

Erotic Labour in Hillbrow:

Sex work, Johannesburg's 'Den of Iniquity' and HIV/AIDS

Submission to “HIV and the World of Work” conference

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Date of submission: 10 May 2008

Bio:

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Issues:

The on-going criminalisation of sex work in South Africa, concurrent sexual partnerships, socio-economic vulnerability, migrant status and gender-based violence intensify sex workers' risk to contract HIV. These factors intersect to restrict the skills, ability and resources of sex workers to negotiate safer sex and to access HIV prevention, treatment and health care services.

Discussion:

This paper will situate the living and working conditions of sex workers within the South African legal context while having regard to the current law reform initiatives regarding adult prostitution, and the increasing anxiety about the influx of (sex) tourists during the 2010 Soccer World Cup. It will consider an intervention by the Reproductive Health and HIV Research Unit which provides a mobile health care services and education to hotel-based sex workers in Hillbrow. The research draws on sex workers' experiences of health care facilities and social support services, with a particular focus on gender based violence.

Themes:

The intensification of political turmoil in Zimbabwe and other SADC countries has increased the number of migrants to South Africa, and to Johannesburg's inner-city in particular. While no systematic research has been conducted into the number of non-nationals residing in Hillbrow, anecdotal evidence indicates that an increasing number of sex workers come from beyond South Africa's borders. Insecure alien resident status and its associated insecurities have particular implications for the health seeking behaviour of sex workers, their access to health care services, their relationship with hotel-owners/managers and their working conditions. This paper will explore some of these issues, and focus on the particular challenges that migrant sex workers face.

Sex work or "adult prostitution" is criminalised under the Sexual Offences Act 23 of 1957. Currently few sex workers are prosecuted under this legislation and most charges are brought under municipal by-laws. This paper will explore the impact of the Johannesburg municipal by-laws on sex workers within Hillbrow specifically, and the ongoing implications of criminalisation on women's health, public health and HIV more generally.

Conclusions and Recommendations:

The South African Law Reform Commission will issue a Discussion Paper on Adult Prostitution in 2008. The Commission will consider whether sex work should be criminalised, decriminalised or legalised, and its decision will have far-reaching implications for the health and well-being and the working conditions of sex workers in South Africa and beyond. This paper will focus on HIV/AIDS and sex work and present public health and human rights arguments for the decriminalisation of the sex work industry.

Key words:

Sex work, HIV, Johannesburg, health, gender

Introduction

Since the advent of the AIDS epidemic, sex workers as a group have been at high risk of contracting HIV and STIs (UNAIDS, 2002, Evans, 2005). Factors such as the criminalisation of sex work, concurrent sexual relations, the difficulties in using HIV prevention technology, on-going exposure to high levels of violence (in particular gender based violence), stigma and the barriers to accessing health care services compound and interlock to render sex workers particularly vulnerable to HIV/AIDS (Scambler and Paoli, 2008, UNAIDS, 2002, WHO, 2005, Open Society Institute, 2006) . South Africa has one of the largest STI epidemics in the world (Johnson et al., 2007) and the country with the most people living with HIV/AIDS (UNAIDS and WHO, 2007). It is therefore not surprising that HIV prevalence levels amongst sex workers in Hillbrow, Johannesburg were found to be 45% in 1998 (Rees et al., 2000), while sex workers at a mining project in Carltonville had an HIV prevalence rate of 69% (Williams et al., 2003) in the same year. In the latter study, sex workers had a HIV prevalence rate that was more than three times higher than the 20% prevalence rate of that segment of the general population.

Sex work has generally not received much attention in South Africa. Often regarded as a social ill and a symbol of a society's "moral degeneration", sex workers are expediently ignored in public consciousness or alternatively focused on as "vendors of vice" (Fraser, 2008, p.1), "a core reservoir of STDs and HIV" (Pettifor et al., 2000, p.36), "vectors" or "source" of disease" (Open Society Institute, 2005, p.14, Delany and Nielson, 2000, p.1) or "a potential hazard to society (Wolffers and van Beelen, 2003, p.1981). While there was some movement post-1994 towards decriminalisation of the industry, the political will to accomplish this feat waned and eventually disappeared as preparations were made for the 1999 national elections (Wojcicki, 2003). Public attention has recently turned to sex work in the frenzied preparations for the 2010 FIFA World Cup which South Africa will host. In March 2007, the national police commissioner Jackie Selebi suggested to the National Assembly's Safety and Security Committee in Parliament that sex work and public drinking be legalised during the Soccer World Cup period (News24, 2007b). This expedient call was echoed by an ANC member of parliament in 2008 who called for the decriminalisation of

