

TAMPEP

TRANSNATIONAL AIDS/STD
PREVENTION AMONG
MIGRANT PROSTITUTES
IN EUROPE / PROJECT



TAMPEP

1

September 1993
August 1994

FINAL REPORT

Germany
Italy
Netherlands

TAMPEP stands for *Transnational STD/AIDS Prevention among Migrant Prostitutes in the European Union*.

TAMPEP is a European research project which at the same time develops preventative programmes against sexually transmitted diseases and HIV.

TAMPEP has been developed simultaneously in Italy, Germany and Holland. The European coordination has been carried out by the *Mr A. de Graaf Stichting* in Holland, in Italy by the *Comitato per i Diritti Civili delle Prostitute* (*Committee for the Civil Rights of Prostitutes*), and in Germany by *Amnesty for Women*.

TAMPEP was founded in September 1993.

TAMPEP received financial assistance from the Praeventie Fonds (*Dutch Preventative Fund*) and the Commission of the European Communities, Directorate for Public Health (DG V).

Editor Licia Brussa | TAMPEP-Netherlands

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Amsterdam, August 1994

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Acknowledgements

Many people were in different capacities members of the TAMPEP teams in Germany, Italy and Holland. They are presented in the respective country reports. Here we give the main structure of the project:

- General Coordinator: **Licia Brussa**, responsible for the Final Report
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- Local coordinators GERMANY: **Veronica Munk** and **Urte von Reckowsky**, responsible for the Final Report and the Manual of TAMPEP/Germany.
- Local coordinators ITALY: **Carla Corso** and **Pia Covre**, responsible for the Final Report and the Manual of TAMPEP/Italy.
- Local coordinator HOLLAND: **Licia Brussa**, together with **Fanny Polania Molina**, responsible for the Final Report and the Manual of TAMPEP/Holland.
- **Davide Austin**/Verona and **James Lupton**/London, translated and edited parts of this report. **Veronica Munk**/Hamburg, took care of the lay out and the printing.

This first part is a description of the results of the first year of TAMPEP, with an emphasis on the developing of the methodology, plus the three country reports, and samples of the materials we have produced.

Part two contains the analyses and evaluation per country of migrant prostitution with special attention to the various nationalities. The work of TAMPEP is also analysed and evaluated in relation to its aim: optimal STD/AIDS prevention taking into account structural aspects. Here recommendations for future work and for service providers are given.

During the activities of the project we had numerous contacts of various characters with many individual people, governmental organisations, non-governmental organisations etc. They range from correspondence, discussions, advice and collaboration. They all contributed to the quality of our work. It is impossible for us to name them individually; the institutions with whom we worked on a structural basis are mentioned in the country reports. We want to thank everybody for their support.

For obvious reasons it is impossible to individually give credit to all the migrant sex workers, women and men, who were not an object of our project but who were our main collaborators. We were very much inspired by their enthusiasm and their gratitude. For many of them it was the first time that they were an active participator of an aids prevention project. Without their trust we could not have carried out the project. We hope we will be able to continue the TAMPEP project with them and their colleagues. We dedicate this report to the empowerment of these migrant women and men in prostitution.

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A general description of TAMPEP

TAMPEP is a European research project which at the same time carries out preventative programmes directed at sexually transmitted diseases (STDs) and HIV/AIDS among migrant prostitutes.

TAMPEP stands for *Transnational STD/AIDS Prevention among Migrant Prostitutes in the European Union (EU)*.

With which groups of women do TAMPEP work, and why do we call them migrant prostitutes?

Prostitution in Europe should be seen as an international phenomenon because of the increase in numbers of women and men from the countries in Asia, Africa and Latin America arriving in the EU since the 1970s. Recently, women and men from Central and Eastern Europe have started working as sex workers in the EU. In this report sometimes the word *foreign* is used to describe this category.

A migrant prostitute or migrant sex worker is a person from one of the above mentioned countries, who works in the sex industry of North, West and South Europe. Many of them have not worked previously in the sex industry of their country of origin and migrate not with the intention to work as a sex worker. And many of the persons who work in the sex industry do not identify themselves as prostitutes.

Sex workers are male and female. We also worked with transsexuals, when we encounter them we address them as they present them to us, as man or women. So we do not introduce a third gender category. But in this report we also write about transsexuals because they have specific medical and social needs and require special attention.

Prostitution by these persons (male and female) occurs in all the countries of the EU. Groups are becoming ever more mobile, both within countries and at the European level, creating thereby a structural phenomenon of serial or chain migration. To stress this fact we define this phenomenon as migrant prostitution, to make clear that it is not temporary and to pay attention to the similarities with other people who migrate to find work in Europe.

In many regions there are more foreign than European prostitutes. Often the migrant sex workers become involved in trafficking of women and men, dependency, criminal activities and isolation. They remain outside the legal, social and medical structures which make information and preventative advice available and which would allow them to work under more favourable conditions.

From our contacts with migrant prostitutes and our knowledge of their working and living conditions we came to the conclusion that STD/AIDS prevention in the broader framework of

health promotion should be one of the present priorities. Existing services in the European Union have little contact with these groups. Therefore we proposed to launch a special project in order to develop new strategies and materials in collaboration with them. This first year of TAMPEP is aimed at that: to develop new strategies and material in an experimental way in regions with different features and conditions (like legal, social and health provisions structure). The aim of TAMPEP was not to set up a network of services which would cover entire countries.

The idea of creating TAMPEP was motivated by three factors: first, the conditions in which the sex workers find themselves, from the point of view of the health and hygiene of the group as well as the conditions of the establishments where the business of foreign prostitution is carried out.

Second, the lack of available information in the mother tongue impedes the development of educational and preventative programmes about the risks attached to the job. It also makes it hard to improve their conditions of work which would allow the sex workers to enjoy a healthy life both physically and psychologically.

Third, the need for direct contact between the sex workers and the various organisations working in the social and medical fields, a contact which should be designed taking into account the needs of different migrant groups, respecting their cultures and traditions, and without compromising the delivery of an efficient service.

TAMPEP has developed a working methodology which is adapted to the situations which confront the women and men in their places of work. It has produced information and educational materials in different languages, as these are helpful tools in the work to improve the health and social conditions of the sex workers in their places of work.

TAMPEP has developed simultaneously in Italy, Germany and Holland. Its European coordination has been the responsibility in Holland of the *Mr A. de Graaf Stichting* (Foundation), in Italy of the *Comitato per i Diritti Civili delle Prostitute* (Committee for the Civil Rights of Prostitutes), and in Germany by *Amnesty for Women*.

TAMPEP was founded in 1993. Here we present the report of its first year's work. The report is divided into two parts: the first provides a general description of the project and an overview of each country. The second part is a more detailed analysis of the results in every country, which includes an analysis of the circumstances of the sex workers by nationality. The two reports are published separately.

TAMPEP receives financial assistance from the Praeventie Fonds (the Dutch Preventative Fund) and the Commission of the European Communities, Directorate General Employment, Industrial Relations and Social Affairs; Health and Safety Directorate, Public Health (DG V).

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Objectives of TAMPEP

- To establish direct contact with sex workers making it possible to gather information and create an atmosphere which permits the development of the different preventative measures.
- To create a programme of prevention of STD/AIDS that is adaptable to the social and cultural particularities of each group, and to their conditions of work. The programme is based on existing material that we tested as positive and on the information gathered from the sex workers.
- To develop a preventive programme that includes the active participation and collaboration of sex workers.
- To inform sex workers about the existence of publicly funded, free and confidential medical services. Moreover, to encourage sex workers to use the services, and to guarantee that these medical services are geared to the needs of the group.
- To inform sex workers about the different social and legal aspects of their existence in Europe and the means of protection, related to human rights, so that they are able to take decisions freely concerning their working conditions and their future life.
- To identify and train leaders from within the group of sex workers.
- To evaluate the effects of the programme carried out by TAMPEP.

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Who TAMPEP is aimed at

TAMPEP has chosen a group of foreign sex workers as its working group, both for the purposes of the research and for the execution of its preventative programme. The group has been chosen so as to represent the great variety of nationalities present in the three European countries involved in the project.

The sex workers chosen come from Latin America, Asia, Africa, and Eastern Europe. The numbers of each group vary from country to country, representing in this way the nature of migrant prostitution in Europe.

In Holland the largest foreign group is the Latin Americans; the most numerous groups coming from the Dominican Republic, Colombia and Brazil.

There is also a group from Eastern Europe, mostly from Poland and the ex-Soviet Union, for example Russians, Ukrainians and Lithuanians. There are also Czechs, Slovaks and occasionally women from the former Yugoslavia such as Serbs and Croats. We also encounter women from Africa, mostly from Ghana and Benin.

In Germany the research focussed on women and transsexuals from Latin America. The women come from the Dominican Republic, Colombia and Brazil. The group of transsexuals is of Brazilian and Colombian origin. Women and transsexuals from Thailand were another important group.

Work was also carried out with women from Eastern Europe such as Poles, Czechs and Russians.

In Italy the largest group was formed of women from Nigeria; though women from Ghana participated too. Latin American women from Peru, Venezuela and Uruguay were contacted, though the largest Latin American group was made up of Brazilian transsexuals.

There are more women from Eastern Europe in Italy than in Holland or Germany. There are several nationalities, among them women from the former Yugoslavia (Macedonia, Bosnia and women from the Istrian region, this last group being identified as practitioners of frontier prostitution). We also came across Czech, Romanian and Albanian women, and a few Russians.

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Organization

Antecedents of the work

TAMPEP sought to identify organisations which could lend the support and assistance necessary for the development of the project.

The organisations had to be linked to the question of prostitution or of migration and they had to be prepared to welcome people from different nationalities and cultures into their work.

Holland is the country coordinating the project, under the *Mr A. de Graaf Foundation*, which has been investigating the question of prostitution for the last twenty years and which, since 1987, has been investigating the question of foreign prostitution.

In Germany, *Amnesty for Women* from Hamburg was founded in 1986. Its work is directed at the trafficking of women and forced prostitution; it also offers legal advice and advice on social matters, and offer language courses.

In Italy, the *Comitato per i Diritti Civili delle Prostituite*, a national organisation founded in 1982, works for the rights of sex workers. The *Comitato* forms a part of LILA (Liga Italiana de Lucha contra el Sida, or Italian League to Struggle against AIDS). The *Comitato* also forms a part of EUROCASO (European Council of AIDS Service Organisations).

The working group

In order to begin to develop the work of TAMPEP it was necessary to create an organisational infrastructure for the project, which would become a support and aid at the European and at the national level.

As TAMPEP is an international project working in three countries and seeks to approach the problematic of foreign prostitution, it was necessary to create an international interdisciplinary working group which would represent in one way or another the group to whom the project is directed.

The working group is mixed in its membership, with European and foreign members who come from the following countries: Holland, Italy, Germany, Brazil, Colombia, Poland, Servo-Croatia, Ghana, Nigeria, the Philippines, Puerto Rico and Thailand.

The characteristics of the working group are based on its special composition, formed of people of different nationalities and cultures all of whom were in some linked with the issue of prostitution.

Not only do the members of the working group speak the languages of the countries the sex workers come from but they actually come from the same places. Therefore they understand the culture and the problems of their own countries but also the situation confronted by migrant groups in Europe.

This facilitated the direct contact with the sex workers themselves and made it possible to gather the information necessary to develop an educational and preventative programme which would meet their needs and respond to their expectations, not only in the area of health but also at the social, cultural and sexual levels.

International contacts

TAMPEP has established a series of working contacts with different organisations with the following goals:

■ As TAMPEP is a project designed to work on prevention and to educate about venereal diseases and HIV/AIDS we made contact with different health organisations which were linked to or had experience of offering medical services to sex workers.

In the three countries where TAMPEP works, and taking into account the differences in health policies, it was possible to identify the bureaucratic and technical barriers which were likely to impede direct contact between health professionals and the foreign sex workers.

While preserving TAMPEP's autonomy it proved possible to establish working agreements with health service professionals, resulting in the improvement of the service while directly benefiting the sex workers.

■ TAMPEP established a series of contacts with different organisations at the international level, allowing us to gain access to the existing written information on the subject. One hundred and fifty letters were sent to different organisations around the world which work in HIV/AIDS, health promotion and prostitution, especially in Latin America, Africa, Asia and Eastern Europe.

During the development of TAMPEP each person in the working group has established bilateral contacts with their respective countries of origin, helping to create a future working network which will enable an interchange of information, experiences and written material.

National contacts

The three countries where the work of TAMPEP is carried out have particular political, social and cultural characteristics, which are reflected in their differing policies towards prostitution.

These characteristics meant that each country was given autonomy to establish its own contacts with different organisations according to the perceived needs and in as much as they would facilitate the development of the project.

Contacts were made in each country with the following kinds of organisation:

Nongovernmental organizations

The objective was to advertise the existence of TAMPEP and at the same time to create a network which would provide information, support and advice to the foreign sex workers, for which reason the following organisations were contacted at the national level:

- Migrant organizations
- Organisations providing social and legal services for migrants
- Local prostitutes' organisations
- National organisations working against the trafficking of women
- Associations of the proprietors of brothels
- Individual contacts with proprietors of brothels
- Organisations producing information materials about protection from venereal diseases and HIV/AIDS

Governmental organizations

Contacts were made to inform the following governmental organisations of TAMPEP's work:

- Police (national and/or regional)
- Municipal functionaries/officers
- Officials in the Ministry of Health

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Methodology of the work

The methodology utilised by TAMPEP is based on an active and direct participation and collaboration with the group worked with. The sociological investigation and the practical intervention concerning protection were developed in a continuous cycle as follows: gathering of information; organisation of activities based on these data; creation of new material; and evaluation of the results. Finally these partial results were put into practice in new activities, in a process which qualitatively deepened the strategy designed to achieve a positive intervention to improve the health of the sex workers.

This continuous process of investigation, implementation, evaluation and production of material has allowed us to develop grass roots activities which are tailored for each group and sub-group.

It was possible to develop the project thanks to four factors:

- To an international and multicultural group working simultaneously on a single programme.
- To an intensive and constant work carried out by cultural mediators in the fieldwork, achieving a position of trust with the groups (a precondition for the success of the work).
- To an intensive collaboration between the working groups of the three countries, and the interchange of materials, of work experiences, and of results.
- To the autonomy of the TAMPEP working group within a network of institutions, organisations and support groups.

Interviews

The first stage of the project was based on the formulation of a series of questions which would allow us to establish a general diagnosis of the physical, psychological, social and economic situation of the sex workers.

The level of knowledge about prostitution, and attitude to the work and experience of prostitution made it possible to understand the patterns of mobility within and outside the group, the levels of dependency on third persons and if they have obtained some level of independence.

The sample of interviews allowed us to establish a general understanding of the situation of the group and the necessary steps to establishing the practice of safe sex, and how to handle

the sexual demands of different clients and the sexuality of different cultures.

We were able to examine the practice, experience and opinions of the sex workers and the quality of the medical service as well as the relationship to the health workers, both in the private and the public sectors.

We were also able to take biographical details which enabled us to create a description of the group in respect of their age, origins, educational levels, the reasons for their migration or for remaining in Europe, and their plans for the future whether these were within prostitution or not.

The results were analyzed and used to elaborate the work plan. They also served to build up confidence between the sex workers and the person with responsibility for each group.

During each new contact with the sex workers the method of informal interviews was worked out. In the course of this process a series of key questions was selected which allowed us to extract information we were able then to use to build on the existing methodology and to adapt it to our work.

Use of the existing material

TAMPEP carried out a preliminary investigation to identify which organisations in the continent or the country of origin of each sex worker, as well as in Europe, had material and experiences in the area of prevention of STDs, HIV/AIDS and in the areas of health and prostitution.

150 letters were sent to different countries, introducing our project and asking them to send materials along with authorisation for their use by TAMPEP. In exchange we have promised to send a handbook and other materials produced by TAMPEP.

The response was rapid and positive. 50 organisations responded, out of which we chose 30, mainly grass-roots, organisations whose material would form the basis of the consultation.

Our working group selected materials which were adapted to the specific circumstances of each country where TAMPEP operates. Only a small amount of the material was used in its original form. (See list of sources).

