

Can health programmes lead to mistreatment of sex workers?

The 100% Condom Use Programme (100% CUP) is aimed at female sex workers and, as its name suggests, promotes increased condom usage. Supported by both WHO and the Joint United Nations' Programme on AIDS (UNAIDS), the programme was initiated in Thailand in 1989. 100% CUP has been regarded as a success story in the campaign to limit the spread of HIV infection. However, the international Network of Sex Work Projects (NSWP), an informal alliance of sex worker groups with constituent Asian, African, Latin American, and European networks, does not share this view.

It seems obvious that health promotion programmes funded by international agencies ought not to contribute to mistreatment of sex workers. Because sex work tends to be regarded as a behaviour not an occupation—who you are, not what you do—sex workers are often not recognised as legitimate parties to discussions of their conditions of employment. Sex workers are often treated as the object of programmes rather than contributors to them. Yet discussions about sex work without sex worker representation result in an incomplete understanding of the social dynamics of the occupation. It is, therefore, not surprising that programmes such as 100% CUP, developed without consultation with sex worker advocates, have had and continue to have negative repercussions for sex workers.

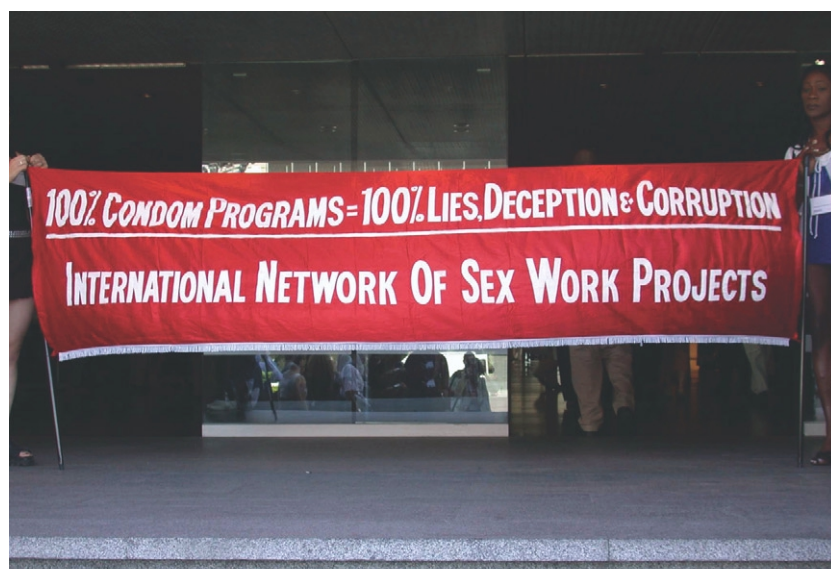
UNAIDS describes 100% CUP as follows: "The main strategy of the programme is to gain the agreement of the owners and managers of all commercial sex establishments to enforce condom use as a condition of commercial sex. Sex workers should be instructed to refuse sex to any customer who refuses to use a condom. If all sex establishments enforce this policy, clients have no choice—they either use condoms or they don't have sex."¹

At first glance the logic of this approach seems unassailable. However, at the very least, the language of 100% condom use ignores the importance of encouraging non-penetrative sexual activity. 100% CUP discourages the building of more comprehensive sexual skills. This shortcoming is substantial, but there are further concerns. Typically, control of the programme rests with local authorities, police, and brothel owners and managers. A UNAIDS *Best*

Practice publication notes: "Safer sex" is promoted by introducing protective measures such as consistent condom use and modification of risky sexual practices and by reinforcing behavioural change towards adopting these practices . . . Modifications in the way sex work is organized must be encouraged and, in some cases this may be

tested sex. If workers are then dismissed they may continue working in the more hidden sections of the industry. High-risk services can always be purchased.

From the perspective of the NSWP and their members, claims that the policy empowers sex workers in their interactions with clients are



NSWP protests at Barcelona with banner made by sex workers in Kolkata, India

supported by policy enforcement. Possible approaches to building such support include enlisting sex establishment owners and managers to protect their workers' health and physical safety, working with police to reduce harassment, and promoting self-esteem and workplace solidarity among sex workers."²

What has this meant in reality? Some developing country governments now make it compulsory for brothels to register every sex worker they employ, instruct her to use condoms, and ensure that she attends mandatory checks for sexually transmitted infections (STIs). Police and other local authorities can be authorised to enforce this policy, inspecting brothels, sex workers, and documents to ensure compliance. Although free condoms should be provided, this rarely happens in practice. Sex workers have been taken to clinics under military or police escort. They have paid fees to obtain certification showing that they are free of disease, or kickbacks have been paid directly to the authority responsible for inspection of brothels. In some cases, photographs of women are displayed in brothels allowing clients to identify which worker agreed to have unpro-

unfounded. In frustration, the NSWP protested at the 2002 Barcelona AIDS Conference (figure). This action prompted research on 100% CUP in Cambodia that showed its adverse effect on respect for the human rights and health of sex workers.³

There are alternative approaches to promoting health in sex workers, such as the Sonagachi project in Kolkata, India. The project began in 1992, and initially was a survey examining social demography, sexual behaviour of sex workers, their clients, and partners, and the prevalence of STIs and HIV infection. Subsequently, an intervention programme was initiated to control the spread of these infections.⁴ An understanding of the sex trade was developed and used to devise strategies to "win friends and neutralise enemies".⁵ Sex workers are now involved in management of the programme. Strikingly, the prevalence of HIV infection among the sex workers in Sonagachi has remained at 5%.⁵

Enabling strategies that build social capital among sex workers, allowing them to organise and lobby for better working conditions, would seem to be a more effective approach than creating new means of abuse, especially in environments prone to corruption.