sex work during the World Cup by presenting the disturbing and distasteful argument that it will decrease rape during that time: “we hear of many rapes, because people don’t have access to them [women]” (Swart et al., 2008). Regrettably it would seem that many seldom regard the dignity and rights of sex workers nor indeed how social, economic and legal forces consign most sex workers to dangerous and unhealthy working and living conditions.

The on-going criminalisation of sex work - and South Africa’s growing inability to adequately deal with refugees and undocumented migrants - have a far-reaching impact on women’s survival and coping mechanisms. This paper aims to explore a number of these issues by focusing on the living and working conditions of sex workers in Johannesburg’s inner-city and placing this against the legal and social background of sex work in South Africa. This paper will focus on sex workers and health services in Hillbrow specifically. Hillbrow was chosen as focal point because it is the site of the most research conducted on sex work in South Africa, as well as currently being the only urban centre in South Africa that has a dedicated health project for sex workers.

Definitions

Various definitions for sex work (or the more stigmatising term - “prostitution”) have been used in the literature. UNAIDS notes that no single definition of sex work would be able to cover the wide range of activities that focus on sex and money/resources, and guardedly employs the following definition in its texts: “female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating ” (UNAIDS, 2002 p.3). The Open Society Institute prefers a definition that emphasises the commercial aspect and the wide range of activities and forms that sex work can take: “[Sex work refers] to the varied forms of sexual commerce engaged by

adults. Some forms of sex work are more informal and occasional; others are more regular and organized” (Open Society Institute, 2005, p.6).

It is vital to distinguish sex work from trafficking and focusing on individual agency is a useful tool in separating the two concepts. Butcher draws the following distinction: “Trafficking, though variously defined, covers coercion, forced labour, and slavery. Prostitution describes the sale of sex, by no means necessarily without consent or with coercion [...] Selling sex is a pragmatic response to a limited range of options [...] By merging trafficking and prostitution, the agency of sex workers is overlooked” (Butcher, 2003 p.1983). This element of choice – be it constrained in typical sex worker spaces in South Africa – is key in understanding the decisions that women make and how they relate to their self-identity. In a study conducted by the Reproductive Health and HIV Research Unit (RHRU) in which 202 female sex workers in Hillbrow were interviewed, the researchers noted the following about sex workers’ own definition of their work:

Sex workers clearly identify what they are doing as work, or ‘doing business’, and distinguish this from their non-working lives as women who are girlfriends, mothers and providers. This is evident from the constant comment by sex workers that they perform a service, a job for men. They define their service as penetrative, vaginal sex with a condom, resulting in ejaculation in exchange for cash (usually R20). There is also an expectation that the sexual exchange will take place within a particular timeframe, up to 15 minutes. (Reproductive Health Research Unit et al., 2002, p.14)

Another distinction is drawn by the anthropologist Janet Wojciki who separates the sex work industry in Hillbrow from the sex-for-money exchanges that take place in township *shebeens* and taverns in Soweto and Hammanskraal. She notes that the sexual relationships between the women and men in the township beer halls are much more ambiguous and fluid than the seemingly strictly commercial transactions that take place in Hillbrow – “It is unclear whether a woman will have a one-night stand with a man who buys her beers, whether she will enter into a semipermanent boyfriend relationship with him, or whether she will “escape” from the man after he buys her beers. Second, the amount of

money or goods exchanged is not fixed, as it is in a hotel or brothel” (Wojcicki, 2002b, p.8). There seems to be less of a stigma attached to this money-for-sex exchange, while the woman sometimes also performs domestic chores for the man. These women do not identify as “sex workers” - nor do they wear “short skirts” (which they identify with disdain as what sex workers in Hillbrow would wear) (Wojcicki, 2002b, Wojcicki, 2002a).

