs. It quickly became apparent that much of what women described to me was completely different from what they told others who were conducting similar studies. Condom use is claimed much more than actually applied because women know the 'correct' response to such questions. This discrepancy is the result of procedures in public health that require a disparity in power to modify people's actions (in this case, imposing the idea of 'safe sex' on others). Research is almost always structured according to existing hierarchies of power where methods are developed to meet the requirements of the researcher instead of addressing the interests of

The language of research indicates who has power and who does not

the target population. The location of research also reflects this disparity in power, as it is easier to collect data in a clinic where sex workers are required to go for weekly examinations, but this is not conducive to fostering trust required in gathering sensitive information. Such are the dynamics of power in the research setting, where the idea of 'empowerment' is usually limited to 'participation' (as in completing a survey) and/or providing 'a voice' to the object/person of investigation. However it is usually the interests of the researcher (and his or her limitations) that mediates this participation/voice to reflect the dominant ideology – in this case, the medico-moral approach to AIDS prevention that focuses on behaviour modification. Even the language of research indicates who has power and who does not: sex workers know that they must 'submit' to medical examination and social surveillance (even where officials say such participation is 'voluntary'), and they must be 'compliant' to the demands of public health. It is no wonder that the information gathered in many studies is of questionable validity.

The objective of my research since 1994 is simply to learn more about the lives of women in a small segment of the Philippine sex industry: this includes boyfriends/customers, families, establishment owners/managers, government/health officials, and anyone else who has an impact on their daily activities. Such an approach is necessarily participatory since the issues are not of my own design – I try to be attuned to what the women themselves deem meaningful or important. Rather than formal interviews, my discussions in the research setting are dialogic, as people often ask the same questions concerning my own practices, ideas and desires. Research takes place in a setting where participants feel most comfortable (at home or work); often they are surrounded by friends or relatives who can provide support, or even add to the discussion. This builds trust, but also provides an intersubjective basis for understanding complex situations: by sharing your own emotions and ideas, one can empathise with common histories as well as appreciate the differences and contextual diversity of our experiences in life. As a graduate student in anthropology, I cannot offer much to the women I work with, other than occasionally pay for their time. What they appreciate most is my friendship: knowing that I care about them as people (after six years, I am still there), knowing they have something to offer other than 'data' (they check my research proposals and manuscripts as well). Empowerment does not require extensive programmes with large budgets; encouraging words, compassion, and an understanding of their lives in the sex industry without judging their actions is the first step toward increased self-worth and self-esteem.

Who is empowered?

Empowerment is a nice idea that has become part of the mainstream development discourse, but it begs the question 'who is actually empowered?' There are numerous NGOs that receive money to conduct research and provide assistance to sex workers in terms of health, education, etc., but whose interests do they really represent? Many programmes in the Philippines are designed to remove women from the sex work setting – to rehabilitate them so they can re-enter 'normal' society – but what programmes are available for those women who 'choose' sex work? Advocates for the abolition of prostitution counter that women really have no choice because poverty 'forces' them into this occupation. But this is the type of rhetoric that serves to disempower many sex workers (and empower those advocates instead) because it is based on the false supposition that there is no other logical reason to work in the sex industry. Payroll data from bars in which I work reveal that most women make as much or even less than they would at some other available occupation (factory work, retail sales), and sex workers themselves dismiss the importance of money in their occupational decisions. Indeed, most have previous experience in these other jobs, and describe the work setting in the go-go bar as 'exciting', 'fun' and 'comfortable' compared to life on an assembly line. Empowering young women entails offering appropriate education and training as well as improving working conditions and labour laws to provide alternatives that would make sex work less attractive, rather than focusing on moral issues that place

Do we really want empowered sex workers?

undue burden on those who choose prostitution as a means to achieve their goals.[4] The 'choice' of working in the sex industry remains incomprehensible to many looking in from the outside, and so the differences in aspirations and desires between sex workers and 'proper' Filipinas has been misinterpreted as a form of inequality.

Thus, we have to ask ourselves 'do we really want empowered sex workers?' An empowered sex worker is someone who will most likely hand back a blank questionnaire, or walk out of the examination room when asked to provide a blood sample for an HIV test. S/he is someone who might say that s/he enjoys the lifestyle, and does not want 'help' to get out of prostitution. S/he would ask us researchers to pay for her time, or leave her alone. When s/he does finally have the courage to express herself, we (the so-called 'experts') denigrate her as suffering from 'false consciousness', or being under the influence of a pimp/manager simply because her choices are different from our own. This is why empowerment for sex workers will always be difficult to realise: because those of us with power are rarely willing to let someone else take control – even if it is over their own lives.

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Notes

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To have the power to put knowledge into action

The 'jai' of Thai sex workers

Empower is a Thai organisation running drop-in centres and outreach programmes with women working in the sex industry in Bangkok, Chiang Mai and Mae Sai. The first centre was opened in 1983 in response to requests from sex workers in Patpong (Bangkok's famous go-go bar area), to have a place and a space, somewhere to go and relax, meet friends, study, share experiences and exchange information.

The services offered by the drop-in centres have practical value but also enhance the women's self-confidence and ability to take some control over their lives, individually and collectively. There are daily classes in Thai, English, typing, computer, and other Non-Formal Education lessons. The women can also get advice on legal and health matters. Once a week the women at each centre come together for a workshop on different issues; once a year some of the women from all centres come together for an annual general meeting. The health workshops may cover contraceptives, immune system functions, and reproductive anatomy. Guest speakers are invited to explain new trials or research projects, for example AZT and pregnant women, and the development of microbicides against HIV infection. In other workshops the women role-play such activities as questioning a doctor on the drugs he/she is prescribing, or techniques for safe sex practices. Members of the community who have attended national or regional meetings such as of the Asia-Pacific Network of Sex Workers report back to the group to involve all its members in these wider networks. Workshops are also opportunities to voice fears, angers and expectations.

The focal point of empowerment

In a recent workshop the Empower community prepared our thoughts for this article. What does empowerment mean to us? How is it achieved? The words the women used to express empowerment in Thai were predominantly composed of phrases using *jai*, the heart:

- *Caoa jai*: understanding what is happening around us and why it is happening
- *Kamlang-jai*: will, support
- *Man-jai*: self-confidence
- *Taksinjai*: decision-making

Jai – the heart – is the focal point of empowerment for Thai sex workers. It is described by building a community spirit through real commitment by all players in the process. A community with a heart, to identify the injustices and be prepared to change them. A community with continuity because it is not about one or two individuals with a dream or a research project, but about a community of workers committed to improving the conditions for themselves and for the next generation, about a community of women committed to improving women's status for themselves and their daughters.

Empower was started before HIV was an issue, but as soon as HIV was there we knew it would be an issue. Not because of the work women do but because of the conditions in sex work in Thailand, because of the

attitudes towards sex workers. But HIV did not mean that we had to change our strategy. Improving women's self-esteem and self-confidence, improving working conditions, decreasing stigmatisation and discrimination were already strategies in place for women's safety and empowerment. HIV prevention programmes merely added another topic, not another strategy. We have said for so many years: knowing how HIV is transmitted is extremely important, knowing that condoms help prevent transmission is essential, but not having the power to insist on that protection is frustrating and frightening. All our activities aim for women to have the power to put the knowledge into action.

