100% CUP: poverty, gender and human rights issues

Anjana Bhushan WHO/WPRO, Manila
Sex work and poverty

- Poverty drives commercial sex work, both establishment-based and other types
- The poor lack skills, education
- The poor lack information
- The poor have lower access to services
- The poor migrate to towns for work
Poverty: principles for action

• Increase access to health services, including health education
• Reduce/subsidize cost of services, condoms
• Provide social security coverage
• Encourage peer organization
• Address HIV/AIDS (and health) in national poverty reduction strategies
“A gendered understanding of HIV/AIDS suggests that it is women’s and girls’ relative lack of power over their bodies and their sexual lives, supported and reinforced by their social and economic inequality, that makes them vulnerable in contracting and living with HIV/AIDS. Any effective response to the epidemic has to address these interrelated levels of gender inequality, as well as the global inequalities that frame them.” UN expert group, 2000
Sex work and gender

- Gender roles, norms and inequality: male sexuality, women’s submissiveness
- Women’s lack of education, skills, options, economic independence
- Women’s lack of control, power and decisionmaking: continuing need to negotiate condom use
- Gender-based violence, trafficking
Gender and HIV discrimination

Women face higher levels of discrimination than men in:
• Being ridiculed, insulted or harassed
• Being physically assaulted
• Being refused entry to, removed from or asked to leave a public establishment
• Being forced to change place of residence
• Being excluded from social functions
• Suffering exclusion by family members
• Losing financial support from family members
• Being advised not to have a child after being diagnosed as HIV-positive

Gender: principles for action

• Conduct gender analysis
• Design gender-specific strategies: e.g., target education programs to women in garment factories, karaoke bars, casinos, and restaurants
• Design gender-transformative (empowerment) strategies: e.g., Target clients, recognizing their responsibility, as well as managers and sex workers
• Collect, analyze and use information that is disaggregated by sex
STD/HIV Intervention Project (SHIP) Calcutta

- Sex workers successfully negotiated safer sex with clients as well as better treatment from society (including police)
- Sex workers themselves decide programme strategies
- 25% of managerial positions reserved for sex workers; they also hold many key positions
- Sex workers act as peer educators, clinic assistants and clinic attendants

http://web.amnesty.org/library/Index/ENGACT770842004
Sex work and human rights

Issues:
- Criminalization (blaming the victim)
- Stigma
- Health risks

Impact:
- Increased health risks
- Lack of services
- “Freelance” or “indirect” sex work
- Stigmatization, harrassment and re-victimization
Sex work and human rights

Sex workers have increased risk of infection due to:

• stigmatization, marginalization
• limited economic options
• limited access to health, social and legal services
• limited access to information and prevention means
• gender-related differences and inequalities
• sexual exploitation and trafficking
• harmful, or a lack of protective, legislation and policies
• exposure to risks associated with lifestyle (e.g. violence, substance use, mobility)

Human rights: principles for action

• Non-discrimination: e.g., decriminalization
• Participation: e.g., SWHROs
• Empowerment: e.g., build personal skills
• AAAQ:
  – Availability: e.g., ensure eligibility
  – Affordability: e.g., social protection
  – Acceptability: e.g., re-orient health services
  – Quality: e.g., respect, confidentiality

Human rights: examples of action

100% CUP strategies to empower sex workers in negotiating with customers:

1) **Motivation** for sex workers to insist on condom use, through education and reduction of economic disincentives for clients by involving all establishments.

2) **Skills** on negotiating condom use with reluctant clients, including making condom use more satisfying or proposing alternatives to risky sex that do not require a condom.

3) **Support** by creating an “enabling environment” through:
   - having 100% CUP for all establishments
   - making establishment owners responsible to support sex workers in negotiating with very reluctant clients
   - assuring access to high quality condoms

Source: Responding to questions about the 100% condom use programme, 2004
100% CUP monitoring strategies that respect human rights of sex workers:

- questioning all male clients (infected or not) at STI clinics about where they may have acquired their infection
- working with owners to encourage compliance under risk of closure of the establishment
- where STI clinics notice a pattern of infected women from a particular establishment, informing owners about the pattern, not which sex workers are infected.
- ensuring confidentiality

Source: Responding to questions about the 100% condom use programme, 2004
Human rights: suggested actions

- STI clinic attendance should be strongly encouraged, not compulsory
- Police should not collect personally identifying health data
- Data should be minimal, coded and confidential
- Give sex workers a choice of clinic to attend
- Take consent of sex workers for STI management
- Include far greater emphasis on client education
- Develop sex worker-controlled community mobilization programs
- Help sex workers use their human rights protections
- Ensure representative sampling of sex workers for surveillance through community negotiation, mapping, and involving them as partners
- Develop national steering committee for HIV prevention in the sex industry, with sex workers and police as members

Source: Perceptions of the Cambodian 100% Condom Use Program: Documenting the Experiences of Sex Workers, Lowe 2003
Human rights: concerns

- “mystery clients”
- registration of sex workers
- corruption
- trafficking
- after 100% CUP, decline in establishment-based sex in some countries

However,

**Benefits**: health of sex workers, clients and the public

**Equality**: addresses ALL establishment-based sex

**Respect**: expects staff to treat sex workers respectfully and have sex workers fully informed; personal medical records of sex workers not to be shared with owners

**Active participation** of sex workers is necessary for success

Source: Responding to questions about the 100% condom use programme, 2004
Thank you