Official Responses towards sex work in South Africa

Responses from the legal sector

Sex Work is illegal in South Africa. It is criminalised under section 20(1)(aA) of the Sexual Offences Act of 1957, which reads as follows:

“20. Persons living on earnings of prostitution or committing or assisting in commission of indecent acts. –

(1) Any person who –

....

(aA) has unlawful carnal intercourse, or commits an act of indecency, with any other person for reward;

....

shall be guilty of an offence.”

Sections 2 and 3 read together with section 20(1)(aA) prohibit brothel keeping under this Act . More recently, South African criminal law has been amended to explicitly include penalties for people who make use of sex worker services. Section 11 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007 states as follows:

Engaging sexual services of persons 18 years or older

11. A person (“A”) who unlawfully and intentionally engages the services of a person

18 years or older (“B”), for financial or other reward, favour or compensation to B or to a third person (“C”)—

(a) for the purpose of engaging in a sexual act with B, irrespective of whether the sexual act is committed or not; or

(b) by committing a sexual act with B,

is guilty of engaging the sexual services of a person 18 years or older.

It should be noted that, in theory, clients of sex workers could always have been prosecuted under other laws which relate to being an accomplice or being associated with a crime. The new laws make these provisions more explicit and send out a clear warning to sex worker clients.

While criminal law is unequivocal that sex work is illegal, sex workers are seldom charged under the Sexual Offences Act. The obvious difficulties with providing sufficient evidence that someone has engaged in a sexual act for “reward” have led to some authorities persecuting sex workers through a plethora of municipal by-laws that relate to “public nuisance” or “indecent behaviour” (Richter, 2008, Arnott, 2004). Sex workers have reported police harassment and brutality to researchers in Cape Town and Hillbrow. Complaints include police assaulting them, spraying them with tear gas and demanding sex or money as bribes (Wojcicki and Malala, 2001, Arnott, 2004, Pettifor et al., 2000).

Sex workers and human and women’s rights advocates have not accepted the legal position and have brought challenges to laws and prosecutions in various forums. Following 1994, there was some movement at government level to decriminalise sex work in line with South Africa’s commitment to a culture of human rights. Regrettably few of these initiatives went beyond internal discussions and even these lost momentum in 1998 – ostensibly because the ANC felt that sex work was a sensitive issue and deliberations on

it had to be postpone until after the 1999 elections (Arnott, 2004, Wojcicki, 2003). Since then, civil society has brought challenges in two main forums: the courts and the South African Law Reform Commission.

In the case *Jordan v State* 2002 (6) SA 642 (CC), Ellen Jordan – a brothel-owner – challenged the constitutionality of the provisions of the Sexual Offences Act that criminalised sex work and brothel-keeping. The High Court found that the section criminalizing sex work (section 20 (1) (aA)) was unconstitutional and should be struck down. Seeing the matter involved a declaration of the unconstitutionality of legislation, the High Court judgment had to be confirmed by the Constitutional Court. The Constitutional Court surprisingly reversed the decision of the High Court on sex work, declared that the criminalisation of brothel-keeping was constitutionally justifiable, and referred the matter to the South African Law Reform Commission for further scrutiny. Commentators have severely criticised this decision as conservative and feminist authors in particular have argued that the judgment reinforces harmful stereotypes of female sexuality (Bonthuys, 2006) and denies sex workers basic rights to dignity, equality and engagement in economic activity (Krüger, 2004).

More recently, the Women's Legal Centre has taken on a case of unfair dismissal of a sex worker called "Kylie" from a brothel in Cape Town (News24, 2007a). The case was brought before the Commission for Conciliation, Mediation and Arbitration (CCMA) in 2007 and relied on provisions in the Labour Relations Act and the Bill of Rights. Counsel for "Kylie" argued that the Labour Relations Act (LRA) protects all "employees" against unfair dismissal, as an "employee" is defined in the Act as anybody "who works for another person" for remuneration. The CCMA held that it could not adjudicate a case that included an illegal contract in view of the fact that sex work is against the law. The case is currently on review before the Labour Court (News24, 2008).

