

Developing More Effective Strategies for Sex Work, Law and Poverty

The welfare of female sex workers in low-income countries has attracted significant attention in recent years. In line with human rights and development goals, advocacy focuses on decriminalisation of sex work, attaining economic rights, ending violence and improving sexual and reproductive health. Recent studies by the IDS Sexuality, Poverty and Law programme have highlighted many of these issues and placed them within the wider context and discussion around sexuality and development. We call for further research and action in three key areas, where evidence is needed to drive feasible, effective and measurable initiatives that benefit sex workers, even in unfavourable legal, economic and social conditions.

Understanding the impact of economic empowerment programmes

Research conducted in wealthy and poor countries alike overwhelmingly supports the assumption that poverty propels women and girls into sex work and renders sex workers more vulnerable to discrimination, exploitation and illness. Thus poverty alleviation programming and policy have important roles to play in both reducing the flow of women and girls into the sex industry and in strengthening sex workers' economic capacities and increasing access to goods and services – in other words, 'economic empowerment'.

Many types of rehabilitation and targeted economic empowerment programmes (EEPs) for female sex workers are operated in dozens of countries by organisations concerned with development, public health, gender and, perhaps most frequently, faith. Their methods vary but usually include activities such as vocational skills building, microcredit, social protection, income generating activities, counselling and saving cooperatives, among others.

Despite their prolific presence, little information is available about the scale

and impact of EEPs on outcomes such as HIV or gender-based violence and data about cost, outcomes or scale are rare. Conceptual frameworks, policy overviews or clear maps of how and where programmes operate are also lacking. In the absence of research about EEPs there is little technical information and few tools to guide best practice. This means that successes, suboptimal outcomes and failures of policies and programmes are not well understood. It can also mean that adverse events associated with rehabilitation and economic empowerment not systematically observed and documented, and opportunities to improve and expand effective strategies are missed.

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Sex workers are often encouraged to take part in economic empowerment programmes to help them exit sex work by requiring that they give up sex work while they learn new skills like hairdressing and sewing. Some of these programmes work but the majority of them fail sex workers to such an extent it is hard to imagine why such programmes are still considered as acceptable by some.

(The Global Network of Sex Work Projects)
www.nswp.org/news/when-economic-empowerment-programmes-fail-sex-workers

Promoting legal recognition

The limited research available about sex work and citizenship indicates that rules that govern administrative matters and confer status on people as citizens, workers and family members have a significant effect on the circumstances in which sex is bought and sold and how sex workers live. Lack of citizenship or legal personhood, which is usually experienced as the absence of identification documents, appears to be associated with poor outcomes. If this is true, it points to opportunities to change policy and practices that could significantly improve the ability of sex workers to work in the safest possible circumstances; to house and educate their children; and to avoid violence, exploitation and discrimination.

Birth registration is usually the first step in gaining recognition of legal personhood. It is a crucial gateway to other forms of legal recognition and citizenship, including: passports, marriage licenses, naturalisation and enrolment in taxation, electoral and other civic registers. Perhaps the most recognisable example of adults lacking legal personhood is undocumented migrants. In some places identity is recognised by local government and it is lost if the person moves to another place within the same country. Where people do not enjoy the recognition of law they are vulnerable to inappropriate law enforcement and typically do not have access to health care, social services, accommodation, financial services, communications, humanitarian aid and education. This has a particular impact on sex workers 'without papers' who must use other strategies to obtain goods and services, or do without them. Thus poverty, vulnerability, exploitation and illness are exacerbated by lack of legal status, which frequently extends to sex workers' children who are, in turn, denied vital resources and incentivised to enter the sex industry.

Surprisingly, in this context, associations between lack of legal personhood and health and welfare outcomes for sex workers have barely been studied. Nevertheless the value of gaining legal recognition has been identified by some frontline services that

help sex workers to obtain the identification documents needed to establish legal personhood. Because people must complete application forms and prove, for example, that they have a formal residential address or work in the formal economy it is frequently a difficult process, especially for sex workers who are not literate, are mobile or live in informal settlements.

As a result of an IDS Sexuality, Poverty and Law Evidence Report on sex work and poverty in Ethiopia, a non-governmental organisation (NGO) that operated several drop-in centres for sex workers throughout the country began helping users of its services to apply for them. The director of the NGO reported that identity documents have been obtained for many sex workers with some positive outcomes. He said that the requests for identification documents had been received more favourably by authorities than anticipated. Evidence like this suggests that ensuring sex workers legal personhood is a politically feasible strategy and could effectively address sex workers' vulnerability in low-income countries.

Planning for the impact of biomedical HIV prevention

As a result of scientific advances the focus of HIV programmes is shifting from education, condoms and the treatment of sexually transmitted diseases to preventing HIV transmission by providing anti-retroviral medication (ARVs). These medications prevent transmission in two ways:

1. When used as treatment in HIV-positive people ARVs reduce the presence of the virus to a level where it cannot be transmitted. This is known as Treatment as Prevention (TasP).
2. When taken by HIV-negative people ARVs significantly reduce the chances of contracting HIV through sex.