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In the words of the sex workers, these are some of the ways that Empower contributes to that empowerment process:

- *"The first day, when I walked into the centre, I smiled within myself. This was my place".*
- *"When Empower staff came to my bar on outreach, they talked to me as equals. I came to the centre the next day".*
- *"I was afraid to come to the centre. I waited at the end of the road and watched. Did women come and go freely? When I saw them leaving, laughing, having fun, I had the courage to go down the road".*
- *"Others tell me I have no worth. You are just a woman, why study? But here there are only women studying".*
- *"Although I loved to study Thai at Empower, I dreaded the workshops. I was afraid to express my thoughts. I sat quietly and watched in awe as other women participated without fear. Finally after six months, I was confident to join in".*
- *"Now I not only have the chance to discuss working conditions with other sex workers locally, but I also meet sex workers from other countries. I learn about the laws and policies".*
- *"I went to a meeting with lawyers, the police and bar owners to discuss the changes in the entertainment law. The new law gives women who work in bars protection under the labour laws. We've been asking for that for a long time. I am so happy that we are now part of the decision-making process".*
- "I attended the human rights training at Empower. On the first day women who had been denied the right to education, to citizenship, to fair working conditions were sent out of the room. We all felt really bad. Why doesn't society feel really bad? We had to work out ways together to change that situation. So they could come back into the room we first had to go outside with them".
- "On World AIDS Day we join together with other NGOs to put on activities in town. We want to share our knowledge with other people. We want them to know that we are a community that also gives".
- "Before, I did not dare to tell people that my clients would not always use condoms. The 100% Condom Programme made it sound so simple. I thought there was something wrong with me. Now I know that it is all part of a bigger picture of power and control. Now I can say how difficult it is and together we can find strategies not only to insist on condom use, but to insist on all our rights".
- "It's like a spiral. We came here; we gained a little confidence. Visitors from the Health Department came here to listen to us. We gained more confidence. Other women saw our confidence and asked us for advice on their problems. We felt our worth. We go to meetings and we learn and we share. Our voice is heard. We start to become part of a bigger community".
- "I was followed and harassed on my way home from work. The police laughed at me for complaining. We started a group to discuss violence against women. Now I know it's not just my problem, not just a sex workers' problem. But wow, my head hurts. How do you change all that?"
- "I know some visitors come to Empower and are surprised. They are surprised to find us sex workers studying, having fun, talking about rights, helping each other. There are a lot of assumptions made about us. Most visitors have to question their assumptions, even after one short visit to Empower".

The Em- of Empowerment:

Injecting pride in unwilling subjects?

The verb empower is transitive: someone gives power to another, or encourages them to take power or find power in themselves. It is used among those who want to help others identified as oppressed. In Latin America, in *educación popular*, one of the great cradles of this kind of concept, the word itself didn't exist until it was translated back from English. To many people, if they know it at all, the word *empoderamiento* sounds strange. It is an NGO word, used by either volunteer or paid educators who view themselves as helpers of others or fighters for social justice, and is understood to represent the currently 'politically correct' way of thinking about 'third world', subaltern or marginalised people. But it remains a transitive verb, which places emphasis on the helpers and their vision of their capacity to help, encourage and show the way. These good intentions, held also by 19th century European missionaries, we know from experience, do not ensure non-exploitation.

In the current version of these good intentions, 'first world' people and entities use their funds to help or empower those less privileged in other parts of the world, or more educated, higher class people do the same within their own country. They spend money to set up of-

fices and pay salaries, many to people who remain in offices, often engaged in writing proposals that will allow them to 'stay in business'. These organisations have hierarchies, and those engaged in education or organisation at the 'grass-roots' level often are the last to influence how funds will be used. Those closer to the top, who attend conferences, live in Europe or have career interests in the organisation, know how proposals must be written to compete in the crowded funding world. This condition of structural power should not be overlooked by those concerned with empowerment, who more often view themselves as embattled, as *non*-government, as crusaders situated 'against' conservative policies. Yet, when a concept like empowerment comes from above in this way, we needn't be surprised at the kind of contradictions that result – literacy programmes that don't keep people interested in reading, AIDS education that doesn't stop people's refusal to use condoms.

The 'identity' issue

To empower me as a sex worker you assume the role of acting on me and you assume that I see myself as an individual engaged in sex work. If I don't see myself this way, then I am disqualified from the empowerment project, despite your best intentions. The 'identity' issue here is crucial; funders and activists alike are currently interested in valorising cultural and individual differences. While it is a great advance to recognise and 'give voice to' human subjects who were before marginalised or disappeared, the problem remains that if you want to inject pride in me that I am a worker and supporter of my family and I don't recognise or want to think of myself that way, the advance won't occur, in my case.

But, you say, those are the real conditions; we live in a world of funders and partial successes. We're doing the best we can, and we acknowledge that these empowerment projects often fail. Since it is to no one's benefit that successes be *quite* so partial, let's consider whether there is any way which this empowerment concept might be conceived differently, forgetting for the moment the funder and his funds.

The outsider

In *educación popular* (people's education, popular education), in programmes sometimes called *capacitación* (skills-building, capacity-building), people get together to talk, sometimes with the encouragement of a person from 'outside'. This person might be called an *animador/a,* facilitator, educator or cultural worker, her or his job is to facilitate conditions where subjects might realise they have a problem in common which, if they acted together, they might be able to move toward solving. I'm describing a very fundamental, 'pure' version, perhaps, now complicated in many places in many ways by different histories, international contacts, hybrid forms. Still, it is worth considering what the most basic idea always has been.

Here, the most the outsider does is provide the suggestion of a time and place, with perhaps a very basic reason for getting together, perhaps just 'meeting neighbours'. Who finds out about this meeting? Everyone who lives there, if it is a village or small neighbourhood and people talk to each other fairly freely. Letting people know can be an important task of the outsider. Sometimes, in larger places, an 'identity' is targeted, but it can be a very general identity, such as everyone concerned to improve conditions in the community.

The educators/animators *might* suggest the group talk about a topic such as how to get running water, bus service or rubbish collection – topics of concern to everyone, including sex workers. Or they might present a question – such as why everyone is talking about migrating to work somewhere else – and hope people will respond. But if they don't, and if nothing seems to happen, their job is to resist the temptation to push the conversation. The hope is rather that if people feel free to talk, they will eventually, if only to see if anyone else shares their feelings. This process can be extremely slow and even invisible, and no money or materials from outside are required. The profound assumption is rather that people themselves *already* know a lot – what they want, what they need. If they agree after some time that a technical fact or help is needed that none of them possess, then they might feel 'empowered' to search for that fact in the outside world.

Does the 'outsider' actually need to be there during this process? The answer depends on the person, on how quietly encouraging he or she is, on how patient and undisappointed if the group doesn't 'take off', doesn't agree on anything or agrees to a programme the opposite of what the funders want.

Can this vision be applied when funders seem concerned solely with the sex organs of people assumed to 'identify' themselves as sex workers? If educators *must* 'target' prostitutes as those who come to a meeting? Perhaps, if the same kind of mostly undirected sharing of experiences is encouraged. Many times sex workers will then be heard to discuss not sex, clients and condoms – the topics always brought up by funders – but all the other aspects of their lives, which are *not* peculiar to them as prostitutes. They might talk about a new song, a new dress, a new club – or a new idea for getting together to protect and help each other.

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Some empowerment-related websites

Links to most US-based sex workers' rights organisations and support groups (like the North American Task Force on Prostitution, PONY, COYOTE etc.) can be found on the website of the Prostitutes' Education Network (PENet): www.bayswan.org.

Also on the website of the Network of Sex Work Projects (NSWP) there are many links to rights and support groups: www.walnet.org/csis/groups/nswp as well as on the website of Lifeline Sex Work Project, United Kingdom: www.lifeline.demon.co.uk/sex/sexwork.html

Other sites:

Sex Worker's Alliance of Vancouver: www.walnet.org/swav

Zi Teng, Hong Kong: www.dg21.com/~ziteng

Durbar Mahila Samanwaya Committee (DMSC), Calcutta: www.walnet.org/csis/groups/nswp/dmsc/index.html

TULIPS (Taipei Union of Legal and Illegal Prostitutes for Self-help), Taiwan: www.walnet.org/csis/groups/nswp/tulips

Prostitutes Collective of Victoria, Australia: www.arts.unimelb.edu.au/amu/ucr/student/1996/m.dwyer/pcvhome.html

Sex Worker Education & Advocacy Taskforce (SWEAT), South Africa: www.walnet.org/csis/groups/nswp/sweat/index.html

Empowered sex workers: Do they exist?

Sex workers are often viewed as victims, sinners, drug addicts, derelicts, undereducated and the dregs of society. The idea that empowerment could exist within this world, other than as a means to propel someone out of the industry, is a difficult concept for many to grasp. Equally difficult is the idea that some women may like certain aspects of their work, in addition to the money.