The South African Law Reform Commission has been tasked to "provide workable legal solutions for the problems surrounding adult prostitution" (South African Law Reform

Commission, 2002). In its Issue Paper released in July 2002, the SALRC noted that it considered three legal options in relation to sex work, but could not take a particular position on any one because at the time of writing the report the Constitutional Court was still considering the *Jordan* case. The Issue Paper lists the three options as follows:

- Criminalise all aspects of adult prostitution as criminal offences;
- Legalise adult prostitution within certain narrowly circumscribed conditions;
- Decriminalise adult prostitution which will involve the removal of laws that criminalise prostitution.(South African Law Reform Commission, 2002, p.5)

In the Issue Paper, the SALRC noted that it will release a Discussion Paper and draft legislation following submissions from the public on the Issue Paper. The Discussion Paper will also be open to public participation, after which the SALRC will submit a final report with recommendations to the Minister of Justice and Constitutional Development.

A number of civil society organisations provided submissions on the Issue Paper in 2002. It should be noted that more than five years have passed since the publication of the Issue Paper and the SALRC has not yet released the Discussion Paper. This inordinate delay has frustrated civil society organisations eager to see the sex worker industry decriminalised and the human rights of sex workers protected.

Responses from the health sector

Various conferences (Open Society Institute, 2005, RHRU, 2001) and official government documents (Gauteng Multisectoral AIDS Unit, 2006) have acknowledged the importance of sex worker health, as well as the need for sex worker-specific HIV programmes. In addressing a conference on sex work and public health in 2001, the Minister of Health identified the links between sex worker vulnerability and criminalisation of the industry, and officially committed her department to the decriminalisation process:

A key element of the new dispensation in South Africa is a formal commitment to promote and guarantee equality and to prohibit discrimination. This has been provided by bodies such as the Human Rights Commission and Commission on Gender Equality to monitor the government's respect for human rights. Despite these changes, sex workers are still subject

to widespread discrimination that prevent them from enjoying the rights that are ensured by the Constitution.

[...] One strategy to improve sex workers' lives would therefore be to remove laws that prevent them from working safely and from travelling to other countries to work legally. Legal challenge is only one part of the equation. Because of stereotypes about their profession, they are poorly treated by mainstream service providers and other institutions. Initiatives promoting sex worker participation in service provision and programme management play a central role in assisting sex workers.

The Department of Health and NGOs are fully supporting the process of reforming the law on sex work as it has implications for the provision of reproductive health services. (RHRU, 2001)

Laudably, the South Africa's National Strategic Plan 2007-2011 (NSP) explicitly rejects discrimination against sex workers, acknowledges the increased vulnerability of sex workers towards contracting HIV and recommends the rolling out of customised prevention packages for sex workers (Department of health, 2007a). Significantly, the NSP recommends that sex work in South Africa is decriminalised.

Yet, despite principled stances, recommendations and appeals on paper, very few specialised health or social programmes for sex workers exist. The government seems to have little political will or local experience and expertise to draw from in addressing the challenges that sex workers face. This is evidenced for example in the most recent South African report to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). One hundred and eighty-nine countries committed themselves to specific targets in the 2001 "Declaration of Commitment on HIV/AIDS" and they have to submit regular reports on their progress towards these goals (United Nations, 2001) .

In its 2006-2007 report and its accompanying National Policy Composite Index (NCPI), the South African government makes little mention of sex work, despite the fact that sex workers are one of the most vulnerable populations in relation to the AIDS epidemic. In the main report under the indicators relating to sex work, the government notes that there

is “no data available” on the “percentage of female and male sex workers reporting the use of a condom with their most recent client”, but that a national survey will be commissioned (Republic of South Africa, 2008, p.18). The NCIP provides more detail on South Africa’s HIV/AIDS programmes and it follows a standard questionnaire used for UNGASS reporting purposes. This report notes that commercial sex workers are one of the country’s target populations, but fails to mention specifically under the section that enquires about laws that constitute barriers to prevention, treatment and support of vulnerable populations that the Sexual Offences Act and municipal by-laws can be used to persecute sex workers. The report states that a major study is planned on the “most-at-risk populations” in mid-2008 and that it will focus on “men-who-have-sex-with-men (MSM), gay men and lesbians” (Republic of South Africa, 2008, p.40). While it is acknowledged that MSM have a higher risk of HIV transmission, it is not clear why lesbians are placed in this category. At the same time, it is disquieting that no research is being planned on sex workers in a context where very little is known about HIV prevalence rates amongst sex workers nationally, whether they are able to access health care services and whether HIV treatment and prevention services are reaching them.