The idea behind using or adapting the existing materials was that the sex workers could receive basic information in their own language on the need to practice safe sex and to take preventive measures against the risks attached to their work.

The distribution of the material, accompanied by the distribution of condoms was a way to check the level of information and education that the sex workers had about their health.

In this way it was possible to enlarge the geographical radius of the work and to reach the majority of the sex workers, verifying and building upon, the preliminary information obtained through the interviews.

Initial evaluation

After the initial distribution of materials it was necessary to see how efficient they were, the quality and quantity of information that the sex workers received, and if they could recognize themselves in the materials. It was necessary to see if the materials responded adequately to the

information and preventative needs of foreign prostitutes in Europe.

The women from the Dominican Republic and Colombia immediately rejected the material from Latin America aimed at prostitutes, or produced by prostitutes themselves.

This rejection was due to the following factors:

- The majority of Colombian and Dominican women did not practice prostitution in their countries of origin, only beginning to carry out sex work once in Europe.

- The self image they had as prostitutes is the result of the values of the society they come from, where prostitution is considered among the lowest of activities.

In many cases their families do not know about what they were doing in Europe, for which reason they avoid all kinds of direct contact which would put their anonymity at risk. If their families and their social milieu were to find out they would immediately be rejected and discriminated against.

- They did not see themselves as prostitutes and they maintain no contact with sex workers in their own countries. At the same time they also feel themselves superior because they are living in Europe, their clients are European, and they earn much more than those who do the same work in their countries of origin.

The Brazilian women found it easier to relate to the prostitutes' movement in their country of origin, and many had worked as prostitutes there, sometimes even having seen the materials before.

For the African women, a leaflet produced in Kenya for sex workers was used. Other materials aimed at the population at large were used as complementary material and were supplemented by other activities such as the distribution of adapted materials, and structured question and answer sessions.

The lack of preventative materials from Eastern Europe made it impossible to gauge the reactions of the sex workers who came from this region. Also for transsexuals we could not find any existing material.

The small amount of material produced in Europe which is aimed at prostitutes was accepted easily once it had been translated into appropriate languages. We continued to distribute these materials to each new group we worked with.

The conclusions drawn from the analysis of materials originating in the countries of origin and from Europe were the following:

- The materials received were not adequate for our purposes and did not correspond to the reality and circumstances confronting the foreign sex workers in Europe. In other words it does not respond to their needs nor meet their demands.

- The information which the material contained is written in abstract language which made it difficult for the reader to understand and did not help create a greater understanding of the practice of safe sex. Neither the language, nor the form, and the content of the materials corresponded to the educational level of the group TAMPEP works with.

Production of new material

In analyzing the evaluation carried out of the existing material, and taking into account its effects and the way it was received by the sex workers, TAMPEP decided to produce its own

material which would be useful to the workers.

To carry this work forward, a series of educational workshops was organised where a health professional was able to give information directly to the sex workers and respond to their questions.

The material was produced by TAMPEP in order to reinforce the information made available in the workshops, underlining the messages about the practice of safe sex and health protection while at work.

The preparatory work for the workshops and the materials was carried out simultaneously in the three countries where TAMPEP operates. This allowed for the harmonisation of their contents including information on the brands of condoms and health products etc, as well as in relation to the working methods of the national medical service.

The existing leaflets dealt with the following themes:

- Condoms and lubricants
- Venereal diseases
- HIV/AIDS and hepatitis B
- Vitamins
- Use of the sponge
- Nutrition

This material was in Spanish, English, Portuguese, Russian, Polish and Thai.

Another material which was common to the three countries was an informative cassette about safe sex produced by the STD Foundation of Utrecht in Holland. This was available in Spanish, English and Akan (a language from Ghana). Subsequently TAMPEP produced a new cassette available in three Nigerian languages: Bini, Ibo and Pidgin English, as well as in Portuguese, Czech, Russian and Polish.

The collective results of this international work allowed TAMPEP to inform the sex workers in other countries of its existence and meant that the sex workers, who travel constantly between the three countries, were able to make contact with us whether they were in Italy, Holland or Germany.

Each country developed materials aimed at a specific group. For example, in Turin/Italy a booklet with cartoon strip text was produced for and with the participation of Nigerian female sex workers.

In Hamburg/Germany a similar cartoon booklet will be produced aimed at female and transsexual sex workers from Latin America.

In Amsterdam/Holland a cassette was produced in Akan, in the form of a conversation between two women, during the course of which the subject matter of the leaflets was covered. It was decided to use this form because the Ghanaian women found it easier to relate to this material than the written word.

Not only did TAMPEP produce informative leaflets but it also produced a series of educational materials which were used to encourage the sex workers to participate in the project; these materials included invitations to the workshops, handouts, posters etc.

The material produced was the result of collective, collaborative work between the TAMPEP group and the sex workers. This enabled the elaboration of a product which proved

suitable in content, language and form. The design of the materials took into account the mobility of the group which meant that often a great amount of information had to be imparted in a very short time.

The continuous contact with the group determined the spontaneous identification of leaders among the sex workers who fulfilled roles such as consultant on the materials and their subject matter, and in the distribution of information in the place of work.

One conclusion to be drawn about the material used and produced by TAMPEP is that the effects of the information and preventative materials, even if confirmed and adapted in consultation with the sex workers, can only be partial if not accompanied by a direct and continuing contact with the group.

The staffs of TAMPEP was in constant contact with the sex workers and have the capacity to provide information for the sex workers, to train them, and to be a reference point helping them to mediate within their own cultures and within European society.

Information

The provision of information led to the creation of a relationship of confidence, based on mutual respect, where it was possible to identify the necessities and priorities at the personal level and at the level of the group while at the same time making contact with other organisations which were able to help the affected group directly.

Training

By providing training it proved possible to reinforce the knowledge already present among the group. With the help of health specialists it was possible to respond to the questions of the sex workers while involving them in the evolution of the work.

The training of the leaders in the group ensures that the work developed by TAMPEP will continue, and encourages the sex workers to ensure that they can decide to professionalize their work, that they come to respect themselves, and that they are able to achieve the liberty to take their own collective and individual decisions.

Mediation

The TAMPEP workers are the point of reference between two several cultures, explaining to the sex workers the operation of the health system, of government health policies and of the legal and social system in general. TAMPEP members are mediators between the sex workers and all relevant agencies and institutions. At the same time they advise these institutions (in the first place the medical ones) on how they could adapt their policies and services so that they took into account the specific characteristics of each culture.

Final evaluation of TAMPEP

The effects of TAMPEP's work were monitored using two questionnaires. One was aimed at the sex workers who participated throughout the programme or at some time during it. The other was directed towards sex workers who were contacted for the first time.

The simultaneous use of these two questionnaires was made possible because of the ability the group of TAMPEP workers had to travel both within countries and at the European level.

TAMPEP participants

The questionnaire was designed to encompass the following objectives:

■ To find out if the full range of the information provided by TAMPEP was known among the sex workers and how useful it had been to them. It was also hoped to see if there had been a change in attitudes towards safe sex, the medical services, and about whether new measures concerning improved hygiene had been taken in the place of work.

■ To see whether the sex workers applied what they had learnt from TAMPEP in their daily working practice and to see whether they were likely to do so in other working conditions or in other countries.

■ To evaluate the quality of TAMPEP's programme in conjunction with the participants, and to analyse the suggestions of how to improve it. These results were analyzed and evaluated alongside the original questionnaires, permitting us to draw the following conclusions:

- The sex workers now use condoms more often during different sex acts.
- The number of accidents while using condoms has diminished due to their correct use and the acquisition of better quality condoms.
- The sex workers put the condoms onto their clients and they check for symptoms of STD.
- The sex workers now use lubricants. Previously they did not, or used inadequate oil based products which damaged the condom.
- The sex workers now use condoms to perform oral sex where previously their clients did not accept them.
- Previously the women abused the use of vaginal douches and used inadequate products in the attempt to prevent venereal diseases and pregnancy. They thought that other practices were the realm only of prostitutes with whom they did not identify. Now they know how often they should use (better) products, and to use them as part of their overall approach to hygiene.
- The sex workers now have greater knowledge of the different symptoms and kinds of venereal diseases and of HIV/AIDS, where before they had no, or inaccurate, information.
- In developing a preventive consciousness the sex workers have decided voluntarily to undertake tests for the HIV virus as a way to improve their personal and their working health.
- The workers now consult their doctors as a part of their general preparation in the area of health; they do this not only in urgent cases but as a part of their normal working practices. They also practice self medication less than before.

- They now have a greater understanding of how the human reproductive apparatus functions.
- Within the standard practices of their work the sex workers have changed their attitudes towards the practice of safe sex, protection in relation to their work, and the taking of health precautions.
- The sex workers now choose their clients more carefully, taking greater control over their work.

TAMPEP's programme was given a positive evaluation. The sex workers think it is important that the work continues, to which end they made the following recommendations:

- To work further on the theme of venereal diseases and HIV/AIDS.
- To provide more information on the development of the scientific approach to HIV/AIDS and the possibilities of treatment.
- To go more deeply into the questions of body and sexuality.
- Work on practices which would enable the sex workers to gain more control over their work.

Newly arrived sex workers

It was felt important that TAMPEP should compare the situation and the information available at the start of the project and after a year's work, with the experiences of a new group of sex workers recently arrived in the area.

In order to assess the influence TAMPEP was able to gain in the world of prostitution and the degree of spontaneous information exchange among the sex workers, the newly arrived group of sex workers was interviewed a week after they had arrived.

The results of the final evaluation were analyzed along with the results of the initial interviews, a process which allowed us to conclude that:

- The recently arrived sex workers already knew of the existence of TAMPEP, through their colleagues who advised them to make direct contact with TAMPEP workers.
- In many cases their fellow sex workers told TAMPEP staff about the arrival of new people in the area.
- Before meeting staff, the sex workers had already received some material from TAMPEP and had concrete questions to ask about it.
- It was possible to observe a positive attitude amongst the sex workers who participated in the TAMPEP programme. For example, they made the materials available to their colleagues as an act of collective protection in a move which contributes towards the professionalism of their work.
- The sex workers wanted to be better informed about the use of condoms.
- They wanted to receive more information about the symptoms of venereal diseases. AIDS was seen as a disease which is transmitted sexually, and they know that the use of condoms is the best method that can be used against it.
- Previously, the group of new sex workers was more vulnerable, agreeing, for example, when a client asked them to have sex without using a condom because they lacked basic information on prevention. Now, however, these new workers are given advice in time by their co-workers, and the information is developed further through the programme developed by TAMPEP.

General conclusions

In preparation for the initiation of TAMPEP the necessary conditions were created by the

development of various contacts. This made it possible to develop a methodology based on cooperation during the course of one year between sex workers and the workers of TAMPEP. This process has resulted in the following conclusions:

- The help and continuing collaboration of the different areas of the medical services is the key to ensuring that information on safe sex reaches the sex workers.

The role of TAMPEP should be focussed more specifically towards a role as mediators between the sex workers and the medical services, shaping and gaining official backing for cooperative models which should be adapted according to the circumstances of each country. Throughout the year-long experimental stage these are the goals TAMPEP has pursued successfully, having proved itself capable of making significant and positive contact with the group of foreign sex workers.

- Interventions, with the aim to promote safer sex practices are not sufficient. In other words, campaigns to give information and to educate how to promote health without connecting those campaigns to service provision is not effective.

If sex workers are taught to see medical doctors regularly but referrals to these services cannot be given, or when sex workers are urged to use the right brand of condoms, but they cannot get or buy them, the intervention will fail.

- In this section of the report much attention is paid to the way the various leaflets were developed. One might get the impression that now we have those leaflets future work can restrict itself to distributing them among new groups. But, the most important aspect of the methodology is then forgotten: the process of making the leaflets are important in itself, because it stimulates the group cohesion, discussions amongst the women and men and a listing of their needs. So every activity with new groups should include the manufacturing of new leaflets, as their situation calls for new items and as it is a very important "educational" activity. Moreover, leaflets are a written reminder after a working group session or an individual communication; they cannot function as an information tool in itself.

- It is necessary to establish a network of contacts within the circuit of prostitution and a network of contacts with persons and organisations that work with prostitutes. This will guarantee the space needed to establish a programme providing information and health promotion.

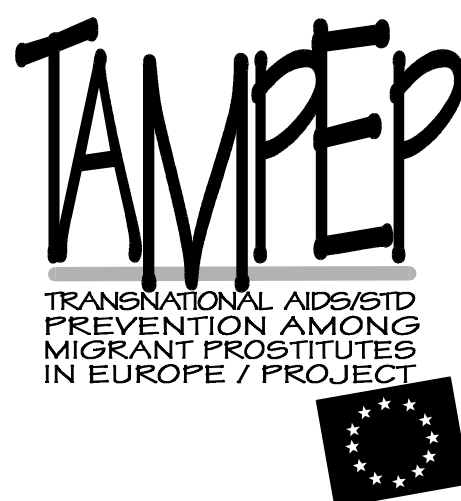
- The working group which develops the project needs to be formed by people of the same nationalities and cultures of the prostitutes with whom a project is working, in order to allow an effective and direct dialogue with the sex workers. Furthermore, they can function as "cultural mediator" between the prostitutes and all possible service providers.

- There needs to be constant collaboration with the sex workers in which a space is created to allow them to become the creators of their own materials and activities, based on their needs according to their own priorities of issues, and to make their demands within the ambit of European prostitution.

- It is necessary to promote the professionalism of those carrying out the project as well as their partners and of the training of the informal leaders who emerge among the groups of sex workers. This has to be done without creating a hierarchical or bureaucratic organisation, which would be totally contrary to the philosophy of TAMPEP.

- There needs to be a bringing together of the partial results, effective implementation of them, and constant evaluation as well as a way to adapt the existing materials and methodology so it is

as effective as possible.



FINAL REPORT

September 1993 – August 1994

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Thai, Latin American and East European women
- 2 CONTACT TO OTHER ORGANIZATIONS**
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Hamburg, August 1994

EDITOR Veronica Munk

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The target groups

*"O que acaba com uma prostituta,
o que tira sua dignidade e sua saúde, não é fazer sexo profissionalmente.
O que acaba com ela é a falta de condições de trabalho."*

*Gabriela Silva Leite,
Brazilian, ex-prostitute,
engaged in the prostitutes' right movement.*

*"What finishes a prostitute,
what takes away her dignity and her health, is not to do sex professionally.
What finishes her is the lack of working conditions."*

As a pilot-project for AIDS and STD prevention among migrant prostitutes living and working in Europe, TAMPEP had the task to develop a program about prevention with their participation and collaboration. This work concerned women coming from Asia, Latin America, Eastern Europe and Africa.

Meanwhile, we have to point out the great number of transvestites and transsexuals living and working as sex-workers in Hamburg, mainly between Latin Americans and Asians (most of them from Thailand). Confronted with this reality, we decided to consider them as part of our target groups, as they sometimes, run even more risks than women, for their special situation of greater social discrimination and therefore, isolation.

The first task was to establish a direct contact to those sex workers, a way of collecting information about their living and working conditions, to be able to develop the different activities concerning prevention, as well as to be aware of the cultural differences and be able to adapt the activities to those cultural particularities.

Other tasks were to inform them about the different illnesses - the causes, symptoms, development and cures - and the ways of preventing them. To inform them about the existence of public health services available for their use.

Apart from the health issues, inform and support them in their needs of social and legal care. To empower them towards their rights while human beings, for them to be able to develop and form peer educators.

The aim was to get their participation during the development of the different materials, being the main point of concern the differences of culture, educational background and their outlooks towards prostitution. To produce health information materials in their own language, about the different prevention systems, the correct use of condoms and lubricants, the functioning of the woman's body.

Another objective was to try to make them conscious about their health and prevention needs towards themselves while working as sex-workers, so to be able to empower them in relation to themselves as women, as sex workers and as migrants.

Finally, for them to become health peer workers and as such, conscious professionals and active elements against social discrimination towards prostitution.

What concerns the health information materials, the aim was to create different kinds of products, regarding their educational background and needs of information. The common point between all of them was the intention of doing them in the most direct and clear way as possible, so that information would be spread out in a simple and effective manner. This happened in relation to the content's quality, the visual/graphic (leaflets and calling-cards) and sound (cassettes) presentation.