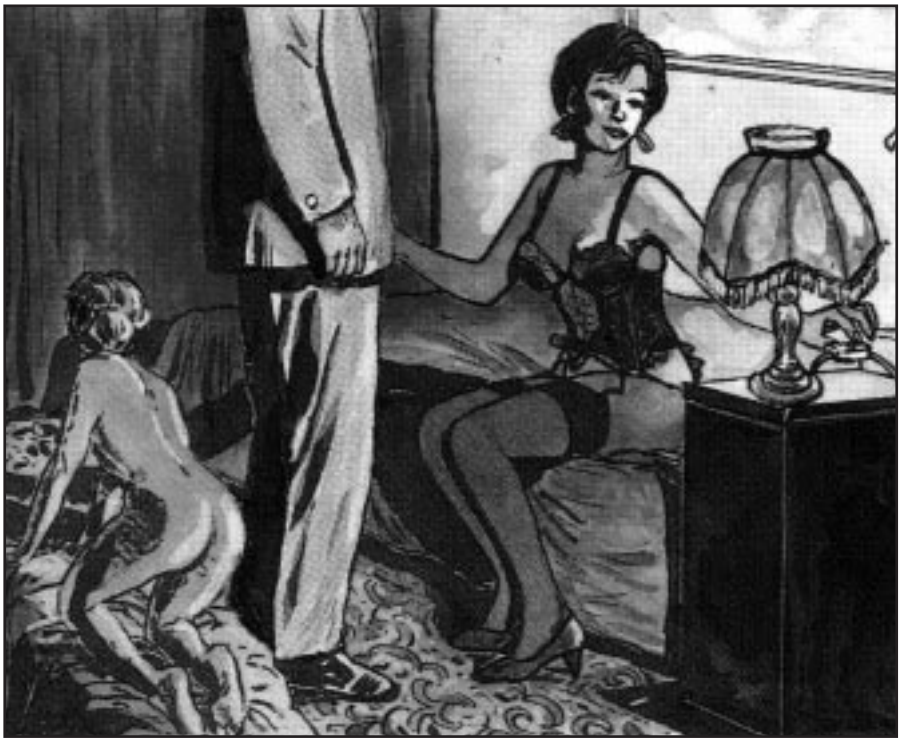
It is a common belief that low self-esteem occurs among all sex workers, whether they were forced into the profession or not. Clearly, as the Network of Sex Work Projects pointed out in the 1995 Beijing UN Women's Conference, there is a real difference between those who enter sex work voluntary versus involuntary. Working in tandem with the Human Rights Caucus, a handful of representatives from the Network of Sex Work Projects successfully revised the Platform for Action to make this distinction.

Self-esteem

Like most things, myths abound in the sex industry. Could a woman really like being a sex worker? Could they feel good about themselves doing this work? Diane Prince's 1986 PhD thesis, *A Psychological Profile of Prostitutes in California and Nevada*, found call-girls and brothel workers in these US states had higher self-esteem than before they became prostitutes. Ninety-seven percent of call-girls liked themselves 'more than before'. Clearly, if financial independence is the goal, some sex workers may find the work offers them a means to an end, and in so doing, feel better about themselves for being solvent. But truly, if one works the street to support a drug habit, this has got to be the lowest form of life a woman could imagine. No woman could possibly like that. Or could they?

As a person who has worked in the field of AIDS for over 16 years and has been doing intensive 'Sex Positive' workshops[1] with HIV-positive men and women for over six years, I began to see that how sex work is viewed by society at large, and how the sex workers can view themselves, can be very different. I was surprised the first time I had a former sex worker tell me that the most power she had in her life was when she was working the streets. *"Long after I had dealt with my addiction to drugs, I still fantasised about my years as a sex worker. I never had such power before or since as I did in those moments just before a man would come. For those five minutes, watching his knees shake and turn to jelly, I had him. He was mine. I was in total control"*. Was she an anomaly or did other sex workers share similar feelings? It didn't take long for me to hear similar comments from other former sex workers, both male and female. Not only did they share some aspect of enjoying the power they felt in either controlling how men looked at them, or responded to their touch, but being able to charge them for their services was another boost for some. As the noted sex worker Carol Leigh, also known as Scarlot Harlot, pointed out, *"When I made my first 35 dollars for a blow job, I could not believe it, what a thrill – 35 dollars for a blow job. This was amazing for me, it's a high"*.

The most power she had in her life was when she was working the streets



Tricks of the trade

It has been very interesting observing HIV-positive women with a sex work background as compared to the positive women without this experience. Because of the criminalisation by society, those who were sex workers are not so willing to be open and discuss in groups what their experiences had been, let alone about the fact that some of them missed the power they felt they had experienced during those years. One woman even asked in private if I thought she was nuts because she still missed aspects of her old profession. However, in conversations where women discuss what men like, the former sex workers take on the air of the authority, often chastising the other women for not willing to please their men. In some way, they still seek that power they experienced when they were in the dominant position. Almost within a single sentence, a former sex worker can describe feelings of inferiority because of her background but switch to the authority when the topic turns to what men desire. As they describe how they brought men to a climax, their entire appearance changes. There is a level of control and energy that was lacking before. In more than one workshop, where all participants feel safe, the women will sometimes ask the sex workers for 'tricks of the trade'. This is incredibly empowering for some of these women as they realise they do have something to offer to others.

As I began to work with more women who were sex workers, I felt a need to understand the industry well beyond that set forth by the feminists, the moralists, the police and mainstream society. Reading the work of sex workers such as Carol Leigh, Annie Sprinkle and Carol Queen, gave me some real insight to how varied the world of sex work is and how in control and confidant some sex workers actually can be. Carol Queen, in her book *Real Live Nude Girls* describes her reasons for going to work in a peep show as follows, *"I wanted the job because my lover and I like to talk dirty. At the Lusty, I knew I would get lots of practice. And because I love to watch men jack off. And because I love to hear about different people's sexual turn-ons. I revel in all our various stories and experiences. I'm a sexual anthropologist at heart, kind of a high-faluting voyeur. Besides, where else could I have completely safe sex with dozens of guys a day?"* Clearly, this is a woman who enjoys her work and is in control. Again, she reflected some of the comments I was hearing from the women I worked with about power.

Sense of power

One needs only to go to the website of the Prostitutes' Education Network (PENet, see box on page 16) to realise that there are sex workers who are empowered, have very high self-esteem and very much want to see sex work recognised as a legitimate job. After all, a quick read of any history of prostitution will show that at some points in many societies, prostitution, the world's oldest profession, was considered a noble one. There are many sex workers who would prefer to be recognised as making a valuable contribution to society, as opposed to being deplored by feminists, the police and the neighbours. To that end, in the USA a number of groups such as COYOTE and PONY have been formed to address the needs and rights of women and men who do voluntary sex work.

The sex workers I work with are not writing books, actively participating in the Prostitutes' Education Network, or appearing on daytime television. They may not have the ability to proclaim from the housetops what their profession has been, but a number of them certainly miss the power and control they once experienced.

I have found that it is important to honour women for their backgrounds, be it sex work, addiction or sobriety, failed marriage or happy marriage. It is their history and they're alive. Being alive and in control is a much better place to work from than being a victim.

While it is important not to think that all women enter the sex business with the same sense of empowerment of the women who founded organisations like COYOTE, it is also important to recognise that sex workers, even if they come to the profession from an addiction background, can obtain a sense of power, even if it only lasts for five minutes.

Erotic and safe

Through exploring the writings and films of a number of people in the sex industry, I have found a number of books, pamphlets and videos which are incredibly helpful in teaching a Sex Positive perspective that is highly erotic and safe. My current favourite video, to show honouring and joy in women's sexuality, is Joseph Kramer and Annie Sprinkle's 'Fire in the Valley: Female Genital Massage'. The women who attend my various workshops know that I do not denigrate sex work and in fact have been grateful for the work of women like Annie Sprinkle, Carol Queen, Nina Hartley and Carol Leigh. This point is never lost on the former or current sex workers that I work with. Consequently, it allows them a safe non-judgemental place to explore who and what they are and how they want to move forward.

Whether one agrees or disagrees about the value of sex work in society, it has been a fact since Adam took the first bite of the apple. For those of us who are in the field of HIV prevention, we need to recognise that power and control do play a role in sex work. We need to acknowledge this and use it as a means to help these women to protect themselves.

Margo Caulfield

Note

1 These workshops have evolved from 'Safer Sex' to 'Sex for One or Two' to 'Healthy Loving' to the current title of 'Sex Positive'. There are workshops on sexuality for heterosexual couples where one or both partners are HIV-positive, for women who are infected with HIV and/or chronic hepatitis, and most recently, for seniors.

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Migrant sex workers in the Netherlands speak out

From the interviews with migrant sex workers in the Netherlands recorded by staff members of TAMPEP (Transnational AIDS/STD Prevention among Migrant Prostitutes in Europe/Project) Licia Brussa, director of TAMPEP the Netherlands, selected the following statements. Brussa: "We have chosen to give the word to women, in this case, Latin American and African women who are working in the window prostitution in the city of Alkmaar, the Netherlands. We have chosen to report straight from the statements of sex workers themselves, because we believe that this form of reporting and informing is the most suitable to translate what women say and believe. In doing so, we do not run the risk to reinterpret what is not supposed to be reinterpreted but to be listened to."