While scientific developments have the potential to reduce HIV infection globally or even end the epidemic, they raise significant challenges for female sex workers. As well as affecting how health services are provided

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to female sex workers they will impact on the resourcing of social programming and advocacy.

A key challenge is how to ensure that universal HIV testing of sex workers does not reduce confidentiality or increase discrimination and abuse. Another challenge is that because pre-exposure prophylaxis (PrEP) is not 100 per cent effective against HIV and does not protect against sexually transmitted infections (STIs) or pregnancy it must be used with condoms, not instead of them. But in many settings it is likely that sex workers will not be able to continue to insist on condom use as demand rises for a product perceived as making 'flesh-to-flesh' sex safe. Where that occurs HIV risk will remain or increase (depending on numbers of clients and prevalence of untreated HIV in sexual partners) and STIs, hepatitis and unplanned pregnancies would increase. Hence, new HIV prevention has been dubbed 'combination prevention' to encourage sex workers to both take PrEP and refuse sex without a condom. However, this is sure to be difficult, particularly where clients and sex business owners decide what methods are used to protect sexual health rather than sex workers.

Concerns have also arisen about drug resistance and toxicity, meeting new information needs and the cost of products. Access to clinical services is also a key issue since sex workers who take PrEP must regularly access a qualified doctor who can prescribe medicine and monitor its effects. In contrast to condoms and education which could be distributed freely by staff with basic training, scaling up testing and administering prescription medications means that highly qualified service providers will need to identify, track and retain large populations of sex workers as patients. This may be unrealistic where funds are unavailable, where health systems are weak and/or sex workers are excluded, and the need to identify individuals raises ethical challenges where the resources or will to protect patients are lacking. Raising the bar for individuals' access to HIV prevention has clear potential to leave behind migrant

and mobile sex workers, those who live in remote areas or lack legal personhood and other groups of sex workers who are unable or unwilling to access or manage prescription medicine.

For sex workers to benefit from biomedical HIV prevention and treatment, strategies must be in place to avoid adverse events and human rights abuses. They must ensure that medications are properly prescribed and adhered to and that STIs, HIV or unwanted pregnancies do not increase even in the most vulnerable sex workers. To achieve this it is crucial that efforts continue on reducing the factors that leave sex workers powerless and obstruct current HIV programming – discrimination, exclusion, cost, violence, loss of livelihood, lack of nutrition and housing and poor treatment by health-care workers. This raises the question of how governments, development agencies and NGOs can reconfigure resources allocations to ensure that work towards human rights, social and economic goals that was previously funded from HIV budgets continues and grows despite the shift toward medicalised HIV prevention.

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Policy recommendations

Decriminalise sex work

Amnesty International is the latest of dozens of respected human rights and health organisations to join the consensus that sex work should be decriminalised because criminal law forms the single greatest barrier to sex workers attaining justice and dignity. Law reform is a primary recommendation because it plays a crucial role in determining how effective any strategy can be. This means that until laws against sex work are removed programmes and policies that are viable despite unfavourable conditions must be identified and implemented.

Economic empowerment programmes

Policymakers, donors and implementers of EEPs need data and guidance to inform policy and programming for sex workers that is ethical, effective and that significantly alleviates poverty and its impacts on sex workers and their families. Next steps should include:

- Mapping existing economic empowerment programming.
- Identifying the evidence, and evidence gaps, around targeted poverty alleviation strategies for sex workers.
- Conducting research in multiple sites to identify the impact of various methods on multiple outcomes, including unintended consequences.
- Developing a conceptual framework, practical guidance and tools such as protocols for measuring outcomes for sex workers of various ages and backgrounds.

Legal recognition

The notion that increasing sex workers' legal recognition is a cost-effective and politically feasible intervention that can improve sex workers' economic, health and social status should be tested by documenting existing interventions and conducting research to explore correlations and associations between increased citizenship and specific outcomes for sex workers and their families.

If it is proven that obtaining legal identification documents improves sex workers' lives and reduces vulnerability, materials should be developed to encourage and guide NGOs and governments to work cooperatively to implement action to recognise sex workers' legal personhood.

Biomedical HIV prevention and care

Resources should be made available to support independent research and advocacy that aims to ensure that biomedical HIV care and prevention effectively reduces HIV among sex workers without generating adverse consequences. This should include:

- A global review of the evidence on biomedical HIV prevention and care for sex workers in low-income countries. The review should identify evidence and evidence gaps; policy and programming that can best support biomedical HIV treatment for sex workers; and any strategies that are being developed, or are in place, to address potential barriers and reduce associated risks.
- Development of protocols for monitoring a broad set of outcomes of biomedical HIV care and prevention for sex workers.
- Monitoring the impact of new approaches to HIV prevention on interventions that aim to empower sex workers economically and socially. This information should be used by development and public health agencies to ensure that effective work in these areas is not undermined or reduced as a result of resources shifting toward providing clinical HIV services.

Further reading

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Credits

This *IDS Policy Briefing* was written by **Cheryl Overs**, Visiting Fellow at the Institute of Development Studies, and was edited by **Carol Smithyes**. It was produced as part of the IDS Sexuality, Poverty and Law programme, supported with UK Aid from the UK Department for International Development.

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AG Level 2 Output ID: 604

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ISSN 1479-974X



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