The materials

All the leaflets were done by professional medical doctors or persons dealing with health problems. Meanwhile, during the normal streetwork, we gathered the women and transsexuals opinions, different wishes and questions, so that we were able to do the necessary changes and adaptations for their real needs and concerns. This exchange of opinions between sex-workers and team-members brought more concrete results and a bigger and deeper participation of all of those involved.

The cassettes were a very important mean, mainly between Latin Americans, for their low educational level, as well as the comic-brochure, for the same reason.

Another important mean of communication were the video-films. We did the experience with Brazilian women working in Holland, using videos done in Brazil by different prostitutes' and health concerned organizations. The results were very positive. It gave the opportunity of an immediate exchange of ideas and discussion about several themes. Videos can be an important mean of information not only for those who have a low educational level, but also for those with another kind of reading and writing system, as the Thais, for instance. They are important as a communication mean in itself, for we live nowadays in a "visual society" through television, video-clips and publicity in general, and therefore, they are the easiest and most recognisable way of expression between young people.

Cultural background

In relation to the cultural differences we could point out, according to each group, the religion and the historical-political contexts of each particular region as the main forces for their acceptance or psychological denial of their actual way of living and working.

For East European women, for instance, were the last 45 years of communist regime a great obstacle when having to go through the interviewing part of the project. It was quite difficult for them to be confronted by a situation of having to answer questions about their actual or previous social situation. At the same time, those were the most educated ones, but also, the most controlled by pimps and club-owners. As for the Polish women, the Catholic Church has a big influence what concerns moral, guilt and sin in relation to sex-working and therefore, their big difficulties in accepting their actual situation. These were some of those that denied being prostitutes. They always said that they were only doing this for a short time and just to help their families.

Most of the Latin American women from the Spanish colonized countries had the same guilt problem. They also do not identify themselves as prostitutes. Their educational level is quite

low and most of them are not attached to pimps.

What concerns the Brazilians, they have a much more open way in dealing with prostitution and sexuality, and therefore, to speak about their lives and work. Although the Catholic Church has had also a significant social influence, in terms of culture, religion and behaviour, the mixture between Portuguese, Indians and Africans were bigger and deeper than in other Latin American countries. The result is a much more integrated cultural way of dealing with the different social values.

As for Thai women and transsexuals, their cultural background made it quite difficult to speak openly about sex and everything what concerns their work or sexuality. They were, most of the time, a bit closed.

In relation to working in prostitution itself, not all the women had worked as sex-workers before, here or in their home countries. For transsexuals, the situation is quite different because even in their countries they did not have many others working choices. Most of them had already done this work before.

Nevertheless, there were some common points between all of them: the difficult economical situation and lack of working opportunities in their home countries made them come to Europe to seek for better earning conditions, apart from the fact that in those countries, women are extremely socially discriminated and economically dependent and transsexuals are basically discriminated. The wish of financial independence and/or the need of sustaining their children, helping parents or other relatives, apart from themselves, make those women and transsexuals see prostitution as an option for surviving in this society. Apart from those that came here without knowing what their jobs were going to be, the big majority does of prostitution a conscious and aimed way of living, at least for a certain life time.

Another common point, at least between the great majority of cases, is their denial of assuming prostitution as a profession or as "their" profession. In relation to how they present themselves in front of their families, this grows to almost 99%. The discrimination towards prostitution begins with them, including the one from women towards transsexuals, because of competition. This self-discrimination made sometimes great difficulties when speaking about certain subjects, for they do not accept themselves as such, and therefore, were not willing to hear or to participate of certain events.

Women and transvestites/transsexuals

In relation to the transsexuals, one of the differences between women and them is that for transsexuals the need of earning money is bigger, for their great objective is the changing-of-sex operation, and this costs, in Germany, up to 40 thousand DM. This is one of the main dangers in relation to HIV infections and other diseases: they are more willing to work without condoms to get more money in a quicker way.

The other difference is that transsexuals are even more discriminated and have less working changes in their own countries than in Europe, and therefore, some of them try more to integrate socially and to settle down for a longer period in certain towns. Women travel more around and have always the intention of going back to their home countries and in general, have a bigger relation to their families.

Women, in general, have clearer aims when coming to Europe to work as sex-workers: to stay for a determinate period, to earn money to sustain their families while being here, to take a certain amount when going back so to be able to continue working in their previous job or begin a new one. The difficult situation among transsexuals is that they have less or no perspective at all: in going back or getting other kinds of work. They run away from a

very difficult situation to try to construct here a new beginning, where they could assume their identity, although for them there is little hope in leaving prostitution.

We saw that this "settle down" among transsexuals have two extreme sides. For some of them, social integration in an European country is very difficult and painful. They have to fight first against the society's prejudice, by them being foreigners, transsexuals and sex-workers at the same time. They have to deal with all kind of self-discrimination (the great majority consider themselves "abnormal"). Apart from that, they have all sorts of psychological (family and social rejections, insecurity, isolation, identity recognition) and physical problems (self-prescribed hormones and application of silicone). Finally, they have to deal with their legal or illegal status situation (just some of them are married to German women). Because of that, those ones live in an almost total isolation from the "outside world": They live between themselves, preferably in the same nationality group. But even with all those problems, they still prefer to stay here as to go back, not only because they can earn more money here than in their countries, so to be able to pay for the operation and help their families abroad, but also because they can easier assume their new (transsexuals) or double (transvestites) identities.

For others, the situation is much clearer and easier. They assume their way of being and working. For those, to live in a foreign society means freedom and a hope of a new beginning. Most of those have a legal status and some of them are operated. Because they live longer in one place, they wish to integrate more, to learn quicker the country's language, to know more about the health and medical possibilities.

African women

In relation to African women, we had very little contact to them, as they are not so many in Hamburg. The few we met work in apartments and are from British-ex-colonies. We met all of them by chance, as they do not announce themselves in the usual newspapers as being from African. This is quite an interesting thing to point out: they always announce themselves as being from the Caribbean or even Brazil, and that was how we met them, during our streetwork for Latin American women. We could point out three different reasons from this behaviour: that German society's discrimination towards Africans is even stronger than one could imagine that between them there exists a kind of self-discrimination by being African, that the sex-work market in Germany is not open or willing to accept African women. We found this phenomenon also between Latin American women.

We also met some few African women doing street-sex-work in Hamburg's city-centre, but all trying to make contact were in vain, as the women react in a very rejecting manner. Even though, mainly for those working in apartments, we distributed our information material done in English, but had no real response.

This is the reason why we do not do a special report about African women, as our work with, and for them, was almost none.

The German courses

Apart from doing regular streetwork in bars, clubs and apartments, and offering different workshops for the different groups, we had a very good experience with German courses done specially for sex workers.

Women who work in the sex-industry often want to leave Germany after a while. They mainly do not want to reside here. Despite this, it is very important for them to know a few

basic phrases to be able to communicate, to negotiate with the clients and to be able to assert themselves successfully in their daily life. In the first phase of the project, where we did research about the necessities of migrant women who work in the sex-industry, this was often expressed. For us as a pilot-project it was a possibility to try to build up a regular group, to observe group-dynamic-processes, to look how far it is possible to include health concerns and other sex work relevant themes into a language course, as well as to compare afterwards the effectiveness of this method for those working in clubs or apartment.

It was very important that there were only women in the courses that work in prostitution, because otherwise their work could not be mentioned without problems arising. We managed this by announcing the courses only at places where prostitutes are or go: clubs, apartments, and the public health organisation.

We did all in all four courses. The participants came from: Thailand, Poland, Venezuela, Peru, Brazil and the Dominican Republic and Columbia.

After the lessons, there was always time to have a coffee and to talk. During this time the teacher also distributed materials like TAMPEP's leaflets, comics and cassettes. She talked with the group about them, answered questions about risks of infection with HIV, gave important addresses like the one of the public-health-organisation, explained the differences of the types of condoms available in Hamburg, where to buy them cheaply, explained about lubricants, and so on.

It was the first time that the participants experienced such a group. They felt comfortable because they had a reason to come and learn German and at the same time, they had the possibility to talk about health-relevant topics. The more confidence they got towards the teacher, the more questions they had. In the first talks about AIDS there came only phrases like: *"I know everything, I have to know"*, *"God will protect me; I do not want to know a lot about it."* After four weeks they proposed to have one lesson only about AIDS. They even wanted to meet in the break between two courses to get more information. Nearly all of them went to the health centre to do several tests, including the AIDS-test.

A further result of this course was that they worked with the teacher on the creation of a transsexual character for a Spanish/Portuguese Comic for STD/AIDS-prevention.

One last thing that we want to put into question is that we think that these courses should be open to male prostitutes too. They suffer a similar situation like women, thinking that they would not be able to take part in a course with other people not working in prostitution. They also have the need to keep secret about their way of life, and at the same time, also need information about health care. This is a theme that should be considered later on.

Thais

If I'm scared of AIDS, I'll have nothing to eat.

The economical and cultural background

In the last 10 to 15 years, there came a lot of Thai people, women, men and transsexuals, to work in prostitution in Germany. According to the experience of Amnesty for Women, about 20% of them come here by trafficking and did not know what work they would have to do.

The others, most of them did sex-work also in Thailand, mostly in Bangkok or in Pattaya. A remarkable phenomenon is that, in contradiction to East-European women for example, many Thai women start to work in prostitution only at the age of over 20, at a time when they have children that they have to support, and parents that cannot work anymore.

Daughters, as well as sons, have the duty to support the parents when they are old, like in every society that does not have an annuity system. There are a lot of women in Thailand who do employed work to support the family. But with a low education level it is, as everywhere, often hard to find a job. When a woman is divorced or when she is a single mother it is even more difficult, because she gets neither official support, nor support from her former husband or from the child's father. To work in prostitution can be a solution for these problems. Sex-work increased a lot in the early 70ies, when US-American soldiers went to Thailand for holidays, during the Vietnam War.

Some of the women that come to Germany to work in prostitution worked already in Thailand, but here they are often confronted with totally different working circumstances. In Thailand, sometimes, they had just one client for weeks, when here, they have to attend six, seven or even more clients a night.

A woman that worked as a prostitute, but also one that is divorced or a single mother is not well accepted by Thai society. In Thailand, when a young woman has her first date with a maybe future husband, she never goes alone. She will go with several sisters and friends and the man has to invite all of them. There are strict rules that regulate the relationship between man and woman. To be a prostitute breaks with them.

Of course, in big cities like Bangkok, things are changing nowadays. There are organisations that fight for the rights of women and of whores like Empower, Foundation for Women, an organisation TAMPEP also had contact with, the Women's Information Centre, and others. But most of the women we got to know during this year come from the rural parts of Thailand, from the poor North and North-East. Many of them have to work very early in the household or on the fields, so that often there is no time or money to visit schools more than for four years, so that a lot of the women hardly know how to read or write. But, of course, also here we have to be aware of clichés. There are also other women with a diversified educational background, who come here to work in prostitution and got married, to a German lawyer, for instance, in a real love-relationship.

Health education and AIDS campaigns in Thailand

Since about 20 years there are a lot of campaigns in the mass media in Thailand about AIDS and AIDS prevention. The former health minister Meechai Merawaitaya initiated so many condom-campaigns, that condoms were not called condoms anymore, but 'Meechai'. The campaigns were realized through magazines, newspapers, TV, posters and outdoors. There can hardly be anyone in Thailand that has not heard about AIDS, its consequences and the possibilities of prevention. Even though, the HIV-rate is rising in a terrible way. The health ministry in Bangkok says that every day there are 500 new cases of infections. Such numbers are always difficult to prove, but the connection between poverty and the high rate of HIV infection is evident. The Thai women we had contact with, often used the above mentioned sentence: "If I'm scared of AIDS, I'll have nothing to eat." As AIDS is nothing one can see immediately, the wish and the necessity of earning money is bigger than the fear of getting infected.

Thai Transsexuals

We do not want to discuss why there are so many Thai men to women transsexuals. We have to deal with the fact that they come here to work in prostitution. In Thailand they are not accepted, like nearly anywhere, and have few possibilities to work, although they often have a high educational level and even university degrees. In Europe they can make more money than in Thailand as they need it for living, to support their family, to build up a business for the future, and for the sex changing operations, apart from the hormone treatment. In prostitution they have the possibility to dress up, move and behave in an extreme female way - or in a way that is considered being female - and to feel to be attractive to men and to be desired as women.

There is especially one club in Hamburg that recruits transsexuals in Thailand and brings them to Hamburg with an artist-visa. Because the living and working conditions are not the best in that club, they have to live in the same place they work. There is also a great control by the club owner and many of them run away after a certain time, and begin working in Frankfurt or Berlin.

We from TAMPEP did not make certain offers to them, because it was very difficult to know about their needs. So they made part of the general program. The ones we got to know more often had the impression to know the relevant things about AIDS/STD. The only thing they were very interested in was to get information about the possibilities of getting a legal residence permit. On the other hand we know that there are Thai transsexuals that are HIV positive.

We talked with them during our regular streetwork and also when we visited them in the apartments they work. We gave them the same information materials we gave to women. In the German course there were also Thai transsexuals, as well as in the last part of the health course at AfW, the one about AIDS (see Workshops).

It showed out to be a real lack, that in all materials from Thailand, Australia or Germany, transsexuals or transvestites do not appear. Apart from the themes that are interesting and important for everyone, there are certain issues about that they should be informed, i.e. the use/abuse of self-prescribed hormones, silicon, and the gender change operation. We had always the impression that we could not reach them. In case of a prolongation of TAMPEP, we should think again about this. It takes a long, long time to get their trust, for them to speak openly to a woman about their transsexualism and the problems connected to it.

In the beginning we had two Thai transsexuals in the team, but for different reasons, they

could not continue working with us (see chapter 'team'). We tried to work together with a new created counselling place for transsexuals in Hamburg, but unfortunately, this place has very limited personal resources, no experience with migrants and very little with sex-workers. TAMPEP could, in future, do more specialized information work in this area.

The question of legality

As Thai need a visa to come to Germany, most of them are here in the beginning with an artist-visa, a residence permit that is connected to the job, that is given normally for one year and that can be prolonged by the club owner and the Foreign Office. The maximum a person gets is one for three years. After that, the person has to go back to Thailand, stay there some time, at least six months, and apply from there for a new visa. But at the moment we hear more and more often that the residence permission is only prolonged for one or two months, after that, again for the same time, and so on. The alternative is to stay clandestine, or to marry.

In Hamburg, many of the Thai we had contact with, work in clubs in the Grosse Freiheit, the main street in the red light district. The others work all over the city, in apartments. The ones in the clubs normally have the mentioned artist-visa. The others live clandestine or are married.

In the Grosse Freiheit, normally, the club owners arrange everything for them, what concerns papers, the living place and so on. The Thais have to pay for this service up to 3.000 DM.

A main problem for Thais, often, is the language and the Latin writing. For them, the German language is very difficult and hard to learn. But without it and not even being able to read, they are completely dependent on other persons, as pimps and club owners, mainly to arrange their papers. This situation means control by the club owners, but at the same time, a certain protection and care for them. A lot of the women we got to know are happy that everything is arranged for them.

For the transsexuals there is also the problem that in Thailand it is not possible to change the gender in the documents. Even if someone did the all the operations and lives the every day life like a woman, in the passport she will still be a man. If she wants to marry, she has to get married a woman. But most of them love men, with whom they cannot get married so some of them arrange false documents to be able to marry the one they really want. If the police become aware of it, it means expulsion.

The image of Asians in the European society

Even more than others, Thais claim about the fact that a lot of the men want unprotected sex, i case of transvestites/transsexuals, also anal sex without condom. They told us that the men use tricks to make the sex-workers think they are fucking with condom, and that many of the sex-workers are afraid to use lubricant under the eyes of a client. They claimed about a sometimes total lack of respect towards them, because of the image European men have of Asian women, image of always smiling, willing and nothing rejecting women. One task of TAMPEP was to empower them not to fit into this picture, and to use tricks themselves.