About our health: "The more we get informed the more we get aware"

Our opinion about prevention and information:

"Health information has taught us how we (ourselves) can take prevention measures (prevention is in our hands)".

"Many women do not know what they do. All women should know the risks of this profession. I believe that each woman should be informed on sexual diseases and about sex itself."

"The more we get informed the more we get aware. A little bit of fear doesn't hurt; one says the more we live the more we know".

And what about AIDS:

"I know that AIDS is mortal. You can transmit AIDS through blood and sex and we all should be very careful".

"There are various types of venereal diseases... and now there is this terrible one, AIDS. It is a disease that causes lots of suffering to whom is affected and to the family, it is a disease that you cannot notice from one's face".

"In the very beginning of my staying here I had been working for almost six months without using condoms. I didn't know, at the time I left my country AIDS was barely known".

"More money? I say to him: my darling! Money cannot solve my problem; money cannot give me my life back. He tells me that he is healthy. I answer that I am the one who could have AIDS, but he doesn't know it".

About our work, our lives: "Sometimes it's okay but some other times it is just too much".

Did we know what to expect? Did they tell us anything about it?

"I was told how it works here and that one would sit or stand at the shop window. They gave me some information and I accepted the job".

"I didn't know, they just gave me an idea, that it would be in prostitution, that it paid good money. But I had never done it before. Therefore, in the beginning it has been difficult, very difficult".

"Yes, before I came they had told me about it. For my daughters I would do anything".

How do we feel at our workplace; do we like it here?

"I am independent, I don't say more than is necessary, I don't depend on others, I don't get involved in unpleasant things, I avoid aggressive persons".

"I am strong, I know what I'm doing and I don't have any problems".

"Sometimes it's okay but some other times it is just too much and I cannot do it".

"At times I don't even feel like getting myself ready to stand at the shop window".

"Here there is nothing nice, only the money we earn".

"I detest doing this work".

About our customers:

"I don't care what they ask, everything depends on the money".

"If I worked only with those that I like I wouldn't earn enough money".

"I'm quite alert and I know how to deal with people. One should be a bit like a psychologist".

"I've heard that some girls have been murdered. Any time a man comes in, I am always afraid that he would force me to do something that would hurt me".

What do we want from our future? How do we see our future?

"After I have earned enough to build a house, to buy a car, I won't go on doing this work. I have my objectives. I know very well what I have to spend and what I do not have to spend".

"I would like to stay here, because in my country there are lots of economical problems and there is a lot of instability. I don't want to do this work for all my live: I would like to have more chances and to study".

"I would like to work legally in a factory or somewhere else, I would like to settle here. I would like to have a quiet life for my children and to offer them good education".

"I would like my children to come over here. I do not want to stay on the streets. I would like to have an honest job".

Vietnamese sex workers in Cambodia

During the UNTAC (United Nations Transitional Authority in Cambodia) peace-keeping mission in Cambodia (1992-1993) sex work developed rapidly into a major economic activity in Cambodia. The presence of so many male personnel from all corners of the world created a demand. In that period many Vietnamese women migrated to Cambodia to work in the sex sector. Because sex work is not allowed in Vietnam, women from Vietnam who wanted to make a living in the sex sector saw going to Cambodia as an opportunity. In stark contrast to Vietnam, sex work at this time – although illegal – flourished in the cities of Cambodia. Also, Cambodia is perceived to be wealthier than Vietnam among those Vietnamese women who consider entering sex work.

Despite anti-Vietnamese feelings in Cambodia, Vietnamese sex workers are popular among both Khmer and Vietnamese male clients. Vietnamese sex workers are generally perceived to be more sexually able than their Khmer counterparts and are considered to be more beautiful, particularly because of their paler skin. In its peak period, it was estimated that there were 20,000 to 25,000 Vietnamese sex workers in Cambodia. Nobody knows the present number, but it is still high.

Migrant populations

CARAM (Coordination of Action Research on AIDS and Mobility) is working with migrants. Migrant populations are more vulnerable to HIV infection because they have less access to life-saving information, essential services and support systems. The simplest explanation for this is the fact that they often do not speak the local language. Among others, CARAM Cambodia works with Vietnamese sex workers in the country. Through research CARAM tried to find out how being Vietnamese made these sex workers more vulnerable than their Khmer colleagues. We tried to understand what potential interventions could be effective in empowering them and improving their situation.[1]

The power of the Vietnamese sex workers is among others dependent on their dependence from others. Though some sex workers arrive in the city alone and on a voluntary basis, others have been accompanied on their journey. Still others have been trafficked and deceived into the journey, and eventually sex work. Accordingly, the path of migration involves, from the very start, differing degrees of choice and autonomy. CARAM Cambodia distinguished between the following forms of migration of Vietnamese women:

- making a decision to enter the sex work industry and migrating alone
- making a decision to enter the sex work industry and migrating accompanied by a family member
- making a decision to enter the sex work industry and migrating accompanied by a paid guide
- migrating for economic reasons and entering the sex work industry after arriving in Phnom Penh
- deceptive enticement to migrate for economic reasons, which culminated in sex work
- coercion to migrate and to work in the sex work industry

The research showed that trends of rural to urban migration (internal and external) are increasing on a national and regional level. The migration process itself can make the women vulnerable to exploitation, travelling through a country that they know little of. Once they arrive in the city, the lack of support networks can leave migrant sex workers even more vulnerable, and once they cannot find work, they are more likely to enter sex work. The conditions within the brothel, the threat of violence from brothel owners or clients, the threat of sexual abuse, and the lack of freedom to leave the brothel to access health services, all entail a very high risk of HIV/AIDS infection for sex workers.

Negotation skills

Many of the sex workers are very aware of HIV/AIDS, and the problems that they have persuading clients to use condoms can be distressing to some of them. Yet, many of the Vietnamese women that CARAM interviewed came to Phnom Penh to pay off a specific debt, which in the majority of cases had been created because of health problems within the family. Many of the women, however, kept their professions secret, stayed within the Vietnamese community, felt reticent to approach Khmer health services, and aimed to make as much money as possible before returning home. They also hoped to be able to resume their lives once they arrived. The identity of sex workers can therefore be assumed and left, and many women are keen to leave it quickly. This seems to impact on their health. Condom use is only seen as relevant when the women are 'in' the identity of being a sex worker, but not when they are in a relationship. Besides, medicines are costly and access to them is often controlled by the brothel owner.

More disturbingly, most of the negotiations regarding condom use are with clients who appear to have awareness of HIV/AIDS, but for a variety of reasons still refuse to use condoms. The negotiation skills that are required are extensive, and it is difficult to imagine how Vietnamese sex workers manage to do it, with their limited language abilities.

A significant risk factor to the sex workers is their own attitude towards their circumstances. While many of them argue vociferously for their own protection, and are adamant that they will not have sex with clients that do not wear condoms, others show a fatalistic attitude, and seem to feel that they are powerless to change their own life circumstances. Low social status hampers their attempts to do so.

Though problems like police crackdowns have an impact on Vietnamese as well as Khmer sex workers, some conditions make the power situation of the Vietnamese sex workers worse. Power is related to control over language, knowledge of the physical surroundings and access to support mechanisms. Vietnamese sex workers lack this. Empowerment of Vietnamese sex workers should include mechanisms to overcome these problems. Together with groups of Vietnamese sex workers CARAM Cambodia has developed interventions that empower them through strengthening their communication skills, providing better access to information, better access to services, strengthening their support systems and – in co-operation with CARAM Vietnam – the development of pre-departure programmes in the communities.

Mony Tep and Salon Ek

Note

1 The report of this research is titled *Crossing borders, crossing realities. Vietnamese sex workers in Cambodia*, CARAM Cambodia, 2000. It can be requested at the CARAM office.

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NO STRAY DOGS

An empowerment programme in Sri Lanka

The Community Front for Prevention of AIDS (CFPA) was the first organisation in Sri Lanka that started to address the issue of empowerment of sex workers in the early 1990s. One of the components of the awareness programme implemented by CFPA with the financial support from USAID was to train sex workers as peer educators. After a KABP survey conducted by Dr Joe Weeramunde of the Department of Sociology, Colombo Campus University of Sri Lanka, a three-phase empowerment programme was set up, which is described in this article.