Sex work, health and HIV/AIDS

It is often noted that sex workers constitute an “invisible population”. The deep-rooted stigma that attaches to the sale of sexual services, the on-going criminalisation of sex work and the squalid conditions that many sex workers have to work under, compound the secrecy and mystery of sex work and ensure that little information is available about sex worker health and well-being. We do not know how many women work as sex workers in South Africa, how the number of sex workers is affected by increasing unemployment as well as cross-border migration to South Africa, where their various places of work are, who their clients are, and indeed how many women would self-identify as sex workers. Much of the published information that is available, draws on research done in South Africa’s biggest urban centres – Johannesburg (Rees et al., 2000, Dunkle et al., 2005, Leggett, 2002, Nairne, 1999, Pettifor et al., 2000, Stadler and Delany, 2006, Wojcicki, 2002b, Wojcicki, 2002a, Wojcicki and Malala, 2001), Cape Town (Sex Worker Education & Advocacy

Taskforce, 2005) and Durban (Leggett, 1999, Varga, 2001) – or in mines (Campbell, 2000, Williams et al., 2003). These studies do not necessarily reflect the realities of commercial sexual transactions in rural areas.

The literature that is available highlights the dire living and working conditions of sex workers and how the lack of legal protection compounds sex worker vulnerability to violence, ill-health and exploitation. Hillbrow appears to be the location of the most comprehensive sex work research conducted in South Africa. Studies focusing on this area were selected and discussed below in order to examine some of the links between sex worker marginalisation and ill-health.

As has been noted previously, 45% of sex workers in Hillbrow had HIV in a study conducted between 1996 and 1998 (Rees et al., 2000). Dunkle et al – using the data collected in the study by Rees et al - highlight the massive increase of HIV prevalence amongst sex workers in this area citing research that only one sex worker amongst a study population of 251 sex workers attending STI clinics in Johannesburg was HIV-positive in 1986 (Dunkle et al., 2005). The national HIV prevalence rates amongst antenatal clinic attendees in South Africa has increased from 0.7% in 1990, to 14.2% in 1996, to 29.1% in 2006 (Department of Health, 2007b). It is therefore likely that the HIV rates in this high risk population have also dramatically increased from the late 1996-1998 data available on sex workers.

Pettifor et al conducted focus group discussions with self-declared sex workers (Pettifor et al., 2000) in 1997. Sex workers reported that their main problems were their clients' unwillingness to use condoms, police abuse, the lack of sex worker-friendly health care services and sex workers who had HIV/AIDS. Dunkle et al in their study found that older age, being in sex work for a longer time, increasing the use of condoms and performing oral sex reduced the sex workers' risk of contracting HIV in Hillbrow (Dunkle et al., 2005). In 2001, the RHRU, the Sociology of Work Programme at the University of the Witwatersrand and the Vrije Universiteit, Amsterdam conducted research amongst female

sex workers and their clients in an attempt by to understand sex work as a form of work and to describe working conditions in the industry in Johannesburg. In this study, 202 female sex workers were interviewed during July and August 2001. The most salient findings for the purposes of this article are summarised in bullet point below:

- 11% of respondents were born outside of South Africa's borders;
- Almost a fifth of the sample lived with other sex workers;
- Streets, the hotels and bars accounted for the most popular places for soliciting clients;
- On average, respondents had sex with 10 clients in the past seven days, and including partners, respondents had sex with 11.1 different partners in the past seven days;
- 'Peno-vaginal sex' was the most common type of sexual intercourse and was reported in 76% of all sexual encounters;
- Condoms were reported being used with 93% of all partners;
- 88% of respondents reported using male condoms at last sex, and 6% using female condoms. The remaining 6% reported using both;
- Most clients paid the respondents of the study in money, not kind. Interestingly a significant proportion of partners (or boyfriends) also paid for sex with the respondents;
- Remuneration ranged from R20 – R100 (median R50), while main and regular partners seemed to pay slightly more for sex than the clients;
- Almost a third of respondents had sex against their will in the last six months;
- Just less than 25% of respondents reported having one or more STI symptoms;
- A third of respondents reported taking drugs in the last month, while half of respondents reported being drunk between 1-5 times in the last month (Reproductive Health Research Unit et al., 2002).