There is a great solidarity among the Thai community. In no other cultural group we were asked so often to leave more of our materials, so that they could pass it to friends. This also means that there is a very good network passing information about good working places, how to arrange marriages and so on.

The *Zentrale Beratungsstelle* and the Thais

All Thai people that work in clubs know about the *Zentrale Beratungsstelle* and the Thai translator who works there once a week and who does streetwork. In case a Thai have to go to a specialized doctor, (the ZB can only do STD tests and treatments and HIV-antibodies-tests,) she goes with them, and translates for them.

In some apartments, we met women who are already married and therefore, have a health insurance and can go to see any doctor. Often they speak enough English to communicate. In this case, the doctor, often, does not know about their work. But in general, they are satisfied with the medical system in Germany.

The offers for Thai women at *Amnesty for Women*

At *Amnesty for Women*, Thai women and transsexuals/transvestites can learn to read and write, can cook together, get support when they have problems and so on. These offers AfW gives for years, also explicitly for Thai sex workers. For example in the alphabetization courses, there are always more sex workers than other women. These offers are very well accepted by the Thais because here they have a place where they can be together without pressure, where they can make new friends and where they can develop life plans. Because of this established type of support, it is not important anymore for Amnesty for Women to do streetwork on the Grosse Freiheit for Thai, as women inform each other about Amnesty's programs. In many clubs, the club owners themselves send the women to AfW. Nevertheless, until the beginning of TAMPEP, there was a lack of special offers for sex-workers, regarding health prevention, the relation with clients, and so on.

Up to here, it was shown that the problem is neither the lack of information nor the lack of medical support. Even with all this information given in Thailand and in Germany, we know several people that are HIV-positive. Even with all this information, we know that the majority of the Thais, and not only them, do not work always with condom. There are different reasons for it, as we heard:

"If I care about AIDS, I'll have nothing to eat", "The client did not want to use a condom"; "I do not speak enough German to convince him"; "They always think that Asian people do not protect themselves, so that they treat us very rudely"; "Some clients do not want us to use lubricant, so that the condom breaks"; "With fix clients it is not necessary to use a condom", and so on.

This shows that TAMPEP's work had to go further than just distributing leaflets. Our first intention was to create special workshops for sex workers, where we could listen with more attention to their doubts, questions and problems, than during our regular streetwork and where they would be able to have a greater exchange between themselves. Our other thesis was that, the more one knows about the own body, the more she/he will protect it. And, last but not least, we hoped that with the group exchange, there would raise certain solidarity, perhaps a feeling like "well, if the others don't do it without condom anymore, I will use it too".

The other way was to try to get contact with the club-owners. But here, in general, the response was: "We tell our people to work with condom, but we can not check what happens in the *separées*." This was one of the more open answers. As none of the women of our 'target group' in the Grosse Freiheit was allowed to do sex-work, as explained in the

part about legality, the club-owners like to deny that there are other things done than dancing shows and animation. The old story: everybody knows about it, but nobody talks about it. The TAMPEP workers were allowed to go into the clubs and talk to the women, but in a discrete way but we will not give up trying to get into contact with the club owners.

The work of TAMPEP

During our streetwork, we visited women and transsexuals working in bars, clubs and apartments. There are no Thais working on the streets, in Hamburg.

The streetwork was always done in a team of two TAMPEP workers; at least one was a Thai person. During this work, we showed different kinds of condoms, lubricants, distributed the TAMPEP's leaflets, talked about the themes mentioned there, and about TAMPEP itself. In the apartments work, we also showed and talked about sponges for menstruation, condoms for women, ph-neutral washing lotions and other themes. (For further information, please see our manual)

From December '93 to August '94, we developed several workshops in relation to the direct interest of the sex-workers living in Hamburg. For Thais, the topics were:

Self-defence: the idea of this workshop was to teach women the basic elements and exercises for their self-defence during work. For them to learn to defend themselves in case of suffering from any violence, to know about the vital points they have to attack in such cases, to give them self-confidence about their own bodies and strength.

Cosmetic and skin problems: skin problems are usually a sign of stress, allergy or bad nutrition, and this is, in most of the cases, problems that happen to women who work as sex-workers. The aim of this workshop was to teach them tricks how to correct the abnormalities - the ones related to their skin and their looks - and to figure out the causes of those problems.

Condoms and lubricants: the most important point of this workshop was its practical side. The aim was to show women why and how to use condoms and lubricants, the different sorts available in Hamburg, the differences between them regarding their use during work and tips why and how to convince the clients about the need of using condoms.

STD: this workshop was to clear up any doubts women had about health, but mainly STD. Apart from those illnesses, the interest was also big in relation to menstruation and contraception methods, as this workshop was done by a female doctor.

n AIDS: besides the great interest about the causes of HIV infection, the illness's symptoms and development, women had also many questions about other STD. This workshop was given by a Thai doctor, what again, gave much confidence and trust to the participants, as they could get all the needed information in their own language and their cultural manner.

Health information course: this workshop was given in a course running at Amnesty for Women, where Thai sex workers learned how to read and write the Latin-writing. It was divided in three different lessons, one every two weeks. The three subjects were: menstruation & pregnancy, contraception and AIDS.

For more detailed information to all workshops, please see the manual.

Evaluation

From the people we reached working in apartments about 50% did not know the ZB. They were happy to hear about it and started going there regularly.

The atmosphere in the apartments was calmer than in the clubs, where there is loud music, some clients hanging around and where some of the women had already drunken alcohol. So the conversations were deeper and better than in the clubs and the chance, that they would adapt the information to their work, was much bigger.

We saw, that the women were very pleased to be able to talk openly about their work. In opposition to the ones working in bars, here the situation was quite clear, they could not be dancers and work in an apartment, and they evidently did sex work. So after a time of getting to know each other a bit better, they had a lot of questions. Nearly no one of them knew lubricants; most of them used Johnson's baby-oil or body lotion as lubricant. Nearly no one of them knew anything about adequate washing lotions, some of them did not know sponges that can be a help during menstruation. There was also very little information about the risk of infection in oral sex. Also a lot of specific questions raised up regarding for example oral sex made by a man to a woman or anal sex for transvestites. One could feel a great fear of AIDS without deeper knowledge about it, AIDS was a horrifying myth.

With the people working in bars and clubs, the results of the streetwork were not as big as expected, even though some began to buy water based lubricants and stopped using baby-oil as lubricant. Some of the women started to go more regularly to do medical examinations at the ZB. We developed the workshops according to the women's' interests. Because we ran all our workshops at KaffeeKlappe, a place near the living and working area of the women, we wanted to do the same for the Thais. The realization of these workshops required a great input of energy, as the Thai co-worker had to convince the women to attend the workshops. For them it was strange to talk about things that had to do with their work in a special meeting, with maybe strangers. But because it is very impolite for Thai people to say 'no', they came. It was remarkable to see that, in reality, they had lots of questions to ask the specialists leading the workshops and were pleased to get all the information they needed and finally, had fun at the same time.

We noticed that some of the women, that joined the workshops, got quite interested and took the themes very serious, but others wanted only to have fun and we are not sure, if the workshops changed their attitude towards their work, i.e. turned them to be more professional. But by the way, the information was given, we are sure that at least some information reached them. One reason for the difficulties was, as already mentioned, that these women did not consider themselves as sex-workers but as dancers. This was the reason why we decided to give a kind of general health-education in the German/alphabetization course.

Nevertheless, one of the women was very interested on TAMPEP's activities. She did not miss one single workshop. When TAMPEP's program began, she did not even know how to put on a condom properly. At the beginning, she was insecure and shy. After three months at AfW and at TAMPEP, she had got much more self confidence. At AfW she had got social contacts and the feeling that there is a place where she could always find support for her needs.

About TAMPEP she said: "Now I feel really secure with the clients, I know what to do and how to do it. When I started work, I did not know anything, and nobody told me." We know that she tried very hard to convince her colleagues to join her, but as they did not, she passed on the information she got from us.

Nevertheless, the situation was not that satisfying, as our project only ran for one year and we, unfortunately, could not wait to see if they changed their attitudes through the workshops. So we decided to do a workshop in the clubs, following the advice from the Thai co-worker, that for Thai people the information must not be too direct, that means, to go to a certain place at a certain hour to get information about e.g. lubricants. This is too direct for them. That one also ran quite well but, although we saw that this kind of information, about condoms and lubricants, was possible to be given in bars and clubs, we felt that the women were in a working-mood. Some had already drunken alcohol, and that it would not be possible to give more detailed information, e.g. about STD, in an organized way in this situation.

So that our Thai co-worker, who was at the same time worker at AfW, decided to make use of TAMPEP's information in her already existing alphabetization course. She invited another TAMPEP-worker to give detailed information about menstruation and pregnancy; contraception, condoms and lubricants, and AIDS (for further information please see the manual). The most remarkable effects of these workshops were that the discussions about the mentioned themes went on after the course, what means that there was a great interest in talking openly about it.

One of the most important effects of the work was the development of the Thai worker at Amnesty for Women. She participated in TAMPEP and in the end it was quite easier for her to talk with the women about everything concerning their work. The talks with the women got to another level. She could now talk with them more openly, about relevant themes when doing sex-work. Before TAMPEP, women working in prostitution also came to AfW, but they were included in the 'normal' AfW's programs. The topics that had to do with their work were not mentioned in detail. Now, when there come new students that work in prostitution, the Thai co-worker gives them in the first meeting, all basic information they need about the available condoms, lubricants and the important addresses in Hamburg, by distributing TAMPEP's leaflets. A lot of the students take her advice, present proudly the new bought lubricants and washing lotions and tell how they convinced a client to use a condom. She can give now much more health prevention information and is willing to continue with the streetwork for women and transsexuals that work in apartments. At the end of TAMPEP she also participated in the symposium Health and Prostitution in Edinburgh. - One can imagine how useful it could be, to do in future, more training for social workers of institutions that work with migrant prostitutes.

We can conclude that: the peer-supporter model worked in small steps; that women transferred the information, written materials or oral information, to their colleagues. Nevertheless, it would take more time to give more information. The women are very mobile and are not always easy to convince to come regularly to certain meetings, as all of them work at least 40 hours a week. For TAMPEP workers it is not effective to visit many single women once a week. It would need more time to make more information flow.

Latin Americans

"No debemos olvidarnos nunca porque hemos venido"

L., a transsexual from Peru

"We should never forget the reason for which we came"

At this point, we will make a difference between the women and transsexuals coming from Latin American, dividing them in two groups: the ones coming from the Spanish speaking countries, and the ones coming from Brazil, where Portuguese is spoken. This is not the only difference between them, but these will be better explained along the following text.

Despite the language difference, we always did our regular streetwork for both groups at the same time, for those working in bars, clubs and apartments. We also did it in a team of two, with one of the co-workers speaking Spanish and/or Portuguese, as the two languages are very similar. We distributed the regular TAMPEP materials - leaflets, cassettes, condoms and lubricants, etc - and had, by doing this, the opportunity to get in deeper conversation about their living and working conditions. Once more, the working situation in apartments brought better results, so that we intensified them as much as possible. We had, all in all, contact to about 400 women and transsexual, living and working in Hamburg, during the one year project's duration.

In relation to the workshops offered, we also did them for Latin Americans in general, but on these occasions, we had interpreters for both languages. For the ones working in bars and clubs, we offered the workshop two streets from their working place, in a place called KaffeeKlappe, which was not only easy to reach, but was familiar to all of them, as it was in front of the regional Post Office.

For the apartment's sex workers, we did it in the apartments for two reasons: first, because the apartments are spread out all over the town, secondly, because the women rarely go out, as they work the whole day through.

The experience was very satisfying, mainly in the apartments, as women working that way, have more time to spend.

For Latin American women and transsexuals, we offered three workshops:

AIDS & STD: we did this workshop with a Brazilian doctor, mainly for women working in apartments. The experience of taking the doctor to their working places had a very positive result, as the women go out very little. The interest was very big and the fact that the doctor spoke a language they understood, gave them security and trust when asking about all the health issues they were interested or had questions about.

Breathing and Relaxation: the aim of this workshop was to teach the women different kinds of exercises they could practice during the day, while waiting for customers. The main point was to show them relaxation techniques against their everyday stress, and breathing techniques against different kinds of pains.

Nourishment: this workshop had the intention of giving information about different kinds of food - what covers the needs of ones' body and is easily available at low costs in the women's' working area - and also to answer their questions about this issue. This

was quite important, mainly between those working in bars and clubs, as they often live in places where there are no cooking facilities, and also because of their working conditions, as they have to consume a big amount of alcohol almost every day.

From Spanish speaking countries

The whole of Latin America was colonized by the Spaniards, with the exception of Brazil, colonized by Portugal. This means an enormous influence of the Catholic Church, mainly between those under Spanish administration. It means too, a great amount of guilt and sin complexes, when dealing with sex-work, their own sexuality and their self-respect.

This aspect can be seen very clearly mainly between women coming from the poorest social classes, where religion represents the law, and by that mean, power and threat. The ones coming from the lower middle class have a clearer view of themselves and the reasons why they are in this job. Of course, we are speaking of those who came to Europe on their own choice. The ones, who came through trafficking, are a separate case: "this is a matter of destiny..." Nevertheless, there is a common point between all of them: the difficult social, political and economical situations in their home countries, making them seek abroad a solution for their own survival and that of their families. Most of the women we met have, at least, two children back home, whom they have to sustain and support. Apart from those who have already debts over there, or new ones, made for coming to Europe.

Religion explains, perhaps, the great difficulty of women in accepting their actual situation, which is, of working as sex-workers. To recognize oneself as a prostitute means, to them, to have gotten down to the lowest step in society. Even if some of them already worked as sex-workers in their home countries.

The other factor that makes difficulties in spreading out information is their low educational level. This concerns not only their little knowledge about all their legal rights or the dangerous of illegality, mainly between those who came through trafficking, but also their almost inexistence knowledge about health, health prevention, functioning of the human body, and so on.

Although in most of the Latin American countries there are women organizations, sex-workers and health prevention organizations, the majority of women come from small villages in the countryside, where they get as good as no information about anything concerning health. We had several cases where women did not have any idea why and how menstruation happens, not to speak about AIDS or STD. Some women work as sex-workers only during their stay in Europe. These do not want anyone back at home know what they have been doing in Europe, therefore, they do not seek advice in their countries, to be able to preserve anonymity.

At this point, we could roughly say that, what concerns those Latin Americans, half of them came through trafficking and the rest, by themselves.

The work in apartments - The great majority of women working in apartments are from the Dominican Republic. Most of them came through trafficking. The curious thing about them is that they do not announce themselves, in the daily newspapers, as being from there. We noticed this since the beginning, the existence of a geographical hierarchy. They announce themselves as being from the Caribbean Islands, Cuba or Brazil. A smaller group comes from Colombia, although one finds, sometimes, women from Ecuador, Costa Rica and Venezuela. We could say that half of them have a legal status, through the marriage with a German man. The illegal ones prefer this work in apartments as they are not as controlled as the ones working in bars or on the streets.

We had some good experiences with those women working in apartments:

B., a Dominican, about TAMPEP's work: *"You are the first to show any interest about our health. If the police are so interested in security, they should start by securing their own peoples health, the Germans. This can only be guaranteed when they make sure that the women are working correctly."*

D., from Colombia, said that, after reading the leaflets, she felt the need to go to the doctor and have a general check-up. The doctor discovered a minor infection for which she was given medication. She also told us that she always works with condoms but that the leaflets reminded her of the importance of being careful.

M. and J., both Dominicans, after the workshop done by the Brazilian doctor, began to use the advised lubricant. As we visited them afterwards, they showed us very proudly, that they had bought it. They were also very curious about the functioning of women's body, i.e., menstruation.

J., very religious, was the one who changed the Bible for the cassette about AIDS and STD. The other women from that place made fun of her, saying that she had become a missionary of TAMPEP.

We accompanied, as interpreters, several of them to the *Zentrale Beratungsstelle*, as they felt more secure with the presence of one of TAMPEP's co-workers, mainly when they went to do the HIV test.

Several of them went afterwards to the ZB by themselves, or even for the first time, as the ZB had, since May, a gynaecologist who spoke Portuguese and Spanish.