Based on the information collected during the survey it was decided to focus the programme on the personal empowerment of sex workers. Training programmes were conducted at three beach locations in a southern province of Sri Lanka where both female as well as male sex workers predominantly operate. The pimps and partners too were involved in the programme. The sex workers were made aware of their sexual health and of the importance of condom use. We also made them aware of the legislation surrounding sex work and in return, they contributed by informing us about the kind of risky encounters they were challenged with as sex workers.

During the training sessions we focused more towards developing their self-esteem. We felt it to be a positive approach to ask them to pay more attention to their personality: the way they dress, their language skills etc. Our aims were to minimise their risk behaviour by promoting their personality growth. Since clients who are able to pay a reasonable fee always prefer a well-dressed sex worker to accompany them rather than a shabbily dressed person,

Our aims were to minimise risk behaviour by promoting personality growth

dressing nicely can increase the amount of money that can be negotiated by sex workers for each sexual encounter. The incomes earned by so-called professional sex workers, who operate from five-star hotels, are hundred times more than a street worker can earn. As a result, those who work for high-class clients negotiate their fee and reduce the number of encounters. The results of this approach were very encouraging and we managed to reduce the number of risky sexual encounters to a great extent. For instance, women working at night managed to live from the money provided by one client, instead of the two or three clients they had before.

Leadership qualities

Then we picked up those sex workers with leadership qualities to start information centres to create awareness and to distribute condoms among their colleagues and clients. This motivated their colleagues as well, since they too looked forward to become leaders. CFPA provided the financial assistance to start these information centres and appointed a staff member to assist the sex workers at their respective locations. The sex workers felt that they were gaining recognition in the community and they also felt that it was their duty to safeguard their community as well as their clients. The programme was a success and this even promoted them to seek medical advice from certain non-stigmatising government hospitals. We had one of our staff members to assist them when they visited these hospitals for treatment.

The second phase of the programme was commenced with the financial support from the WHO. This second phase was designed and implemented by me as the Director of Projects of CFPA. We included Colombo District into the new programme as we felt that there was a need to address those who work in Colombo as well. We conducted two workshops at each location. The methodologies adopted at the workshops were more participatory and the information flow was bottom-up to give the sex workers more recognition. In short, we were the listeners and they were the resource persons. I was fortunate to have the assistance of an ex-surveillance officer who worked for the Ministry of Health and WHO, as well as a senior nursing officer from the Infection Control Department of the Department of Health to assist me in the programme.

The CFPA programme team tried to build the sex workers' self-esteem and we gave them the opportunity to address the NGO community, media persons and decision-makers at a seminar. We also encouraged them to use their skills during art performances. They performed during many activities without any embarrassment or concern of being stigmatised. They composed their own songs, poetry and dramas. They impressed every one present by performing to the best of their abilities. Identifying their hidden skills and an opportunity for public performance gave them confidence and self-esteem. Whilst developing their personal empowerment we collected information from them to educate the society: to inform non-sex workers that the present status of sex workers is due to the negligence and irresponsible behaviours of society at large.

The Community Front for Prevention of AIDS (CFPA) is an advocacy group that, besides addressing the Sri Lankan population at large, focuses on specific high-risk groups like sex workers. The NGO develops and/or publishes educational and prevention materials, organises prevention projects, seminars and conferences. In Colombo and in the southern beach resort towns of Bentota, Hikkaduwa, Galle, Tangalle and Matara, which draw thousands of tourists every year, CFPA organises seminars and counselling services. The programme selects 'beach boys' and female sex workers with leadership qualities and trains them to be counsellors. These peer educators in turn talk to others, making them aware of AIDS, other sexually transmitted infections and the need to use condoms.

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We also educated the sex workers on managing their daily income. We introduced them to managers of a co-operative banking system supported by the Dutch NGO HIVOS. They always had the attitude to spend all what they earn; they never had any savings at the end of the day. Male sex workers for instance confessed that they share their earnings with their friends by consuming liquor.

Identifying hidden skills and an opportunity for public performance provided the sex workers with confidence and self-esteem

The third phase of the programme was intended to focus on the provision of alternative employment skills to sustain the behaviour changes we have achieved. I had discussions with them on their needs and we explored available resources within the locality for them to commence self-employment. Unfortunately I had to move out from the programme after the start of the third phase and I believe that both initiatives – the alternative skills development of the third phase and the management of earnings by sex workers of the second phase – were not sustained.

The sex workers are very much concerned with their personal empowerment. I was informed by the male sex workers who attended a workshop organised by *Companions on a Journey* (a project aimed at gays in Sri Lanka) of their concern of their own future. They raised the issue of being rejected by their clients for a younger sex worker or for one with 'a better personality'. They insist on alternative skills development training to achieve personal empowerment. I hope and believe that this strategy will be addressed in all projects targeting sex workers. As a lot of economically underprivileged members of the gay community in Sri Lanka earn their living as male sex workers, we must pay attention to their needs whilst designing programmes and include them in programme designing as well as programme implementation processes.

Community and social empowerment

Along with personal empowerment we focused on the empowerment of the sex work community. We were aware of the fact that there is a lot of competition among sex workers to earn their living. To empower them as a community we have to educate them on the strength of being together as a group to safeguard their own community. We allowed them to select their own leaders so that there won't be any conflicts. I wish to share a case study here with regard to community empowerment:

We appointed a female sex worker from a location in down south to manage the information centre. Her neighbours informed the police that she was engaged in promoting commercial sex and that our organisation too was encouraging such behaviours by appointing her as a leader. I immediately called the community-based organisation that raised the issue and gave them an opportunity to have a dialogue with the sex workers community. When the sex workers came out with their reasons as a group, the CBO agreed to support the sex workers. The family members of the sex workers were offered employment opportunities and the children of sex workers were assisted to get birth certificates to enrol in schools. The CBO expressed regrets for creating an unpleasant situation by accusing the sex workers who were trying to prevent HIV infection in the community.

It is still beyond the reach of sex workers to fight for their own rights, thus social empowerment, in Sri Lanka. But as programmers we have addressed the issue and managed to secure a few policies to protect them. For instance, in Sri Lanka carrying condoms by sex workers was considered as soliciting for sex. After many awareness programmes provided by CFPA as well as the National AIDS Control Programme (NACP) and the interference by the authorities such as the NACP, the Department of Police agreed to refrain from arresting sex workers for carrying condoms.

We have made some recommendations regarding legal and ethical issues and HIV/AIDS:

1. Avoid forcible testing of suspected sex workers for HIV. This was discussed recently at a workshop held for judges who requested such tests based on the instructions of the police.
2. Facilitate comprehensive health services for sex workers.
3. Legalise prostitution between two consenting adults and start registration of brothels to facilitate the provision of health education and service to sex workers.
4. Educate police officers of their responsibilities when they arrest a person under vagrancy ordinance and change the Sinhala title of the said ordinance. The Sinhala term for vagrancy can be translated into something like 'stray', a term that in Sinhala is restricted to the behaviour of street cats and dogs.

These recommendations were arrived at after discussions with the sex workers about their experience in relation to health services and arrest under vagrancy ordinance.

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THE MOON LIGHT PROJECT IN LATVIA

In recent years, prostitution has become an increasingly emerging social, medical and epidemiological problem in the Baltic States, including Latvia. Therefore there was an urgent need for the creation of an interdisciplinary intervention activity in the field of health promotion and social care among sex workers in Latvia. At this moment there is no structural policy regarding social and health care for sex workers although the phenomenon of prostitution is rapidly growing. This lack of health and social care puts these women into a most vulnerable position. Because of this, sex workers are seriously being at risk of STI and HIV infection. Above this, the phenomenon of transnational prostitution has been escalating during recent years and there is little experience and skills in HIV/STI prevention among sex workers, nor is there much knowledge of outreach/peer education in Latvia.

The republic of Latvia, formerly part of the Soviet Union, became independent in November 1991. Latvia is a highly urbanised country. Riga, the capital, includes one third of all population. There are three big harbours in the

country, which lure many sex workers. Prostitution is an issue that is increasingly attracting attention in Latvia. It is difficult to say however, if sex work activities themselves are increasing, and to what extent, as there are no reliable data on the number of sex workers. However, while prostitution has always existed, it can certainly be said that sex work activities have become far more visible – and thus more readily available – over the past nine years.