Unfortunately, abuse seems to have been the outcome of 100% CUP. Ultimately, the sex workers' rights movement seeks resources to enable sex workers to participate in civil society and in decision-making that concerns them. However, as long as commercial sex is seen as degrading and workers as tainted, efforts to improve their working conditions and lives will not succeed. Until this attitude begins to change nothing else will.

The authors are members of the Network of Sex Work Projects.

*Bebe Loff, Cheryl Overs, Paulo Longo

*Department of Epidemiology and Preventive Medicine, Monash University, Prahran 3181, Australia (BL); International HIV/AIDS Alliance, Brighton, UK (CO); and Network of Sex Work Projects, Rio de Janeiro, Brazil (PL) (e-mail: Bebe.Loff@med.monash.edu.au)

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- 3 Lowe D. Perceptions of the Cambodian 100% condom use program: documenting the experiences of sex workers. Washington: The Policy Project, 2003.
- 4 Jana S, Bandyopadhyay N, Saha A, Dutta MK. Creating an enabling environment: lessons learnt from the Sonagachi Project, India. *Res Sex Work* 1999; 2: 22–24.
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Confusion between prostitution and sex trafficking

In May, 2003, the US government passed the Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, which outlines the areas and support that the US administration is prepared to endorse in the fight against these diseases. The act includes the limitation that “No funds made available to carry out this Act . . . may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking.”¹

This statement might go unnoticed, but it deserves attention. The juxtaposition of the terms prostitution and sex trafficking demonstrates a belief that both share similar characteristics, and thus reflects moral ideology rather than objective reality.

The distinction between trafficking and prostitution is important because it pivots on individual agency. Trafficking, though variously defined,² covers coercion, forced labour, and slavery. Prostitution describes the sale of sex, by no means necessarily without consent or with coercion. At a time when trafficking is increasing, as are international efforts to tackle it, it is critical to clarify the differences between the issues.³

The merging of these issues is not new, nor confined to the USA. In Asia, where human trafficking (both for prostitution and for bonded labour) has a longer history than in Europe, responses by governments and feminist groups alike have often been to call for eradication of prostitution, and therefore trafficking.

But this approach overlooks an important fact; millions of women have made the decision to sell sex, usually but not always, on economic grounds. Selling sex is a pragmatic response to a limited range of options. If you can earn the equivalent of UK£100 in a night, why knit sweaters or sweep floors to earn the same money in a month?

When women's groups call for rehabilitation and rescue of trafficked and prostituted women they argue from their own moral perspective and not that of the women they are seeking to save. The situation is complex, in that a spectrum can exist between trafficking and prostitution, with trafficked girls at one end and women who have decided to work as prostitutes at the other. Some women who have been trafficked may eventually begin to define themselves as sex workers. The longer a woman is involved in the sex industry the more likely this is to be the case; 6 years after being trafficked to India a Nepalese woman told me: “Why would I want to return to Nepal? I have friends here, I make good money. In Nepal what would I do? Look after goats and have no money! I'm good at my job and I know it. I don't want to return to Nepal.”

Of course there will be other women and men who may wish to leave the sex industry. The responsibility of public health, development, and human rights workers is to ensure that individuals enjoy the same level of human rights whatever their involvement in the sex industry.

The prominence of debate about sex work and trafficking has grown largely as a result of the HIV epidemic.⁴ Sex workers, initially identified as a public health threat, embodied in phrases such as “pools of infection” and “vectors of disease”, were recruited to promote safer sex. Sex workers around the world have been practising safer sex and educated many of their clients to do the same.⁵ Their importance in responding to the HIV epidemic is evident, but evidence of improved rights for these men and women is harder to find.

Key rights listed in the UNAIDS handbook for legislators on HIV, law, and human rights include:

- Non-discrimination and equality before the law

- Freedom from inhuman or degrading treatment or punishment
- Autonomy, liberty, and security of the person

All over the world these basic entitlements are violated in the context of sex work. It is rare to read of a successful lawsuit made by a sex worker against a rapist, violation from a policeman, or unlawful arrest.

By merging trafficking and prostitution, the agency of sex workers is overlooked. Rather than promoting opposition to prostitution we would do better to promote human rights. The right to resist being drawn into prostitution by trafficking certainly, but so too the right to work with the law's protection from harm, be it rape, violence, robbery, or other violations.

We can expect sex workers to continue contributing to the fight against HIV and thus to public health: it is after all in everyone's interest including their own. We should also expect public health and development professionals to support their so doing without fear for their lives or their safety—in sum, by advocating for the human rights of sex workers.

Kate Butcher

John Snow International (UK), Highgate Studios, London NW5 1TL, UK (e-mail: kbutcher@jsiuk.com)

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