Many of those women working in apartments began to use the special condom for oral sex, as they very often complained about pain in the stomach caused by the lubricants used on normal condoms.

A Dominican woman had received information of prevention of AIDS and STD from a health organization in her country, but only dared to show the information to her colleagues during a TAMPEP health workshop.

L., a Colombian, a well educated woman, who had already had experience with a similar kind of project in Frankfurt, assumed the role of a peer-educator among the other sex-workers of a particular street. Not only what concerns health prevention information, but she was the one who gathered the others to create the comic about AIDS and STD prevention. She was the main person during the development of the comic's story.

A., also a Colombian, and three other women (two Ecuadorians and one Dominican), wanted to learn German. We found the teacher for them and they, themselves, made all the arrangements and took all the responsibilities, as the lessons took place in one of their apartments.

Another good example of the possibility of self-organization among migrant sex workers was during the workshop about AIDS and STD. A group of five women from one particular house, suggested going to another house because, as they said, all together, they would get much more information, through the exchange of experiences.

L. and A. asked once for legal help, as G. was caught and deported.

We also had the positive experience of several women we did not know personally, calling and asking for medical care assistance. This was reached through the little information cards we always distributed during our streetwork, with our phone number and address. We were always very pleased to pick up the phone and hear: "Is this

TAMPEP?". Many of them, we met afterwards.

The work in bars and clubs - The great majority of those working in bars and clubs, are transsexuals, coming from Peru, Colombia, Venezuela and Ecuador. Nevertheless, there is a common point between all of them: the fear of AIDS, as they belong to one of the "risk group". This fear takes them to "wish" to ignore the disease, not to speak about going to do the HIV test. Despite their difficult situation, we managed several times, after many talks and with much patience, to convince them to give themselves a change and go for the test.

We had, as usual, two kinds of experience. The first one was that we had no response at all, due to the normal distrust among transsexuals, concerning anything coming from the outside. This could be explained by their self-discrimination and need of isolation.

The other one, fortunately, was very positive, not only due to our regular streetwork, but mainly through the German courses given specially for sex-workers working in this particular area. During these courses, there were, apart from the German lessons, talks about AIDS, STD, the use of condoms, mainly the special ones for anal sex, and so on. These groups that were formed through those German courses were the only to attend the different workshops we offered for those working in this area. This is due, probably, to the personal relationship build up between the teacher, a TAMPEP co-worker, and them.

Another interesting thing we have to point out: the great majority of those who came to TAMPEP/Amnesty for Women, looking for advice or just a cup of coffee and some chat, were those Latin American transsexuals. If on one hand, they can isolate themselves quite extremely, on the other, they need much more personal contact than most of the borne women. They tend to be quite fragile, sometimes almost childish, seeking for the cliché image of women from under-developed countries. Transsexuals have to feel that they are accepted as being women, before they open themselves about their needs.

Some experiences we had with them:

Although there was in Peru, in the beginning of the 80s', a big campaign about AIDS prevention, many of the Peruvians we had contact with, had still many questions and doubts. They began to change their behaviour, mainly in relation to condoms, using more and more the special ones for anal and oral sex.

A., a Colombian transsexual who is HIV positive, began to go more often to the *Zentrale Beratungsstelle*, and asked for our assistance to accompany her to do further exams in the AIDS department of the city's Municipal Hospital.

G., a Peruvian transsexual, and S., from Ecuador, went, after months and long talks with a TAMPEP co-worker, to do a HIV test.

C., another Peruvian transsexual, began to go more often to the ZB. She had skin problems because of the hormones. She also asked for our advice in relation to a breast surgery.

L., a transsexual from Puerto Rico, quite engaged in health prevention projects and transsexuals rights organizations in her country, was of great help during the creation of leaflets and other materials. She was one of those who went to seek consultation at the *Beratungsstelle für Transsexuelle*.

L., from Venezuela, apart from asking for medical assistance, had some legal problems, which we solved by advising her to a known lawyer.

J., a transsexual from Ecuador, went to the ZB to look for information about the sex-

change operation and to do the needed exams, apart from asking for her first HIV test.

The work on the streets - Because of the danger of more police control, Latin Americans do very little street-sex-work. The few we got contact with, came from Ecuador. As we did not do this kind of streetwork, we met them almost by chance, but later on, got to know some of them more personally.

M., a woman from Ecuador, went to the ZB for the first time, to do the STD and AIDS tests.

P., also from Ecuador, asked for our help to do an abortion. It was done at the *Familienplanungszentrum*, the Family Planning Centre of Hamburg, where women can do such an intervention, anonymous and for very little money.

From Brazil

"O brasileiro é mais sensual. Nós somos mais comprometidos com a vida. Sabemos que, perdendo a vida, estaremos perdendo prazeres, então vamos sempre negociar."
Fernando Gabeira, Brazilian, writer

"Brazilians are more sensual. We compromise more with life. We know that, losing our life, we are losing pleasures - so, we are always going to negotiate."

As in other countries of Latin America, Brazil also experienced the Catholic influence. Nevertheless, the cultural and religious mixture between the native Indians, the African slaves and the Portuguese colonizers was quite deeper than in other countries of Latin America. This developed a much more open way of looking into certain matters of life, although we can not forget that there exists a non declared, strong discrimination, mainly against black people.

The other factor that was responsible for that "easy going" cliché about Brazilians is the almost inexistent political structure, the social and economical chaos. They had and still have, to manage and find creative solutions to be able to survive in such a situation.

Like other Latin Americans, there are Brazilians, women as well as transsexuals, living and working as prostitutes in Germany.

The great majority of women come from the north and northeast of Brazil, the poorest part of the country. Many of them worked already as sex workers in Brazil and came to Europe by their own means, knowing what kind of job they would do. Others came through typical trafficking, mainly those working in Holland today. Many came believing in the well known promises about earning quickly, easy money, or hoping for a good marriage, and end up in prostitution.

There is also a big trafficking inside Brazil itself, among the different regions of the country, mainly with young girls of about 10 to 14 years old, that are sent from the country-side to the big towns or to the gold mines in the North region. This trafficking is done with much violence, selling of those young girls by their own parents, pimping, etc.

Nevertheless, for many other women, prostitution is a concrete and conscious option, an

economic option for their lives, since they have known very little other than that to do, or ever experimented something different. In those poor parts of Brazil, men work the land or immigrate to the rich south, and women work the land and at home. For them, prostitution is a choice for freedom, independence and a way of running away from poverty, ignorance and family violence, exploitation and loneliness. Education and schools are unreachable for the big majority, not only because there are not enough of them, but also because children have to begin to earn money very early. In a UNICEF study, Brazil has today the worse educational results, comparing school desertion and the Internal Gross product. So that life in brothel promises money, joy and adventure.

Others try the big cities, going after false promises of work. Because of the over-population (about 70% of the Brazilian population lives in urban centres) and no work opportunities, prostitution turns up to be the only way out. This explains the offer of sex-tourism in Brazil. And the circle closes itself: they look after foreigners that could facilitate their coming to Europe.

That is why, for some of them that is the only reality they ever have known, since they began this life already as children. This explains, perhaps, their way of speaking so openly about their lives and work, their "professional consciousness", apart from the fact that in Brazil sex is seen as a very natural part of life.

Women living in Hamburg work in apartments as well as in bars and clubs. They are free of pimps and their work has only one aim: to support their children or family back in Brazil.

In relation to the transsexuals, they come from all over Brazil, running away from discrimination. For them, Brazilian society offers even less opportunities to work, except as hairdressers or, as almost all of them, as sex workers. Most of them come to Europe for a longer period, as they can live here their identities with more freedom. Some of them travel a lot around Europe, but there is a great amount living in Europe already some years, trying to integrate and to find a real place to live. The majority did not do the sex-change operation and very few have this intention, the big majority of those living in Hamburg work in bars and clubs.

In relation to their education - women and transsexuals - the general level is quite low. Although we could say that most of them are semi-illiterate, one can find from complete illiterates to some who did university. Those few which had a higher level of education were transsexuals. A very good experience we had with Brazilians, what concerns means of information, was the videos we showed when visiting a group of about 50 women, distributed in five clubs in Enschede, a small town in Holland. Because of their low educational level, this kind of visual communication was very positive and brought up lots of questions and discussions. There were three different videos, done in Brazil with prostitutes, about their living and working conditions.

What concerns health in general and health prevention in particular, their knowledge is quite diverse. As there are not enough medical services available for the whole population, people themselves treat and diagnosis each other. Apart from the common medicines found in every chemist, which are very expensive for the great majority, they treat themselves a lot with natural plants and other special treatments learned from the Indians and the blacks, the ex-African slaves. They use a lot of this knowledge also while living in Europe, as they bring them when going back home or buy them here, mainly in African Goods Shops. Their knowledge about AIDS is quite limited, apart from knowing that it is mortal.

Brazil, with its 160 million inhabitants, has one of the highest rates of HIV infected people in the world. Apart from men, AIDS is getting more and more women. They are considered, today, the third "risk group", after homosexuals and drug addicts. Just to give

an idea: in 1984, for 100 infected men, there was 1 woman. Today, the reality is: for every 4 men, there is 1 infected woman (*Veja*, June 1994).

Although there were some campaigns about AIDS prevention, there is a great discrimination towards the use of condoms, apart from the conservative section of the Catholic Church in Brazil that forbids the use of it. 1987 was the great record year of selling condoms in the country, when 65 millions were sold. From then on, people bought less and less. In Japan, for instance, with a population of 130 million, consume is five times more, what means, 325 millions condoms per year! (*Veja*, June 1994). Nevertheless, the Brazilian Government and its Health Department began now a campaign, which speaks about condoms, AIDS and prevention in general, in a much more open and direct way.

In relation to prevention campaigns and practical work, what have really worked in Brazil are the several NGOs, spread out all over the country. They do their work independently or together with different women, homosexuals and prostitutes groups or organizations. Those groups are very active and work quite together, as one could see at the *III National Meeting for Sex Workers*, realized in May this year, in Rio de Janeiro. Apart from the main issue, AIDS prevention, there was also the discussion about self-organization, civil, medical and juridical rights for prostitutes.

Some experiences we had with Brazilian sex-workers in Hamburg:

L. was living in Hamburg a few months and complained about German doctors. Apart from the language problem, she felt herself discriminated and not taken seriously. We send her to the ZB, where she did several STD tests.

M., E. and S. complained a lot about the lack of personal hygiene between Dutch, German and Turkish men. Their main interest was about diseases being transmitted through transpiration. We gave them the different leaflets and talked about it.

G. was here already a couple of years and never had gone to a doctor. She got our number from a colleague and asked us for medical help, as she had great pains in her belly. We took her to the ZB.

S. and M., transsexuals, wanted to know a lot about the dangerous of oral sex in relation to AIDS. Because they were illiterates, we managed to do a small workshop at their working place.

P. just arrived from Brazil and had tooth ache. We arranged, through the Association of Medical Doctors of Hamburg, a dentist who spoke Portuguese.

T., after our first visit to her apartment, began to use lubricant and the right product for her personal hygiene.

N. and F. were also very interested about the special condoms for oral sex. After we met, they began to use them, and had lots of fun choosing between the different tastes.

L. had many questions about syphilis as there had been such a case in her family. We send her to the ZB for a test.

B. wanted to know about hepatitis as she had had one as a child. She was tested and vaccinated at the ZB.

East Europeans

When we talk here about East European women, we are talking about women from Poland, Czech Republic, Slovakia, Rumania, Russia, Ukraine and Georgia, but the majority of the contacts we did, were with Polish women. They form the biggest group among migrant prostitutes coming from Eastern Europe, followed by Russians and Czechs. For more information about their cultural, social and educational back-ground, please read the report about this group done by the Polish co-worker from TAMPEP/Amsterdam.

Unfortunately, we in Hamburg had only in the first four months of the project, a constant Polish co-worker. She left as she got worried about the violence in the 'scene' around Polish women, and as she got some internal problems at the *Zentrale Beratungsstelle*, her other job. The main problem was the information flow between TAMPEP and the ZB. Another problem was that the sex-workers themselves, could not distinguish between the two organizations, when she worked for both.

After that, we looked together with her, for a Polish sex-worker who could do this kind of work, but, unfortunately, we had no success. This could be explained by a phenomenon that occurs, very frequently, among this group: if a woman works as a prostitute, she has no time or energy left for any other work, and if she quits prostitution, she has to spend her time looking for another job, where she, probably, has to get used to a different rhythm of life. She has to build up new social contacts, she has to deal with the fact that she cannot mention her previous type of work, what brings a lot of insecurity, maybe, and she wants to forget everything that could have any connection to prostitution. A lot of women also have the constant fear of someone in their home countries, discovering about the work they did or are still doing. So we had to look for other possible workers.

One woman we tried to engage, after long conversations, came to the conclusion that she could not imagine herself working with prostitutes. She could not accept their type of work, as she could not get rid of a strong feeling of compassion towards them. For another one, the obstacle was that TAMPEP could not offer her a full time job. Finally, at TAMPEP's general meeting in February 94, we decided to do the work for East European women through an exchange with the Polish co-worker from Amsterdam. The decision was that she would come to Hamburg every six to eight weeks.

The first phase

Our first work was to collect data. Our Polish co-worker at that time, had contact to women who worked in three different working conditions.

The first ones lived in a very controlled circumstance and were, usually, victims of trafficking. They worked mainly in clubs, but sometimes also in apartments, and were not allowed to leave their working place for other reason than to go for a medical control at the ZB. The pimps took them there, but as the waiting and examinations rooms are not allowed to men who are accompanying women, they began to send the women with a person of their confidence, usually their girl-friends, so to have total control.

The second group were women working in clubs, where they had to divide their earnings 50-50 with the pimps, but had total freedom. Those women knew the ZB, as they were reached by the regular streetwork done by this health organization, together with a Polish interpreter.

The third group were the ones working in apartments. Most of them had no pimps. Some

divided the apartment with a friend.

In terms of health care, the ZB offers all kind of STD tests and treatment and the test for HIV. In case they needed a special medical service, the ZB gave them the necessary document, but then they were confronted with the language problem. Some Polish women speak German, but the majority has to ask for friends' help.

All the women we met during this period knew the ZB and were very satisfied with the service they offered and trusted them. On the other side, because of political problems and limited financial resources, the ZB is not able to reach all of them, mainly the ones who work in apartments. Very few of them knew the organization and if, they had got the information through colleagues.

Even though a lot of women go to the ZB, many of them prefer to do a general check-up in Poland, because of the language barrier. But this has another side too, which is of not being able to speak openly about their work as prostitutes, as nobody should know about it and so not to get an adequate STD test.

During this first phase, our Polish co-worker refused to work with the prepared interview sheets. The argument was that Polish people have great difficulties in answering more personal questions, as mentioned above, as this could bring some kind of consequence. She said it would be impossible to talk about a health project and ask questions about AIDS and STD, and at the same time, ask about their family situation or previous way of life. The team accepted her decision and she began to interview the women only what concerned health.

She did the interviews by meeting the women in cafés, while waiting for a medical examination or by taking them for a ride in a car. In those occasions, she had the opportunity to know more about their life and work conditions: violence, control, clients, pimps and also, health issues. The atmosphere was always relaxed and quite familiar. As she did not ask them bothering questions, she did not loose their confidence.

The second phase

That was the period when the TAMPEP co-worker from Amsterdam began to come to Hamburg. She came, all in all, three times. As we did not have a regular Polish co-worker in the second phase, we decided to do streetwork just for those working in apartments, as those working in clubs were reached by the ZB.

The work began by collecting addresses of East European sex-workers. In Hamburg, women working in apartments announce their services in a daily newspaper, by giving their address or telephone number. By calling the phone number, one gets the address from the answering machine. Only rarely they themselves answer the phone.

With the different addresses in hand, the German and the Polish TAMPEP -workers went to visit the women. They had the usual TAMPEP materials to present: condoms and lubricants, menstruation sponges, diaphragms and lotions for intima hygiene. The leaflets about AIDS and STD, condoms and lubricants were in Polish and Russian. The cassettes, we had them in Polish and Czech.

Sometimes, they gave information just to a single woman, but there were occasions, when they reached a small group of them. The talks that rose were about the local relevant addresses, condoms and lubricants, contraception methods, the work during menstruation and the relation to clients and pimps.