The pressures of making a living by engaging in sex work, the high level of sexual coercion and the high levels of concurrent sex are striking.

Pembrey points out that it is not necessarily the high numbers of sexual partners that place sex workers at risk, but rather the inability to use condoms consistently and correctly with every sexual encounter (Pembrey, Undated). The various barriers to using condoms is often reported by sex workers. Sex workers in Hillbrow have noted that it is difficult to persuade their clients to use condoms and that they fear violence when insisting on their use (Pettifor et al., 2000, Nairne, 2000, Wojcicki and Malala, 2001). Some clients demand paying half-price when condoms are used, while the intense competition for clients amongst sex workers weakens individual sex workers' bargaining power as the client could threaten to make use of the services of another available sex worker who do not insist on condoms (Pettifor et al., 2000). Wojcicki and Malala articulate this dilemma in the following way: "Sex-workers have been cited as being particularly vulnerable to STD (and HIV) infection as they lack access to economic resources and positions of power and as such may end up having to choose between economic survival and possible HIV infection" (Wojcicki and Malala, 2001). Their constrained choices are further highlighted by the fact that most sex workers say that they will leave sex work "immediately" if they were given the option (Nairne, 2000).

The violence and abuse by police has been noted above, and is augmented by the violence experienced by clients and partners (Vetten and Dladla, 2000) and the generally higher crime rates in the locations that sex workers often have to work in (Pettifor et al., 2000). Various studies have reported the reluctance of sex workers to report rape and abuse to authorities due to fear and unsympathetic treatment by the police (Sex Worker Education & Advocacy Taskforce, 2005, Wojcicki and Malala, 2001, Pettifor et al., 2000). Street-based sex workers (as opposed to those who are mainly based in hotels) are particularly vulnerable to crime, violence as well as police harassment (Fick, 2006, Stadler and Delany, 2006).

The lack of concern for and protection of sex workers by the police is also reflected by the experience of sex workers with regards to health and social services. Few if any services exist in Hillbrow that provide specific legal and psycho-social assistance to sex workers. Sex

workers report feeling stigmatised and being ill-treated and verbally abused by health care workers in public clinics (Nairne, 1999, Stadler and Delany, 2006). As an alternative, some sex workers would often seek assistance from private doctors, pharmacists, home remedies and/or traditional healers in order to avoid the aggression and over-crowding of public health care facilities (Stadler and Delany, 2006, Delany et al., 2000, Wojcicki and Malala, 2001), while traditional healers have been perceived to be less judgmental (Delany et al., 2000). Focus groups discussions with Hillbrow sex workers about health care services showed that they would like a specialised health service that was hotel-based and was staffed by a doctor or nurse who would examine and treat them effectively and respectfully (Delany et al., 2000).

From above it is clear that sex workers' health is compromised by violence, stigmatisation, the nature and dangers of their work, economic hardship and the lack of access to services and support. All of these factors are aggravated and entrenched by a legal system that criminalises the industry. In its submission as a "friend of the court" in the *Jordan case*, the Sex Worker Education and Advocacy Task Force (SWEAT), the Centre for Applied Legal Studies (CALS) and the RHRU set out detailed arguments on how the criminalisation of sex worker brings harm to sex workers. These arguments are categorised under the following themes: i) increased vulnerability to violence, ii) creating and sustaining unsafe, unfair and poor working conditions, iii) increasing the stigmatization of sex workers, iv) restricting access to health, social, police, legal and financial services, v) creating an adverse impact on safe sex practices, and vi) impact on the ability to find other employment (SWEAT et al., 2002). These harms are not only limited to sex workers, but also have a negative impact on the health and well-being of sex worker clients, partners and dependants and ultimately South Africa's public health.