Due to the massive economic changes brought about by the transition to a market-oriented economy, it is also a reasonable assumption that many women have turned to prostitution since the regaining of Latvia's independence, for two main reasons, a) out of economic desperation to make ends meet, and b) because of the growing client demand as a result of expanding tourist and foreign business industries. The increase in organised crime is also undoubtedly a factor in the growth of prostitution. Together, the high unemployment rates, the weak economy, the increase in crime, and the lack of juridical and administrative systems to dealing with prostitution, all facilitate the growth of the commercial sex sector. The Latvian society – still struggling with its big social transformation processes – has not yet elaborated and created models of support for sex workers. The most significant step the State has taken in addressing the issue of sex work was the adoption of the Cabinet of Ministers Regulations on Prostitution in November 1998. While the formulation of these regulations is a positive move in terms of addressing the problem rather than simply criminalising it and then brushing it under the carpet, various grass-roots experts who work with sex workers have expressed concern over the content of these new regulations, the main criticism being that these do not at all address the issue of client responsibility.

In 1999 the Latvian Gender Problem Centre, which conducted various surveys of sex workers and implemented a street work project to disseminate information on health and other matters, started the Moon Light Safe Prostitution Project in Latvia. This project, submitted by TAMPEP International Foundation and supported by the Netherlands Foreign Affairs Department, has as its primary aims and objectives: 1) AIDS prevention, 2) promotion of sexual health, 3) health and social services provision, 4) promotion of self-esteem/empowerment, 5) counselling and 6) information/advice services (e.g. on legal issues).

Female sex workers operate mainly in the cities of Riga, Jurmala and Jelgava. They work on the streets, in night- and sex clubs, hotels, bars and escort services. It is difficult to define statistically how many women are involved in prostitution in Latvia but according to estimations of the Latvian Gender Problem Centre, the total amount is approximately 10,000 to 15,000 women. Moon Light provides sex workers in these three cities who are working in sex clubs and on the streets with culturally appropriate HIV/AIDS education, resources and materials in both Latvian and Russian. It also organises a drop-in centre for sex workers and it seeks to increase empowerment and self-esteem among prostitutes.

The Moon Light project covers a big part of the Latvian National Strategy Programme on HIV/AIDS prevention among prostitutes. Because of the non-existence of state and NGO prevention programmes for sex workers, the existence of such a project in Latvia is extremely important.

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Access to quality information: A fundamental instrument

Access to accurate and fresh sources of information is a cherished commodity in the Russian Federation, particularly with regards to issues of health and human rights in the social sector. Radical transformations on the political, economic and social fronts, which have characterised the past decade, have resulted in an over-extended and poorly staffed health care system, and as such, many gaps in health care provision. An individual's access to quality medical care and health-related information is among the most fundamental failings; one which is amplified for marginalised population groups such as sex workers, injecting drug users, or people living with HIV/AIDS.

In an effort to protect citizens' health rights during this turbulent period of political, economic and social transition, legislation outlining the rights of patients and the duties of the state and health care providers was passed in 1993. However, extensive research conducted by *AIDS infoshare* between 1997 and 1999 among 11 Russian regions revealed continuing violations of health-related rights. Ongoing research among female sex workers in Moscow furthers the data gathered during the initial two-year research project.

It was found that basic patient rights to informed consent, doctor-patient confidentiality, provision of health-related information and services such as pre- and post-test counselling were often breached – if offered at all. Moreover, the working relationship between medi-

cal establishments is often severed with little or no communication between AIDS Centres, Narcological Dispensaries or STD Clinics. Doctors perceive their medical responsibility as remaining within the realms of diagnostics and treatment and thus, spend little time communicating information or prevention skills to their patients. Confusing state insurance policies and rigid Moscow regulations requiring proper city registration documents *('propiska')* in order to access free basic services such as medical attention, have resulted in inaccessible free health care services for many of Moscow's inhabitants who originate from other Russian regions.

Basic patient rights to informed consent, doctor-patient confidentiality, etcetera were often breached

The lack of free health care is accented by the escalating numbers of migrant women entering into Moscow's diverse sex work industry. It is estimated that over 90 percent of the 70,000 women working in Moscow's sex business are from other Russian territories and regions of the former Soviet Union (Belarus, Ukraine, Moldova etc). As such, the majority of female sex workers come into contact with formal medical services either through paying expensive medical fees, or through police arrest.[1] The abrasive and discriminatory attitudes of health professionals towards sex workers and the high prices accompanying private medical attention are principal reasons for avoiding medical establishments. Instead, it is popular practice to perform self-treatment using over the counter medications. For the large and transitory population of migrant sex workers it is common practice to wait until they return home to access free medical services. The absence of health education in Russian schools combined with the lack of information provided by medical establishments encourages the flourishing levels of misconceptions and myths concerning STIs, HIV and other issues of sexual and reproductive health.

Raising awareness

AIDS infoshare is a Russian, Moscow-based NGO, which was established in 1993 to respond to Russia's failing information infrastructure in the field of HIV/AIDS/STIs and human rights violations within the Russian health care system. According to our experiences, personal and community empowerment are very much intertwined, with access to information constituting the common denominator. With information made accessible, the communication gap between state structures and civil society can be bridged. Access to quality health-related information promotes informed decisions and the re-gaining of control over one's body and personal health status. However, information as an essential instrument of empowerment cannot make an effective impact on a specific target group through educational programmes alone. Rather, it has been proven that information provided through diverse mediums and in multi-disciplinary programmes involving influencing actors (police forces, medical professionals, pimps, security personnel, clients) is more effective in making a sustainable impact on behaviour and attitudinal change on an individual and community level.

In 1997, AIDS infoshare began the first pilot project targeting Moscow's large population of female sex workers with the aim of raising awareness about STIs and HIV through the provision of information and the transfer of skills necessary to the promotion of safer sex behaviours. Having completed extensive needs assessment research uncovering the complex sex work hierarchy and the levels of sexual health knowledge (STIs, HIV, hepatitis, condom use) among the women, we began to develop health promotion materials based on the identified needs expressed by members of the target group. The participation of sex workers in the process of material development ensured that materials responded to their priority demands and information needs while affording women the opportunity to communicate their skills learned to their peers. Their participation similarly sparked heightened interest amongst their community members. Our information materials have become increasingly recognised and quickly accepted amongst the population group and relationships of trust have further developed between the women, pimps, security personnel and the team of out-

AIDS infoshare initiated prevention activities amongst medical professionals and police forces as key actors influencing the high-risk behaviour practices of sex workers. Educational seminars with supporting materials have been conducted at Moscow's police academy placing a strong emphasis on gender and sex work issues and basic HIV/AIDS and STI terminology, symptoms and prevention methods. A training series targeting Moscow venerologists and gynaecologists on communication skills with vulnerable and hard to reach population groups such as sex workers has been complemented by an extensive pre- and post-test counselling programme. Implemented in 12 regions of Russia, the programme concentrates on building doctor-patient communications, counselling skills based on a patient-oriented model, and theories of behaviour change.
Results of a needs assessment conducted amongst medical professionals in 12 Russian regions highlighted inaccessible sources of new and quality information on HIV and STI prevention methods; a lack of communication skills (not part of the curriculum in Russian medical institutes); and strict time restrictions due to the under-funded and poorly staffed Russian medical system, as constituting the primary reasons for the failed provision of information services and pre-and post-test counselling. Attempting to respond to the defined information needs of medical professionals AIDS infoshare's 12-step counselling model and training seminar equips doctors with cardinal communication techniques and theoretical understandings of behaviour change. Adapted to work within the time restraints voiced by medical professionals, the 12-step counselling model allows for the transfer of basic health promotion information and rudimentary prevention skills in a 15-minute counselling session.

reach workers. The new HIV/AIDS and STI help-line service has complemented regular outreach work by providing confidential counselling, quality information and referral services during hours convenient to alternative work and life schedules.

Outreach work on the streets of Moscow combined with educational seminars and regular visits to the Korolenko 14th City STD Clinic[2] assist in reinforcing prevention messages, information and the transfer of skills necessary to STI and HIV prevention among our primary target group. The constant flow of new women receiving treatment and the closed and quieter environment provides time away from the influences and pressures of pimps and peers and provides the outreach team with the opportunity to have longer discussions with women about their lives, experiences and health-related questions and concerns. The high turnover rate characteristic to Moscow's sex industry has not proven conducive to peer education programmes as women often work for 3-4 months and return home with their savings – returning to Moscow only when they are in need of more money.