Some of the women we met went afterwards to the ZB. As we did not have a regular co-

worker at TAMPEP or at *Amnesty for Women*, we could not offer them a real social assistance. For the same reason, we did not offer them any workshop. We tried, every time we went to visit them, to give personally, as much information as possible about STD, AIDS and health prevention.

Evaluation

The main reason for East European women to come to West Europe is the bad economical situation in their home countries. Only very few of the Polish women, for instance, we got to know, worked in prostitution in Poland before. Most of them started with it here. Most of them had a higher school education. Often they were married in Poland and had children. The families rarely knew with what kind of work they were earning their money, so that they had to live a double life. Nevertheless, there were cases where husband and wife decided together that, regarding the present economical situation, the best thing to do, or perhaps the only one, was to go to Germany to work in prostitution, as a possibility to guarantee the family's survival.

Nearly all of them are here as tourists. This means that they are allowed to stay in the country only for three months, are forbidden to work and have no rights to any kind of health insurances. This makes them extremely vulnerable, dependent and exploitable of pimps. For social or health care groups this brings great difficulties, as the women, very often, do not trust anyone. Also because of the experiences they had during the ancient communist regime, they are afraid of official or governmental controls. Sometimes, it was quite hard to convince them that we from TAMPEP, were not there to control them. This situation of fear is even more underlined by the pimps, as another way of controlling them.

Some prostitutes' organizations in the Ruhrgebiet (the West part of German), experienced several times that the club owners enrol the women in a German course, to get a legal permanence status for them, but they remain in a semi-legal situation, as they are not allowed to work in prostitution. Because of language problems and disinformation, these women think that they are legal, also when doing sex-work, and get very shocked when they become aware of the contrary, for instance, when there are police raids. During those raids, the police, very often, send them back home, but because of the low travelling costs and the well organized trafficking rings, the pimps can get, easily, new women.

The women move a lot around, also forced by the pimps, who take them to different towns in Germany and in Europe. We know that there are trafficking rings from the Ruhrgebiet to Luxemburg and to Belgium.

We had the experience that Polish women who work in prostitution, in general, try to stay on their own and not to mix with other Polish women. One reason for this can be the extreme competition between them. The other is that, because Poland is so near to Germany, and as they go back home quite often, they are afraid someone could talk about the work they are doing here. The more they would mix with other Polish women, more risks they would run in get discovered. Because of that, most of the time, they gave us just their pseudonyms.

Our experience showed that East European women prefer to receive written information or personally, rather than in group, for the above mentioned reasons.

2

Work's development

The team structure

To begin with, it was very interesting but not always so easy, to build up a real team with persons with such different cultures and background. Some had already had some experience in team-working and some had not. Apart from some language problems, there were the natural differences of temperament and ways of behaviour.

The solution was to incorporate all those differences for that was the reality of our work. This gave us a basis to understand much better the kind of work we were going to do, to get the feeling of fear and hope between migrant women. Also to understand in a more clear way, the functioning of the different cultural and social structures of the persons we were going to deal with.

Concerning the contacts to migrant sex-workers, we had expected, at the beginning, more from the fact that four women in the team had already had experience in the prostitution area, but it turned out to be a failure: their colleagues saw them as spies or as being overbearing.

During the project's development, we worked several times with Thai ex-sex-workers that had close contact to Amnesty for Women. They participated as translators during our streetwork. Although they all had an easy access to the scene and could talk to the women as "friend-to-friend", we felt that they should have had a deeper knowledge to the project's aims. We saw again that the work of a cultural mediator is much more than that of just translating.

A problem we had all way through was the team-members' little time available, except for the two coordinators. All of them had other jobs beside and as we could not offer anyone a full-time work with a proper salary, all of them just worked as free-lance, in their spare time. Unfortunately, the result was that very often the work was done in a not so consistent and persistent way as desired or expected. There could have been more work done if the team-members could have given a more continuous collaboration, so that the majority of the organisation and practical responsibilities would not fall over the coordinators' shoulders. Those were the only ones with guaranteed 19 hours per week each, although even this amount was not really enough. The final result was somehow frustrating as this established a stronger structure of power and knowledge in the hand of just two persons, than the one we wanted and/or intended for the TAMPEP/Hamburg team-structure.

Therefore, to get as much results as possible from each of the team members and to be able to work in a respectful and professional way; our main concern was to pay their working hours as fair as possible.

The coordinators

Veronica Munk, Brazilian, graphic designer, working since July 1992 at *Amnesty for Women* as a social assistant and streetworker for Latin American women.

Urte von Reckowsky, German, doing her bachelor in literature (Portuguese and German) at the Hamburg University, teaching German for migrant women since 1989 and doing social work since 1991, both at *Amnesty for Women*.

The team members

Kirsten Schröder, German, did the secretarial and book-keeping work during the entire project's duration.

Bhadra Paris, a woman from Puerto Rico. She works as advisory and social assistant at INCI, a migrant-women organization in Hamburg, and is deeply involved in the migrant-feminist movement. She worked during the whole project's period, doing streetwork and participating of the workshops done for Spanish speaking women from Latin America.

Lhiza, a Philippine dancer in the area of the Grosse Freiheit, and therefore, has lots of contacts to sex-workers. She participated and attended regularly the team-meetings during the entire project's duration. She did some streetwork and secretarial work.

Pyari, a Brazilian sex-therapist, worked for the project in May and June. She did streetwork and a workshop about *Relaxation and Breathing Exercises*.

Pat Mix, a Thai social worker that works at *Amnesty for Women* since 1992. She has many and very close contact to several Thai sex workers through her streetwork, German and English courses. She worked for the project as a free-lance, doing streetwork with women working in apartments and a translator in several workshops.

Suchira Pohlmann, a Thai woman, a nurse, works as a streetworker and translator at *Zentrale Beratungsstelle*. She did the same kind of work for the project.

Martikar, a Thai transsexual, worked as a dancer and sex-worker. She began to work for TAMPEP in a very enthusiastic way until getting problems in her working place. She got afraid of the club owner and as we could not get her another work-permit - she was here with an artist-visa, which is directly connected to the working place (bar or club) and does not permit other types of work - she became very stressed and quit after two months.

Sarah, a Thai transsexual, worked as a dancer in Thailand. She had a very close relationship with a club-owner and because of that position, it was very difficult for her to get the women's confidence and therefore, to carry out with the interviews. Despite her enthusiasm, she stopped participating after three months.

Justyna, a Polish social worker that worked also at the **Zentrale Beratungsstelle**, from where she got many contacts to Polish sex-workers. Actually, she wanted to work 12 hours a week, but then got worried about the scene's structure (the violent behaviour of some club-owners and pimps) and had some internal problems with the ZB in connection with the information exchange with TAMPEP. She carried out some interviews but it became very difficult for her to manage the situation, and after working a while as a free-lance, she quit the project after four months.

Carolyn, a Philippine woman, who lives in Germany since her childhood. She worked as a sex-worker some years ago. Although she did some streetwork at the beginning of TAMPEP, because of her previous and negative experiences, it turned out to be quite

difficult for her to cope with the theoretical part of the project (she had a very clear abolitionist point of view), so she stopped participating after a while. Apart from that, there are very few Philippine women working in Hamburg as sex-workers.

Plan of activity

JULY/AUGUST 93

Those first two months were used to build up the group's future work: to structure and compound the team, to get and collect information about AIDS and STD prevention materials, find out and get contact with other organizations and institutions dealing with health prevention projects, mainly from the target group's countries.

While dealing with those subjects, we carried out several theoretical and planning meetings, did interviews with different possible co-workers or team members and began already with our weekly team meetings, something that we kept all way through, to be able to evaluate the practical possibilities and future development of our work.

We carried out also the first contacts to health and prostitutes organizations in Hamburg, with the aim of building up a joint and positive working contact.

SEPTEMBER 93 / JUNE 94

September

Establishing the team: two coordinators (a Brazilian and a German woman), a book keeper and secretary (a German woman) and six co-workers (two from the Philippines, two from Thailand, one from Porto Rico and one from Poland). All of them either had already done streetwork, or had good contacts with migrant sex-workers through their other jobs.

Establishing a network with other organizations, mainly from Germany, Brazil, Switzerland and Australia, to get information about similar projects and the material available.

Meeting with others Hamburg's organization than Amnesty for Women, to introduce TAMPEP: *Zentrale Beratungsstelle für Sexuell Übertragbare Krankheiten, KaffeeKlappe, Teestube Sarah, Strichpunkt.*

Looking for more information and material about transsexuals.

Translation and layout of the questionnaires, the official TAMPEP leaflet and presentation letters for the sex-workers.

Establishing of the German Course for sex-workers.

Regular streetwork in bars and clubs of the Grosse Freiheit. Contact to Thai, Latin American and Polish women and transsexuals.

October

First interviews

Participation at the Frankfurter Hurenkongreß/Frankfurt's Prostitute Congress

As the polish team member stopped working, we tried to find another polish speaking

co-worker, but we could not get one.

Preceding the contacts to other institutions in Hamburg: *AIDS Beratungsstelle* and the town's Health Department.

Adaptation of a Thai booklet from SWOP/Australia to Hamburg's situation.

Regular streetwork in bars and clubs, continuing with the German Course.

November

Proceeding with the interviews.

Contacts to specialists who would be willing to give workshops (self-defense, cosmetics, nutrition, AIDS/STD).

Planning of a TAMPEP little calling-card in different languages. The letters for the women were too theoretical and formal.

One of the coordinators went to Brazil and did contacts with several women, prostitutes and AIDS organizations in Rio de Janeiro. She brought a big amount of information material, videos and books concerning the history and actual situation of sex-workers in the country.

Regular streetwork in bars and clubs, continuing with the German Course.

December

Realization of the first workshop: self-defence.

Production of the calling-cards.

Regular streetwork in bars and clubs, continuing with the German Course.

January

Begin of the work with women that work in apartments, mainly Latin American.

Production of the leaflets about Condoms and Lubricants and STD, in five languages.

Regular streetwork in bars and clubs, new German Course.

February

Cosmetic and skin-problems workshop.

Condoms and lubricants workshop for Thais.

Meeting of the entire TAMPEP teams (Italy, Holland and Germany) in Hamburg, on the 21 and 22.

Production of the leaflet about AIDS, in five languages.

Meeting with Iris Donaubauer, coordinator of the first official German organization created specially for transsexuals: *Transsexuele Beratungsstelle* Hamburg supported by the town's Administration.

Regular streetwork in bars, clubs and apartments, continuing of the German Course.

March

AIDS and STD workshop for Thais.

First TAMPEP's exchange between team members from the different countries: visit to Enschede/Holland of the Hamburger Brazilian team member to make contact with Brazilian sex workers in this town.

Intensification of the apartment work as the results seemed to be much more positive than the one done in bars and clubs, although we continued to do this kind of streetwork too. Continuing of the German Course.

April

AIDS and STD workshop for Latin American women.

Second visit of the Brazilian team member to Enschede/Holland.

First visit of the Polish team member from Holland to Hamburg.

Begin of the apartment work with Thai women.

First contacts to plan the Spanish comic. Also contacts with several possible sponsors - private (condom fabricants) and official ones (different German health institutions).

Regular streetwork in bars, clubs and apartments, new German Course.

May

Special classes (menstruation, contraceptives and condoms) for Thai sex workers, in a German course at *Amnesty for Women*.

Workshop about *Relaxation and Breathing Exercises* for Latin American women working in apartments.

Regular streetwork in bars, clubs and apartments, continuing of the German Course.

June

Workshop about *Nutrition*.

Second visit of the Polish team member from Holland to Hamburg.

Regular streetwork in bars, clubs and apartments, continuing of the German Course.

July

Start with the comic for Latin American women and transsexuals, (Span. and Portug.).

Regular streetwork in bars, clubs and apartments, new German Course.

Participation on the Congress in Edinburgh about AIDS & Prostitution.

August

Production of the comic for Latin American women and transsexuals.

Work and production of the manual and the final report.

3

Other organizations

We had already started to contact other organizations before the official project began and developed this contact throughout the project. These contacts were of extreme importance for TAMPEP's practical and theoretical start and future results, for we were dealing with subjects with many doubts and discriminations: AIDS and migrant women sex-workers.

We had several reasons to get the contacts as soon and as wide-spread as possible, as we needed information about the work that had been done in the area of AIDS and STD prevention in Hamburg, in Germany, in Europe and in the women's home countries with whom we were going to deal with. From the beginning, we established contact with local women, migrant women, prostitutes, health and AIDS/STD projects, organizations and foundations from almost all over the world. One of the most important aspects was to get material from the women's original countries, as our main aim was the production of new informative material directed at women of completely different cultures, languages and educational levels. We needed samples of these already existing materials and we needed to know what kind of information the women receive abroad or bring with them from other countries. Thus, we were able to have a correct basis for the materials we intended to do. We are only able to reach the women by respecting the cultural differences.

We had to have, at this point, a general view of what kind of collaboration and exchange of experience we could get to improve our work, and later on, to be able to share our own experiences and results with the other organizations. It was very important for us to begin with the building up of a real and effective network in a national and an international level, for we needed cultural and technical feedback and in the future, possibilities of TAMPEP's concrete recognition in terms of proposals and methodologies.

We wanted to know what other organizations had been working on those themes, on what scale, with what intentions and with what results until now.

We had to know what our possibilities were to collaborate with the organizations in Hamburg working with migrants and/or prostitutes. As well as different local health departments, to be able to recommend a reliable health service, find out addresses from specialists (gynaecologists, dermatologists, general practitioners, dentists) who spoke other languages apart from German, or get some amount of condoms for free distribution during our streetwork.

During the whole time, we had once a month, a regular meeting with Hamburg's organizations working in the prostitution-health care area, to exchange experiences and information.

One more important point was to get information about the transsexuals and transvestites' situation, their way of life and problems in as wide a social and cultural range as possible, as we realized that our work here in Hamburg, would have to include them too.

One of the good experiences was the exchange between the TAMPEP's team-members themselves, regarding streetwork. The Brazilian team-member from Hamburg went twice to Holland to make contact with Brazilian sex-workers, as the Polish team-member from Holland came twice to Hamburg to meet Polish sex-workers. We had the opportunity among ourselves, to get in touch with different situations using the same methods, to know the different ways of working and intervention possibilities.

The results of these contacts to other organizations were all very positive. We got, during the whole period, real support from almost all of those with whom we contacted. We got, in many cases, practical assistance and response to many of our needs and questions. That exchange built up respect for TAMPEP's work and aims, opened up a range of working possibilities and the knowledge about peoples' cultural horizons.

These were the organizations with whom we worked more closely with during the projects' development:

AMNESTY FOR WOMEN

The organization was founded in Vienna in 1982 to fight against all forms of violence and repression that women suffer just because they are women. The group in Hamburg, founded in 1986, is mainly concerned with forced prostitution and trafficking of women. It also supports women that are here in this situation, offering social assistance, legal advice, German Courses and by being a meeting point for them. AfW builds up its contacts through streetwork done by their migrant co-workers, for Thai, Philippine and Latin American women.

Amnesty for Women already has extensive international working connections in Thailand, the Philippines, Brazil and various European countries. It also works closely together with several German migrant information networks and projects. In Hamburg the outreach work is carried out in close collaboration with the *Zentrale Beratungsstelle* of the Municipal Health Department. Recently, contacts with women from Eastern Europe have started to develop.

For the proposed project, *Amnesty for Women* has reached agreement with the organizations in Hamburg who work for prostitutes and migrant women, to function as the coordination centre.

ZENTRALE BERATUNGSSTELLE

This is a municipal health organization directed especially at male and female sex-workers. They gave a workshop about condoms and lubricants for Thai women and gave information to TAMPEP about transsexualism. We always recommended them to the women we had contact with, when they needed medical help or a check-up, because we knew that the women would be treated without discrimination and would get adequate treatment. The great advantage of this organisation is that it's free of charge and anonymous. The *Zentrale Beratungsstelle* had been already aware of the situation of migrant prostitutes. They have several interpreters as cultural mediators and have now a Brazilian gynaecologist. Their contact with women is also done through streetwork. But they do not have the same possibilities in approaching the women, supporting their self-organisation, as an NGO has. The ZB, as an institution from the Municipal Health Department, is only responsible for the women's' medical care, what concerns AIDS and STD. They have several social-workers who do streetwork. Their work is to inform about the institution itself, and to give basic information about AIDS and STD. Although they believe in women's' right for self-

determination, in their practical work they have strict limits. It is not their task to look for strategies to empower women to help themselves, nor do they produce information material for migrant sex-workers.