Mobile intervention: The Sex Worker Project in Hillbrow

Sex work in Johannesburg has been documented from its inception - from 1886 onwards - (Fraser, 2008) and has only become more closely associated with Hillbrow in the last two or

three decades. Hillbrow – or as Leggett terms it: ‘den of iniquity’ (Leggett, 2002) - is one of the most densely populated areas in Africa and has a population density of 65 132 people per square kilometre (Statistics South Africa, 2003). Some commentators have pointed out that Hillbrow has a five times higher population density than New York City (Silverman and Zack, 2007). 99% of Hillbrow residents lived in apartments or flats (World Organisation Collaborating Centre for Urban Health, 2007) and a number of Hillbrow’s residents live in unhealthy conditions in unsafe buildings (COHRE, 2005). Access to services is uneven and many of the poor residents of the Johannesburg inner-city do not have access to water and electricity (Wafer et al., 2008). Many residents either bear these difficulties because they are in need of the work opportunities that the inner-city offers, or because they have nowhere else to go.

Hillbrow is the first port of call for many new hopefuls to Johannesburg – both from inside and beyond South Africa’s borders (Graeme Gotz “The role of local government towards forced migrants” in (Landau, 2004). A household survey of 200 people in Hillbrow during 2002 found that 36% of residents of hotels in Hillbrow were non-South African (Leggett, 2002) & Ted Leggett “Victims’ views: insights from an inner-city victim survey” in (Maepa, 2005)). Lewis et al call these cross-border migrants, Hillbrow’s “hidden population” (Lewis et al., 2003). In popular consciousness, Hillbrow is known to be a “red light district” and indeed three quarters of respondents in study by Leggett reported that there were sex workers in their building, while 25% of women who were interviewed said they sold sex. Literature on sex work in Hillbrow often state that there are between 5000 and 10 000 sex workers operating in Hillbrow, but there is no accurate census data available to verify this number (Pettifor et al., 2000, IRIN, 2006, Rees et al., 2000).

The RHRU is an academic and service-based organisation that conducts research into the fields of sexual & reproductive health and HIV, while supporting the public health care system through partnership with the department of health. Its head office is situated in Hillbrow, Johannesburg. The RHRH has provided health services to sectors of the Hillbrow population since its inception in 1994. The RHRU recognised that specialised health care

services for sex workers in Hillbrow were necessary in particular, as sex workers often report limited movement, violence and stigmatisation, as well as ill-treatment by health care workers (Dunkle et al., 2005, Pettifor et al., 2000). In 1996 RHRU staff started providing health care services to sex workers on Thursday evenings from Esselen Street Clinic – a primary health care clinic in Hillbrow. Through various research studies and sex worker-specific projects from 1998-2002, the RHRU designed an intervention to provide acceptable and effective STI treatment and prevention services to sex workers based in the inner-city. The intervention was designed in consultation with sex workers who had previously identified the need for more accessible services. The intervention took the form of a mobile clinic, which is staffed by a trained primary health care nurses and community health care workers. This mobile clinic visits a range of Hillbrow hotels (or “brothels”) on a monthly basis and offers resident sex workers services such as HIV-testing, pregnancy-tests, STI diagnosis and treatment, PAP smears, male and female condoms, family planning, referrals, education and health talks. This is known as the outreach component of the Sex Worker Project (SWP). Sex workers can also access the above and additional services at Esselen Street Clinic where project staff are available to consult with sex workers at regular time intervals. The latter service is particularly aimed to assist street-based sex workers who may not be reached by the hotel-based consultations (Richter and Yarrow, 2008).

One of the community health workers targets men in particular and provides health talks to men in the hotel bars where outreach services are provided. A recent addition to the SWP is the Exit Programme and Peer Educators component. A number of sex workers have been trained to provide health education to their peers, and to encourage them to make use of the SWP services. This cadre of peer educators have on-going skills training in order to prepare them for alternative employment. It is anticipated that the Exit Programme will train interested sex workers to take up gainful employment in alternative forums (Richter and Yarrow, 2008).

Research conducted by Stadler and Delany showed that hotel-based services were acceptable to female sex workers in terms of quality, accessibility, and efficacy. These services were shown to positively influence the health-seeking behaviour, health awareness, and condom use of sex workers. In addition, the SWP intervention also encouraged a shift in perceptions of the hotels from 'diseased and dirty' to 'safe and healthy'. This new image created an environment in which safer sexual practices were more possible (Stadler, 2006).