Unravelling the mystery

The culture of female commercial sex work remains largely a mystery for many of Russia's population. It cannot be denied that the Russian mass media loves to sensationalise the underground world of sex, drugs and criminal activity – also known as prostitution – condemning women for their loose morals while propagating an exotic, glamorous and romanticised stereotype. Very few Russian institutes and NGOs orient programmes to reach specific vulnerable and high-risk groups such as sex workers. As such, AIDS infoshare has planned to start increased regional health promotion activities among sex workers. Coherent with our mission statement as an Information and Training Centre, we have moved our pilot project into a full programme looking to help build the experiences and skills of other Russian AIDS Service NGOs in establishing regional projects with similar hidden population groups. Recently we conducted the first Russian seminar on 'Establishing HIV/STI Prevention Activities amongst Female Commercial Sex Workers', in which seven regional AIDS Service NGOs from all over Russia participated. Situations vary greatly according to geography, predominant religion(s) and culture(s) and of course, the reigning regional political administration. However, the rising number of women engaged in sex work is a phenomenon witnessed across Russia's great territory, from Vladivostok to Kaliningrad.

Strengthening access to information and building skills necessary in reducing risk behaviours amongst vulnerable population groups such as sex workers requires efforts to be directed at both personal and community levels. Space for personal empowerment is achieved when the individual has the ability to employ the skills and knowledge received in making informed decisions about personal health and well being. Implementing programme activities to address the needs of the many influencing actors (e.g. medical professionals and police forces) promotes attitudinal changes on a social level while advocating for support structures more conducive to behaviour change.

Robin Montgomery

Notes

1 A remnant from the Soviet era, the prohibition or decriminalisation of prostitution was never stated under federal legislation (because according to the Soviet government, prostitution did not exist!), and its ambiguity remains today. The absence of official legislation translates into incessant persecution and police arrest. As a population group invisible to the legal, economic, and social rights outlined under Russia's federal legislation, sex workers are increasingly vulnerable to medical maltreatment, social discrimination and persecution, and constant police harassment, assault and bribes.

2 The 14th STD Clinic in the name of Korolenko is a state-run structure closed to the general public. Patients of this clinic are women and men who do not have the required city registration documents (*propiska*) and have been detained for a two-week period for the treatment of an STI.

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"You should not tell us to use condoms, but our clients!"

An extended voucher programme in Nicaragua

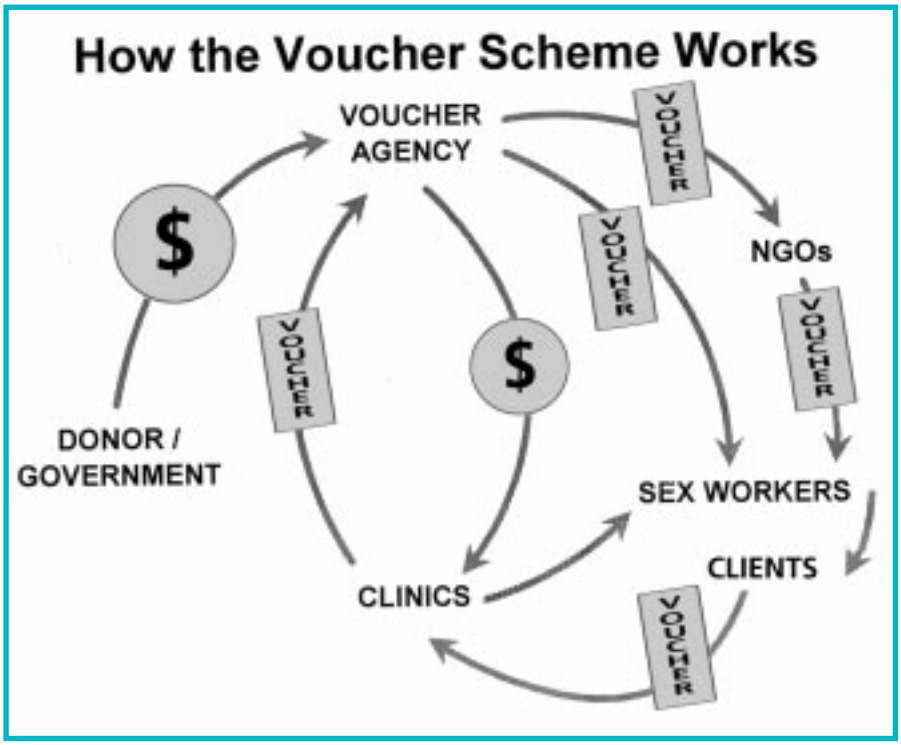
Programmes for the detection, treatment and prevention of STIs are often directed towards sex workers, although the regular clients, pimps, and partners of sex workers play an important role in the transmission of these infections; they decide the type of sexual services that is bought and in general if safe methods will be used. Besides, men are less likely to visit health services for a medical check-up, unless they have persistent symptoms of an STI. Involving men empowers the whole sex work community to employ safer methods and to receive regular health checks.

In Managua, the capital of Nicaragua, about 1,200 female sex workers are active in the markets, brothels, streets, bars and nightclubs. Turn-over of sex workers is very high, with a median working time of two years, and one-third having worked for only one year or less. The women often do not use public sector reproductive health services due to fear of stigmatisation and the very low quality of the services offered, and private and even NGO services are beyond their financial reach. In 1995, a voucher programme to improve medical care for sex workers was developed, which since then has been implemented successfully.[1] This programme was originally funded by the British government and now supported by the Elton John AIDS Foundation. Upon the insistent request of female sex workers, the programme has been extended to their partners, pimps and regular clients.

The voucher programme

The essential idea of the programme is to improve access to reproductive health care by regularly giving sex workers a voucher entitling them to free care from any one of between eight and ten private, NGO and public clinics contracted in advance by competitive tender. The vouchers are distributed at the prostitution sites. The women take the voucher to the contracted clinic of their choice where they receive the specified services. The clinics return the vouchers to the agency (ICAS), which reimburses the agreed fee. Quality is carefully monitored and only the best clinics are contracted for subsequent rounds. The cycle, or voucher round, is repeated every five to six months. Women testing positive for STIs are given an additional voucher, which can be used before the next round.

There have now been eight rounds in four years. Of the 8,484 vouchers distributed, 3,396 (40%) were used by 2,065 different female sex workers (though only 1,200 female sex workers are active at a time; due to the high turn-over much more women are seen over the years). With each round an increasing number of women used a voucher; on average 425 and up to now 540. They had better access to, and a greater choice of, improved health care. They experienced no stigmatisation by staff and had a lower prevalence and incidence of STIs: for instance, a dramatic reduction of more than two-thirds in the incidence rates of gonorrhoea and syphilis was seen. Significantly, those female sex workers who were in most need of medical care made much more use of the vouchers than the others.



Involvement of partners and clients

When interviewed, female sex workers insist that they try to use condoms consistently, but that they have to make many exceptions in order not to loose clients, especially regular ones. Discussion about condoms is difficult; when brought up many men react with mistrust: *"Why use a condom, do you have an STI?"* Therefore the client's appearance – for instance the way he dresses – is considered to be a good indicator of his health status and most women check his penis for signs of disease. An observationally study in 1997 showed that a condom is used on average in 60% of commercial sex encounters (after the sexual encounters field workers checked motel rooms for left condoms containing semen).

After the programme had been operating for two years, female sex workers proposed to involve their partners/pimps and regular clients. They said: *"You should not tell us to use condoms, but our clients!"* They reasoned that if men could receive the same medical care and specifically health education about safe sex, including health education booklets and condoms, from a medical doctor, men would get a better understanding of the risks and be more prepared to use condoms. This would empower the women to negotiate safe sex. Also men's STIs (including those without symptoms) would be diagnosed (which increases awareness about health risks) and treated, thus reducing the risk of reinfecting the women.

Reasons for becoming and being a client

Eight in-depth interviews with regular clients produced background information. All clients interviewed saw it as their clear right and as a physiological need to buy sexual services. When specifically asked they said it was a need

Involvement of partners and clients empowers women to negotiate safe sex

for varied sexual experiences not only in terms of practices but also in terms of experiencing different types of women. Paying does not always mean getting what you want despite the weak negotiating powers of sex workers. Regrets at not getting women to agree to culturally taboo sexual practices such as anal and oral sex were expressed. Although attitudes towards anal sex labels it as a taboo practice, female sex workers did admit to providing this service.