STRICHPUNKT

Strichpunkt is a public health organisation for people working in prostitution in Hamburg. Lots of the people that go there are drug users (i.v.). The coordinator, Dr. Helga Neugebauer, lead a workshop about STD for Thai-women and would also have been willing to go with us to apartments where Thai women work. She was very interested in TAMPEP, in its' methodology, in its' searching for new ways of giving information about AIDS and STD and was always ready to answer medical questions of the TAMPEP co-workers. This was of great benefit to us.

KAFFEEKLAPPE

Kaffeeklappe is a meeting and counselling point for prostitutes, financed by the church, the *Diakonisches Werk*. German women only work there so they have no contact with migrant women. As they only work from 11am to 3pm, they were happy to be able to offer us their rooms near the Grosse Freiheit in the afternoon. Without these rooms, a lot of TAMPEP work would not have been possible.

BERATUNGSSTELLE FÜR TRANSSEXUELLE

This is the first official, counselling organisation for transsexuals. It is financed by the Hamburg Health Department. They began their work in January 1994 and from that time on we have had information exchange. TAMPEP is planning to produce together with them a leaflet for transsexuals working in prostitution, with information about hormones, operations, the use of silicon and other relevant items.

HWG

We got to know women from HWG, a prostitutes' organization from Frankfurt/Main when we participated in October 1993 at the German Whore's Congress in Frankfurt/Main, which had the headline "*Migrants in Prostitution*". Like all organizations, HWG also claimed about the lack of good and effective information material for migrant prostitutes. So the idea arose to produce together an AIDS/STD prevention comic for Spanish and Portuguese speaking women.

BRAZILIAN ORGANIZATIONS

One of TAMPEP's/Hamburg coordinators went to Rio de Janeiro in November 93 and got closer contact to several organizations working with AIDS prevention, prostitutes and women rights.

The initial contacts were made some months before through correspondence. The answers were all very positive and receptive, including the permission for the use of the different materials, when necessary. Since September 93 we have been receiving several printed materials, leaflets, books, videos, and others.

The common point between all of those organizations, associations and solidarity groups is

their constant financial deficit. The governmental support is almost inexistent, not to say total, in a country with one of the biggest HIV infected population in the world. They develop their work by fighting against lack of money, information, hunger, poverty and illiteracy. NGOs are the only organized institutions bringing up, until now, positive results. Some of them get some support from international organizations, but the great majority survive through voluntary work or private donations. Just as an example, ISER, who does an important prevention information street-work in the city of Rio de Janeiro, does not have, since January 94, any condoms to distribute, i.e., they do not have the money to buy them and do not get any kind of support in this direction.

Contacts made through correspondence

GAPA/Grupo de Apoio à Prevenção da AIDS (*Support Group for AIDS Prevention*), a non-lucrative NGO, with 19 branches spread out in the most important towns in Brazil. They do a general prevention work for women, men, transsexuals and drug users, through information materials, newspaper and streetwork.

GEMPAC/Grupo de Mulheres Prostitutas da Área Central (*Group of the Prostitutes' Women of the Central Area*), in Belém, the capital of the State of Pará, one of the most important prostitutes' organizations of Brazil. It was founded by Maria de Lourdes Barreto, an former prostitute who begun, together with Gabriela Silva Leite, the movement for the prostitutes rights in Brazil, about 10 years ago. She is the main coordinator of this group. They do prevention work, streetwork and a very important information and explanatory job about the work and real life conditions in Europe, for those women who want to work as sex-workers here.

APES/Associação das Prostitutas do Estado de Sergipe (*Prostitutes' Association of the State of Sergipe*), in Aracajú, the capital of Sergipe, in the north-east of Brazil. They do health prevention work, streetwork and are a prostitute's rights movement.

APROCE/Associação das Prostitutas do Ceará (*Prostitutes Association of Ceará*), in Fortaleza, the capital of the State of Ceará, in the northeast of the country. They also do AIDS prevention work, streetwork and are a prostitute's rights movement.

AGP/Associação Gaúcha de Prostitutas (*Prostitute's Assassination of Rio Grande do Sul*), in Porto Alegre, the capital of Rio Grande do Sul, the southern State of Brazil. A very active association in prevention work and prostitutes' rights.

Coletivo Mulher Vida, a women's organization in Olinda, a city in Pernambuco, in the northeast of the country. A very important and active group in relation to women rights and denunciation of all types of violence against women. They do a lot of work concerning women's work and life conditions in this part of Brazil.

Instituto Oswaldo Cruz (*Immunology and Medical Research Department of the University of Rio de Janeiro*), **Núcleo de Estudos à Prevenção da AIDS/USP** (*AIDS Prevention Research Department of the University of São Paulo*) and **Programa Nacional de Controle de AIDS e DST** (*AIDS and STD Control Department of the Health Ministry in Brasília*).

Contacts made personally

DAVIDA/Prostituição, Direitos Civis e Saúde (*Prostitution, Civil Rights and Health*), in

Rio de Janeiro. This organization was founded about two years ago by Gabriela Silva Leite, former prostitute, sociologist, and the first to begin the struggle for prostitute's rights, social and professional recognition. She did this work mainly through ISER, where she developed a project for prostitutes' empowerment and AIDS prevention, by editing specific brochures and participating in the production of the film *Vênus de Fogo*. Because of internal political and ideological problems, she left ISER and founded DAVIDA. While a sex-worker in Rio de Janeiro, she created the first Prostitute's Association of Rio, APERJ, and wrote, in 92, an autobiography called *Eu, Mulher da Vida* (I, Woman of Life). As a true representative of sex-workers in the Brazilian social and political context and as an internationally recognized fighter for prostitute's rights, Gabriela did and is still doing one of the most important works for sex-workers in the country. Through DAVIDA, she began a work of mobilization - by editing the first newspaper especially for sex workers, *O Beijo na Rua*, and the first leaflet specially done for clients about the use of condoms. There was done a recorded interview about the situation of prostitution in Brazil today.

Damas do Rio/Associação das Damas da Vida do Rio de Janeiro (*Ladies of Life's Association of Rio de Janeiro*), an independent prostitute's organization coordinated by Dorothy, a sex-worker. Their aim is to give support and to fight for prostitute's professional and social recognition. They do a more practical health prevention work through street-work and formation of peer-educators, mainly in women prisons and in Rio's slums.

APERJ/Associação das Prostitutas do Estado do Rio de Janeiro (*Prostitutes' Association of Rio de Janeiro*), is restricted to the old and poorest red-light area, located in the city's centre. Because of the town's geographical development, it resumes itself today to one single street called Vila Mimosa (Mimosa/Sweet Village). It is coordinated by an ex-prostitute called Eunice Coelho Reis. They also do AIDS prevention work and literacy, sewing and painting courses for the sex-workers. They had, some years ago, a special radio transmitting resource, edited by them and transmitted directly into the Vila Mimosa, but it stopped working because of financial problems. There is also a recorded interview with Mrs. Reis.

ISER/Instituto Superior de Estudos da Religião (*Institute for Superior Religious Studies*), in Rio de Janeiro. It is a non-lucrative NGO with the aim of developing projects in the social area. In relation to sex-working, they have an important project called Health and Prostitution, coordinated by Celia Szterenfeld, through which they do a big amount of AIDS prevention streetwork in various places of the city. They edited two booklets for female sex-workers about AIDS called *Estrela da Noite* (Evening Star) and *Fala, Mulher da Vida* (Talk, Woman of Life) and one for male and homosexual sex workers called *Rapaz da Noite* (Evening Guy). They were responsible for the film *Vênus de Fogo*, a film with and about sex-workers in Rio. They also support a project for Aids prevention among transsexuals called *Astral*.

Projeto PEGAÇÃO, a independent project coordinated by Paulo Henrique Longo, in Rio de Janeiro. They work with male and transsexual sex-workers doing AIDS and STD prevention streetwork, and produce a newspaper. There is also a recorded interview with M. Longo about the situation of transsexuals' prostitution in Brazil.

ABIA/Associação Brasileira Interdisciplinar de AIDS (*Brazilian AIDS Association*), a non-lucrative NGO, that develops activities (workshops and conferences in schools, slums associations, prisons and for workers in general) to educate and inform about AIDS. They have also an important work done for men and transsexuals about prevention, apart from the one especially for women. They published several printed information materials (they have a monthly news-letter about AIDS) and did already several videos.

Grupo pela Vidda (*Group for Life*), a NGO solidarity group constituted by HIV infected persons to give support for others HIV-Positive and AIDS infected persons. They have six branches in the country and do, apart from the information work, a support work for friends and family members of infected persons. They have several publications and work very close with ABIA.

Disque AIDS Mulher (*Call Woman AIDS*), a telephone-information service offered by the Health Department of the University of Rio de Janeiro, open to everyone, but particularly for women, who want to have general information about AIDS, about prevention and to give support to the already infected.

CEMINA/Centro de Projetos da Mulher (*Centre for Women's Projects*), a NGO concern with women social and political problems. An organization for women's' rights and empowerment. They have a daily radio programme focusing those problems, directed to women from the lower and poorer social class. Their main coordinator is Rita Andréa.

Conclusions

*Quando a prostituta for um fato corriqueiro na sociedade,
uma trabalhadora como outra qualquer,
de repente vamos poder pensar melhor sobre a sexualidade,
o prazer, o amor, a felicidade, essas coisas tão caras a todos nós."*
Gabriela Silva Leite

*When prostitutes will be considered a normal part of society,
a worker like any other,
we will be able to think more about sexuality, pleasure,
love and happiness, those things that are so valuable for all of us."*

There are several conclusions one can draw after one year development of TAMPEP, a pioneer project for AIDS and STD prevention among migrant prostitutes in the European Community.

The most important way of structure such a work, is to build up personal contact with the migrant women and transsexuals. This is only possible, if the team-worker, the so called cultural-mediators, has a knowledge and understanding about the sex-workers' cultural background, their intentions and/or reasons for migrating, their expectations, and finally, their working and living realities in the foreign country.

One can only reach those points by doing a regular and constant streetwork, the only effective way of constructing such a relationship that is, most of all, based on trust, confidence and a great amount of time.

Only by one understanding the cultural differences, the different behaviour and outlooks towards sexuality, their living and working conditions, is such a project able to make it understandable for them, the reasons and needs of health prevention. Apart from the health issues, there is the need for building up sex-workers' social empowerment and self-confidence, to be able to develop the formation of peer-workers.

The next three items point out the need of one fundamental point in this kind of work: TIME: time to get knowledge of the real problems; develop relationships and the necessary information materials.

The work of building up those closer contacts means doing several and continuously, streetwork. It takes at least a couple of weeks, or even months, to get women's' real confidence. In terms of those working in apartments it could even take longer, because their working places are spread out all over Hamburg, and therefore, are not reached in a as necessary constant manner as desired.

Women's' and transsexuals mobility inside Europe makes it necessary to develop the work in a very quick way, bringing sometimes, superficiality and not enough deepness in the evaluation of the different problems and the proper solutions. On the other hand, this mobility permits the spreading out of information in a much wider manner, as women and

transsexuals can function as health messengers. This means that the basic work has to be done quite thoroughly, but quickly, in a very concise and direct way.

Need to have time to evaluate what kind of information material is needed, to develop these materials, and to be able to present them in a comprehensible way. One has to have in mind to whom the information is directed, their different cultures and educational levels. The subjects have to be chosen between the need to inform and the bringing up of interest. This kind of material has to be constructed over a very concise type of text, but precise and direct. Apart from the language level problem that has to be watched, there is also the need to watch for the correct way of bringing up the information in all the different communication ways of each particular language.

Apart from the context, one has to watch also for the proper visual presentation, i.e., find the way to, at the same time, stimulate the lecture - bring up interest for the particular text - and inform, by guiding correctly through the amount of information. One can not forget that information consists of content and form, as it can not be separated. Text itself does not inform, independent of its quality, if it is not presented properly, as the form it brings no information if it has no idea behind, or is not in the right context. The same is valid for other means of communication, as videos, and the hearing materials, the cassettes.

Taking these differences in consideration, we developed, for instance, together with a group of Latin American sex-workers, a health information comic, where the working situation in Germany is also pointed out. The booklet was done in the form of a comic due to the educational level's reality of those women.

Following the same idea, apart from the information leaflets done about *Condoms & Lubricants*, *STD*, *AIDS & Hepatitis B*, and *Nutrition*, there are some others as important, to be developed, as for instance:

- Personal hygiene and menstruation

- Contraception: the different methods and the possibilities of abortion

- Male illnesses: for women to be able to recognize if a client has a problem

- For clients: for them to understand the importance of safer-sex, so that responsibility would not lie only on women's' back

- For transsexuals: about hormones, the sex-change operation and the use of silicone

- Legal rights: the situation of migrant sex-workers living and working in Germany

During the project's development we saw how important it was the exchange of experience between the three countries where TAMPEP took place. As the realities are quite different, we could not only compare them, understand the ways and reasons of the various migration flows, but most of all, we had a much clearer understanding about the living and working conditions in each country, so to be able to pass on to the sex-workers, information about each particular situation. They could, by that mean, prepare themselves much better, i.e., with a more realistic point of view about each situation.

At that point, we come to a very important issue: the building up of peer-workers or peer-educators. Because of that mobility, it is extremely important not only to watch the way how one passes on the information, concerning its quality, but mainly, to be able to point out its importance and necessity. Otherwise, one will not be able to reach the main aim of this project that is for sex-workers to create self-consciousness, self-respect and self-confidence towards themselves, among themselves, towards prostitution and society in

general, what means, discrimination. Only by reaching those matters, will it be possible for them to find out about their needs and by that, go for their social rights: proper health services, better working and living conditions, recognition of sex-work as a profession.

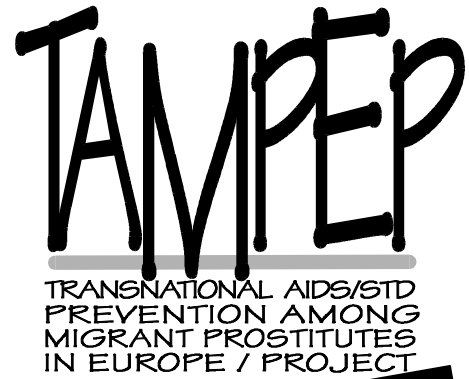
Nevertheless, it is quite difficult for migrant sex workers to organize themselves in bigger groups outside their own country, because of their mobility, short staying abroad and legal status problems. This reality gives TAMPEP the opportunity to offer them the necessary information basis for when they return home, for them to be able to create and/or participate of health prevention projects among their own people.

Apart from those items, TAMPEP should have another task: to be able to control the quality of medical services offered for sex-workers, throughout the various cities where the project is taking place. One should be able to get a proper and specialized medical service where women, transsexuals and men working as prostitutes, could be understood and treated with respect, i.e., without discrimination towards their work. We had cases where women were not taken seriously, only because they were sex-workers, apart from the language and communication problem. But we had also some good experiences. The *Zentrale Beratungsstelle*/Hamburg offers not only a specialized STD/AIDS and gynaecological service, but has also at their disposal, several interpreters for the different languages from the countries where the women come from.

Another important task should be to create special health services for transsexuals, where they could get also assistance and counselling, mainly about hormones, the sex-change operation, application of silicone and others. One of the reasons for that need is that most of them buy and take hormones or other medicines without any kind of medical control, apart from the fact that they live in a much more isolated situation, as the discrimination towards them is even bigger.

TAMPEP showed how important it is to create a national and an international network. To have constant contact and exchange of information with all sorts of women and migrant women organizations, prostitutes groups and health foundations. Not only in terms of Europe, because of sex-workers mobility, but mainly with those of their home countries. To be able to share with them our results, in order to increase their possibilities to develop too, such a work.