Hillbrow's "hidden population" and its "invisible population" seem to increasingly intersect and overlap. Political turmoil and economic hardship in parts of sub-Saharan Africa - particularly in Zimbabwe - have increased the amount of cross-border migration into South Africa. While hard data on the number of migrants in South Africa is difficult to obtain, non-governmental organisations and researchers have noted the increase of undocumented migrants and refugees who seek shelter in South Africa and the abuse and hardship that they have to endure at the hands of South Africans (SAPA, 2008, Kharsany, 2008, Treatment Action Campaign, 2008, MSF - South Africa, 2008) . Many are absorbed into Hillbrow and its informal economy, and anecdotal evidence points to increasing numbers of female sex workers being from beyond South Africa's borders (IRIN, 2006, Sex Work Networking Forum, 2008).

There are high levels of xenophobia against cross-border migrants in Hillbrow. The 2002 household survey in Hillbrow found that 62% of non-South Africans interviewed reported that they have been assaulted by local residents "merely for being foreign" (Leggett, 2002). These high levels of discrimination and intolerance, and the fact that those without the relevant documentation can easily be deported and prosecuted by authorities, create additional and often insurmountable barriers to migrant sex workers to access health services. The mobility of the SWP means that they are of particular assistance to this sub-section of sex workers.

Conclusion

In a recent systematic review of effective interventions to prevent HIV and other STIs under sex workers in resource-poor settings, Shahmanesh et al found that “the evidence suggested that combining sexual risk reduction, condom promotion and improved access to STI treatment reduces HIV and STI acquisition in sex workers receiving the intervention” (Shahmanesh et al., 2008). They also noted the importance of structural interventions, policy change and the empowerment of sex workers in reducing HIV and STI prevalence. This research provides strong rationales for providing sex worker-specific health and social services, dismantling the discriminatory legal environment and safeguarding the human rights of sex workers.

It is hoped that the 2010 Soccer World Cup will provide the necessary political momentum and commitment to scrutinise the extremely vulnerable position of sex workers in South African society, and to decriminalise the industry. In the mean time, the few existing services to sex workers should be strengthened and widely expanded. To this end the following recommendations are submitted:

Recommendations

1.) Decriminalise sex work in South Africa

It is clear that the criminal law and the fear of legal sanction compound the vulnerability of sex workers. It is vital that discriminatory laws be reformed as a matter of urgency and that sex workers are assured of the protection and support of the police and justice system.

2.) Implement and fund sex worker-specific programmes

Government, civil society and service-based organisations should work together to implement social, health and economic programmes that target and empower sex workers. It is vital that sex workers are consulted and are part of every aspect of the planning and implementation of these programmes. The model provided by the RHRU’s Sex Worker

Project should be replicated in other urban areas and be adapted to rural and semi-urban areas, with strong financial support from government.

3.) Implement the provisions of the NSP

The NSP provides a strong framework and a systematic plan of action in dealing with HIV/AIDS and sex workers. The South African National AIDS Council and the department of health should provide regular reports on the implementation of these aspects of the Plan and should be held accountable when specific targets are not reached. In order to provide effective monitoring and evaluation of implementation, it is necessary to conduct in-depth research on sex work in South Africa. This research will also supply some of the much-needed information on where sex workers work, what their HIV prevalence levels are and what services and support they need.

4.) Strengthen civil society responses to sex work

With the exception of SWEAT, very few organisations advocate for sex workers or provide specific programmes and services for sex workers. It is necessary that women's, human rights and HIV/AIDS organisations should take the lead on campaigning for sex worker rights and empowerment, and to provide support to organisations such as Sisonke that are run by sex workers for sex workers (Sisonke, 2004).

5.) Effectively engage on cross-border migration issues and end the denial about the crisis in Zimbabwe

The position of migrants and refugees is extremely tenuous in South Africa, and government is not responding adequately to the increasing number of people who seek refuge in South Africa. Mbeki's recent assertion that "there is no crisis in Zimbabwe" following the bloody aftermath of a marred national election (BBC News, 2008, AFP, 2008) is indicative of the denialist response that various government sectors give in relation to migrant issues. Female migrants are particularly vulnerable to abuse and exploitation and often take up sex work as the only means of survival. A cogent and principled national response towards the human rights abuses in Zimbabwe and the protection of migrant rights in South Africa will impact on the lives of migrant sex workers in particular.

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