All the men visited different prostitution sites, either within the same price range or, if they could afford it, more expensive ones. If not restricted by budget, the frequency of visits would range from a few times per week to once a month. Most clients were aware of the reasons that had prompted the women into prostitution and said they respected them, using words such as beautiful, exotic and affectionate to describe them. They also said they had friendships with one or several women whom they visited regularly.

Use of condoms and health services

To better understand the health needs of the men, 33 regular clients of market-based sex workers were interviewed assisted by the women working there. After the sexual encounter the women asked their client if he was prepared to be interviewed. Only once a client refused due to time restraints. Most (70%) had been clients for two years or more (15% for even more than eight years). Fourteen clients claimed to always use a condom, thirteen said they did not use condoms,

and six reported occasional use. Three men said to use a condom because the female sex worker required this, but also because they considered it as a necessity. All other clients used phrases like *"I don't use a condom because I don't like it," and "In places like this I use a condom, but I don't like it"*, indicating that it is the client who decides about condom use or not.

Men who have previously contracted an STI were more likely to use condoms, not because they preferred to, but to avoid becoming reinfected. With the exception of three men, all said condoms reduce sexual pleasure, but that they are a necessary evil. Those who have regular relations with sex workers are less likely to use one and some even boasted of non-use as a mark of pride: *"I do it without, I have used a condom only three times in my live!"* Most men expressed a concern over HIV transmission in relation to their own health, but rarely extended this to include their permanent partner. Nicaragua has still very low levels of HIV transmission with an estimate of 0.1% of HIV prevalence amongst adults and between 1-2% HIV prevalence amongst female sex workers.

Concerning other modes of protection of STIs, clients mentioned appearance of the women (looking healthy, cleanliness, inspection of the genitals) and the use of prophylactics, like washing the penis after intercourse with urine, lemon juice or a mixture of water and bleach. Even among clients who were aware that some STIs do not manifest any physical signs there was still considerable confidence in the value of a physical check. Taking regular antibiotics was also quite common, as was waiting up to seven days before having intercourse with their wife.

Some clients do visit clinics for regular check-ups, but one-third had never been tested for STIs. Many expressed a general lack of confidence in the professional capacity of medical doctors, including those of the private sector. This was confirmed by the programme during baseline studies of the technical knowledge and practices of medical doctors concerning STIs, these being almost non-existent and/or with wrong or obsolete treatment protocols. This low professional capacity of the medical doctors was one of the greatest challenges at the start of the programme. When asked what happens to a person if he does not cure himself in time, men responded: *"his penis may fall off or they will have to cut out his penis",* "he may die", or *"he will deteriorate physically".* If asked if they would use a voucher thirty responded 'yes' and only three said 'no', giving reasons like *"not in need"* or *"enough financial means".*

Evaluation of community development approaches

Proponents of community development believe that empowering sex workers is the key to reducing their vulnerability to HIV and other STIs. They suggest that for sex workers to increase their capacity to protect their sexual health, they must be empowered to address factors like power relationships with clients, police, and the various people who control the sex industry, enforce social discrimination, and curb civil rights. Yet only a few HIV prevention interventions aimed at sex workers have adopted community development strategies in their design and implementation.

Current evidence for the efficacy of community development aimed at reducing collective vulnerability to HIV/STIs is primarily anecdotal. The Horizons Project seeks to gather empirical evidence on the impacts of community development projects in order to improve empowerment projects for and by sex workers.[1] A recent Horizons case study conducted with the well-known Sonagachi Project in West Bengal, India, has produced a set of core indicators for the evaluation of community interventions. The indicators provide insights into the processes and outcomes of community development efforts used by the Sonagachi Project to reduce HIV transmission.[2]

Based on the methodology established during the Sonagachi study, Horizons is supporting an intervention research project using a non-experimental pre- and post- research design at three sites in Brazil. This study, implemented by the NGO Programa Integrado de Marginalidade and Sociedade de Estudos e Pesquisas em Drogadiccao in Rio de Janeiro, will examine interventions designed to strengthen or introduce community development strategies by and for sex workers. The first step is refinement of the core indicators developed from the Sonagachi study and their adaptation to local site conditions. Data for these indicators will be collected during three cross-sectional observations through structured questionnaires, focus group discussions, and in-depth interviews.

The research is expected to contribute to the development of best practices for programmes mobilising sex workers to reduce the physical and social circumstances that make them vulnerable to HIV and other STIs.

Notes

1 Horizons is a global operations research project implemented by the Population Council in partnership with the International Center for Research on Women, the International HIV/AIDS Alliance, the Program for Appropriate Technology in Health, the University of Alabama at Birmingham, and Tulane University. It is designed to identify components of effective HIV/AIDS programmes and policies; test potential solutions to problems in prevention, care, support and service delivery; and disseminate and utilise findings with a view toward replication and scaling-up of successful interventions.

2 This Horizons study is entitled 'The role of community development approaches in ensuring the effectiveness and sustainability of interventions for sex workers: Case study of the Sonagachi Project'. A description of the Sonagachi Project can also be found in Research for Sex Work no. 2, 1999.

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A number of factors make clients prone to use condoms such as previous experience of STI infection, fear of infecting their permanent partner, fear of STIs and HIV/AIDS, and a trusting and communicative relationship. Men are afraid of STIs but due to a lack of confidence in the medical capacity are reluctant to check their health. By improving technical quality of, and access to, medical services through the voucher programme, it was assumed that men would be much more willing to use these services. Once clients/partners/pimps start to use them they would also receive health education about safe sex, condoms and health education material from the doctors – the same ones who treat the female sex workers. We assumed that this would not only empower the men personally in protecting their own health, but also – since men are in general the ones who decide about the type of sex – empower the whole community to improve prevention and reduce risks by making discussions about safe sex possible.

Men are afraid of STIs but are reluctant to check their health

Voucher programme for partners/clients

First two small pilots for clients and partners were performed, one distributing vouchers via the female sex workers in the market and one distributing male vouchers to female sex workers with an STI. During the seventh round 1731 male vouchers were distributed:

1. The medical doctors offered all female sex workers visiting the clinics male vouchers and of 540 women participating 351 took home a total of 519 vouchers, most women one, some two and occasionally more, to be given to their partners/pimps and regular clients.
2. Field workers distributed 566 vouchers directly to clients at sites where this was feasible: markets, bars, brothels and nightclubs.
3. Field workers provided the female sex workers in the markets with one voucher a time. These women were asked to offer a voucher to each client after the sexual encounter. All women participated enthusiastically, feeling that they were offering an extra service to their clients and together they distributed 646 vouchers.

More vouchers could have been distributed since it is estimated that there are about 5,000 regular clients in Managua, however the budget did not permit this. Finally 224 vouchers (13%) were redeemed with 52% of these men diagnosed with one or more STIs. Owing to a lack of funds, only one male voucher was offered to each female sex worker visiting the clinic during the eighth round (381 vouchers accepted). This time transvestite sex workers were included (39 vouchers). There were 104 vouchers redeemed: 12 by transvestites with 58% having one or more STIs and 92 by clients/partners with 54% having one or more STIs.

Precisely those men with the highest rates of STIs make use of the voucher programme and those are also the men least likely to use condoms

The choice of clinic is generally not much different from those of the women, clients not having problems to make use of the so-called 'women clinics'. Although the redemption rate is lower than that of the women, the intervention seems to be very efficient since the STI prevalence among redeemers is high. The men self-select themselves if they need treatment; precisely those men with the highest rates of STIs make use of the voucher programme and those are also the men least likely to use condoms.
The men not only receive treatment for their STIs (including asymptomatic ones), but also receive comprehensive health education about health risks of unsafe sex and how to prevent transmission of STIs and HIV/AIDS, and obtain condoms and health education material. As explained previously this not only empowers them to better take care of their own health, but also empowers the women to discuss and negotiate safe sex. Thus, the sex worker community is empowered through increased knowledge and awareness, getting clear that not the women are to be blamed for STIs, but that it is a shared responsibility and that men's behaviour is an important determinant in preventing transmission of STIs, this last awareness being exactly what the women had asked for.

Anna Gorter, Zoyla Segura, Peter Sandiford, Esteban Zuñiga, Roger Torrentes, Susanne Ådahl

Note

1 Gorter A., Sandiford P., Segura Z. and Villabella C. Improved health care for sex workers; a voucher programme for female sex workers in Nicaragua. In: *Research for Sex Work* 2, August 1999.

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C O L O F O N

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