We also saw that in Germany there are several cities with very few possibilities of real assistance for sex workers. The experience brought by this pilot-project showed that TAMPEP's co-workers should also function as advisors for other established groups, passing on the experience and the results they gathered along their work.



ITALY

TAMPEP 1

FINAL REPORT

September 1993 – August 1994

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Pordenone, August 1994

Editors Pia Covre, Carla Corso

1

Background

Italy was chosen as one of the three countries in which TAMPEP would activate pilot initiatives because it was felt by the project coordinators that the validity of a trans-European research must include a Southern European representative. Although this assertion may sound simplistic and self-evident, it remains a premise which should be highlighted for a variety of reasons.

In the context of the HIV epidemic in Europe, the Southern nations are by far those most affected: the number of persons diagnosed with AIDS or HIV infection in France, Spain and Italy alone is higher than the total figures for the rest of Europe combined.

In the context of the sex industry, there are a number of discrepancies between Northern and Southern Europe which were repeatedly evidenced during the first European Congress of Prostitutes held in Frankfurt in 1991. In Italy and Spain, in particular, representatives of the various organisations of sex workers evidenced a need to focus attention on the social and cultural conditions which stigmatise the potential role of prostitutes within the fabric of the community. By contrast, the better organised and more established organisations of Northern Europe were more insistent on addressing economic and labour issues inherent in the practice of the profession.

With regard to both HIV/AIDS and the sex industry, statutory and non-governmental responses in Southern Europe have tended to be less effectively organised and coordinated. Again, for socio-cultural reasons which go beyond the scope of this paper, it appears evident that those areas most penalised by the rapid diffusion of HIV are precisely those in which there are fewer tools with which to address the multiplicity of needs which a major pandemic engenders.

The bio-medical models which have been among the most utilised in Southern Europe are incapable of dealing with the psycho-social dimension in which the philosophy of TAMPEP is rooted. Additionally, the political dimension of an HIV intervention targeted towards illegal residents engaged in activities of a highly volatile nature such as sex work render it even more difficult to conduct activities as originally envisioned. Such difficulties are magnified when the contracted partner for Italy, *Il Comitato per i Diritti Civili delle prostitute*, is an organisation founded and run by active sex workers.

An important factor permitting the inclusion and full participation of the Southern European partners is related to the economic resources available for the work in question.

Funding from an extra national source (namely the European Union through DGV) allowed activities of an experimental and innovative nature to be carried out despite the lack of commitment to economic investments from governmental agencies. The initial scepticism

of such agencies may be contradicted by the activities conducted during the pilot phase of the project, thus ensuring not only longer term survival of the initiatives stimulated by TAMPEP, but also influencing funding policy for other activities which are not part of the general repertoire of AIDS prevention strategies in countries like Italy.

The inclusion of a Southern European partner in all phases of the project will greatly facilitate any attempts to extend the strategies validated through TAMPEP's pilot phase to other countries within the Mediterranean basin.

2

Italian policies regarding prostitution

The law which currently regulates prostitution in Italy was passed in 1958. This law was originally intended as a measure to close whorehouses and outlaw the regulation, exploitation and favouring of prostitution.

As a result of this legislation, those who are currently active as sex workers are operating in a condition of semi-illegality: prostitutes are tolerated, but those who assist them or share in their earnings may be condemned. This situation is an incentive to keep the entire sex work industry clandestine and has resulted in additional exploitation of sex workers by those who offer related services (hotel managers, landlords, intermediaries, etc.). The policies currently in place also increase the possibilities for law enforcement officers to blackmail or coerce sex workers, in particular those belonging to marginalised sectors such as migrant prostitutes, transvestites and drug users.

Fortunately, current legislation does not render obligatory any form of mandatory screening or health controls. Italian sex workers, like all citizens, are entitled to medical care; such care is free of charge for those citizens with no fixed income. HIV antibody testing is provided free of charge to all those who request it through the public health system and there are legal obligations to maintain confidentiality and the anonymity of those accessing such test centres. Italian citizens who are affected by HIV/AIDS are exempt from paying costs linked to the treatment of opportunistic infections and can access free health care through the statutory sector.

Illegal immigrants may access several health services free of charge, in particular HIV antibody testing centres and family planning clinics; frequently, however, there is a lack of awareness regarding this possibility among the immigrants in question.

Increasing cuts in funding to health and social services have affected all those residing in Italy. It is increasingly difficult for sex workers to access economic aid for themselves or their families. Additionally, there have been no government investments in HIV prevention projects targeted directly to sex workers. Those sex workers who are affected by HIV or AIDS may continue to exercise their profession as there are no legal provisions currently in place which address this issue. Should sex workers with AIDS decide that, because of their condition, they would prefer to interrupt their activities in the sex industry it is not possible for them to access any social structures or any economic aid which would render such a "retirement" a feasible alternative to continued sexual contact with paying clients.

Illegal immigrants are not in a position to access governmental health care and must rely on self-administered pharmaceuticals or rare voluntary organisations for medical and social assistance. Contact with such non-governmental organisations, however, is difficult for reasons linked to the clandestine nature of their presence in Italy: many of the illegal immigrants, despite seriously comprised health conditions, are reluctant to take the risks linked with exposing oneself to the possibility of repatriation. This factor is also decisive in limiting the possibilities of illegal immigrant sex workers to rebel against inhuman work conditions or exploitation.

The legal policies enacted in Italy, which tend to criminalise sex workers, are one of the root causes to which can be attributed the spread of various infections.

3

The Italian partner: *Il Comitato per I Diritti Civili delle Prostitute*

The *Comitato per i Diritti Civili delle Prostitute* (Committee for the Defence of Civil Rights for Sex Workers), henceforth to be referred to as "*Comitato*", is an organisation founded and coordinated by active sex workers. The impetus for its creation in 1983 is to be found in the systematic violation of civil rights to which sex workers were subjected in Italy. As outlined above, the policies enacted by Italian governmental organs in response to the existence of the sex work industry were in no way justified in relation to the legal parameters which defined and regulated prostitution.

Aware that much of the backlash which repeatedly struck sex workers was determined by socio-cultural factors, the founders of the *Comitato* adopted a strategy and platform which aimed primarily at challenging the clichés and stereotypes which dominated most discussions and decision-making processes in this area. In addition, the *Comitato* seemed an ideal project partner because of its extensive contacts with a number of sex workers active in various cities throughout Italy.

It should be specified, as well, that the *Comitato* has been active in specific AIDS prevention programs or research initiatives for almost a decade. As a founding member of the *Lega Italiana per la Lotta contro l'AIDS* (LILA), a federation of Italian AIDS Services Organisations, and as a subscriber to the European Council of AIDS Service Organisations (EuroCASO), the *Comitato* has shown a commitment to promoting AIDS awareness both among active sex workers as well as among the general population.

Another important consideration which was crucial in the decision to involve the *Comitato* was linked to its willingness to embrace the needs of migrant sex workers. Both statutory and non-governmental agencies active in the Italian AIDS field have been generally reluctant to address this area and do not consider it a priority. In part, this reluctance can be explained by considering the extent of the pandemic in Italy and the scarcity of services and activities targeted towards the native population; it may seem unrealistic, in this context, to focus on information and prevention or care programs designed to meet the needs of Eastern Europeans, Arabs, Africans or Asians.

4

Italian cities involved in TAMPEP activities

The initial phase of TAMPEP in Italy involved mapping the areas where the incidence of migrant prostitution was particularly elevated. Parallel to this, a survey on available resources within the network constructed by the *Comitato* was initiated. This research activity was conducted by the sex workers present in various Italian cities who have formal and informal links to the project partner. Information was collected through the official agencies and news media, as well as through direct reconnaissance missions conducted on the streets of those cities where the *Comitato* had well established contacts.

Seven cities were deemed to fit these two primary prerequisites (a sizeable population of migrant prostitutes and the presence of sex workers affiliated with the Comitato who were willing and able to commit to the project). The cities so identified were all located in Northern Italy: Bologna, Genova, Torino, Milano, Verona, Pordenone and Modena. Several factors are important in considering the exclusive involvement of the Northern Italian cities in TAMPEP activities:

The more industrialised North is the area to which most foreigners migrate in as much as work possibilities are more abundant.

The Italian project leaders, feeling it necessary to personally supervise the local teams, tended to privilege Northern cities as a means for ensuring regular contact and guaranteeing the possibilities for frequent visits (the *Comitato* is based in Pordenone, a city in North Eastern Italy).

5

Presentation of TAMPEP

The Italian project leaders, after having conducted a preliminary analysis with the objective of determining the cities in which TAMPEP activities might be initiated, organised a focus group for representatives of those socio-sanitary services and non-governmental organisations which seemed particularly interested in collaborating in the project. Invitations were forwarded to agencies from the seven cities which had been considered as feasible sites for TAMPEP interventions.

The focus group, which took place in August, was held in Verona and hosted by the HIV Screening Unit on the premises of the local health department. Exponents of various agencies were in attendance and the following cities were represented: Pordenone, Milano, Torino, Bologna and Verona.

The meeting was conducted by the Italian project leaders with the assistance of representatives of the Mr. A. De Graaf Stichting. A primary objective of the encounter was simply to outline the TAMPEP initiative, to stimulate collaborative agreements with agencies which might prove to be of some utility in furthering the goals of TAMPEP and to respond to questions which might serve to clarify the methodology and philosophy underlying the European project.

Participants were fairly divided: representatives of public health departments, non-governmental organisations, agencies working in the field of AIDS prevention, immigration policy departments and members of the target group were all present.

After having illustrated the project, TAMPEP project leaders were quite clear in pointing out that there were no preclusions to including any city in the action plan. Involvement would be dependent on an objective assessment of the resources available in each city through collaboration with the agencies which were willing to commit to the project.

In turn, the representatives of the various cities present detailed the activities of their organisations and the degree of support which they felt could be given to TAMPEP. The participants also highlighted notable characteristics regarding the various ethnic groups which were present in their territory and the extent of the sex industry, in particular as it concerned immigrant women and men.

While no firm conclusions regarding the future planning stages of TAMPEP were reached during this initial meeting, the focus group session served as an important platform from which a consensus emerged regarding the feasibility of the project in Torino, Milano, Pordenone, and Verona. The contacts made during this initial meeting were subsequently developed on an individual level in each of the cities concerned and specific work plans

were drawn up on the bases of the resources available. In addition, Bologna and Genova were later involved, thus bringing to six the number of cities which were, to a greater or lesser degree, included in the Italian portion of the TAMPEP project.

6

General considerations

As outlined in the background section of this documentation, the Italian context presented considerable difficulties with regard to interventions targeted towards illegal immigrant sex workers. Generally, it can be said that many of the prevention campaigns in Italy tend to reproduce a bio-medical paradigm which is woefully inadequate. In particular, such models are ineffective in terms of motivating behaviour change or enabling individuals to devise appropriate personal strategies for dealing with the risk of HIV infection. Specifically, bio-medical paradigms are inappropriate when the target group is composed of immigrants belonging to a variety of ethnic backgrounds: the manner in which we view our bodies and the twin concepts of health and illness are determined by the specific cultural milieu in which our personalities are formed. Western medical concepts, which many of us take for granted, are as unintelligible to many of those belonging to TAMPEP's target group as the language of the foreign countries in which these immigrants have taken refuge.

A primary objective of TAMPEP in Italy, then, has been to raise awareness regarding the needs of immigrant sex workers among governmental institutions and volunteer organisations. In each of the cities which were involved in TAMPEP activities, considerable energy was expended on establishing contact with these agencies and in offering possibilities for exchange and collaboration. While, for some of the reasons offered, there were various episodes in which high levels of diffidence were registered, it should be noted that there was real interest among a number of workers in the various institutions and projects contacted.

Initially, the TAMPEP project leaders in Italy had intended to create -- through this process of awareness raising and coalition building -- operative networks in each of the cities involved which would be capable of collaborating with TAMPEP (acting in a coordination capacity). Such a strategy, however, requires the involvement and active participation of the target group. It became evident that the possibilities of establishing contact with foreign sex workers and stimulating a collaborative scheme were not everywhere equal. Depending on the ethnic origin of the sex worker; the form of control exercised on them; and the stage of development among statutory and non-governmental organisations regarding immigration and sex work, TAMPEP was able to meet the goals established.

It was decided to invest more time and energy in the construction of a viable network, capable of offering real services and instituting effective prevention campaigns, in the city of Torino. This choice was dictated by the existence, in Torino, of an effective municipal department responsible for immigration services, and various non-governmental agencies which were willing to support the project activities through the allocation of resources (both human and material).

The activities in Torino represented a sort of experimental laboratory in which TAMPEP project leaders were attempting to verify the conditions necessary for the development of an effective model which could, in future phases of activity, be replicated elsewhere within the Italian context. At the same time, the project leaders were quite convinced of the necessity of utilising TAMPEP as a promotional tool to further social concern and awareness on the problems faced by immigrant sex workers and, so, were still eager to conduct a series of activities in the above-mentioned cities with the additional objectives of learning more regarding the target groups and of conducting at least some form of primary intervention which might be of some short-term benefit to the foreign sex workers with whom they came into contact.

Regarding TAMPEP/Italy as a whole, then, it can be said that the same methodology was applied in each of the cities involved, but the factors influencing the possibilities for real involvement of foreign sex workers in the activities determined the inclusion or exclusion (as in the case of Bologna) of individual cities within the overall scheme.

TAMPEP in Torino

BACKGROUND

Torino is a major urban metropolis in north western Italy with an overall population nearing one million inhabitants. There is a sizeable number of foreigners, both legal and illegal, residing in the city. Immigration is an old phenomenon although today's situation is differentiated by the fact that many of the workers in the factories are now coming from non-European countries whereas prior to this, a majority of new residents were emigrating from southern Italy. This situation has facilitated the establishment of an effective branch of the "Ufficio Stranieri e Nomadi", a municipal department in charged with the responsibility of administrating problems related to foreign residents, guest workers and others without legal papers. Additionally, there is a relatively high awareness of problems linked to immigration which often stimulates personal involvement among individuals belonging to a variety of social classes. Torino is one of the few cities in Italy whose municipality has sponsored and encouraged the training and utilisation of cultural mediators. These factors made it easier for TAMPEP to reach one of its objectives in as much as the establishment of a network to deal with the problems of migrant sex workers was facilitated by the existence of specific agencies already active in the field of immigration.

While accessible to foreign workers and residents, even those with illegal status, the agencies of the municipality and health departments were not always capable of responding to the specific needs of sex workers. In part, because of a great deal of self-stigmatisation on the part of the sex workers and in part because of the objective difficulties of those working in this field to openly declare themselves as such, the statutory and non-governmental agencies were not frequented by self-identified migrant sex workers.

Sex work represents a market with a consistent demand partly motivated by the internal mobility which initially displaced thousands of southern Italians from the cities and villages of their original residence. Additionally, the large demand is evidenced by the thousands of sex workers currently active in this sector. Foreign sex workers dominate the street scene and this population consists primarily of Nigerians, Brazilians and Eastern Europeans.

Foreign sex workers, as opposed to the majority of Italian professionals in this field, tend to exercise their work in the streets and services are rendered in automobiles, parks or secluded areas. The majority are illegal aliens without valid documents and are therefore subject to restrictive measures and coercion. Prevention work with this population was, therefore, rendered more difficult in as much as many of the sex workers are diffident of contact with those they perceive as possible law enforcement agents. The working conditions (open air activity on street corners, for example) are exacerbated by the clandestine nature of their presence in Torino. Many of these sex workers are subject to

possibilities of violence and threats upon which they are rarely capable of acting because of fears of repatriation.

From an overall point of view, then, we can say that TAMPEP's activities in Italy were hampered by the social conditions in which prostitution is carried out. The lack of centres and legally organised spaces for sex work made it difficult to facilitate contact between project workers and members of the intended target groups. In addition, the precarious conditions of many foreigners involved in sex work represented an additional obstacle in attempts to gain the trust and confidence of those to whom the project was addressed.

TARGET GROUP

In light of the above, TAMPEP decided to focus its interventions on a specific sub-population of those foreigners involved in sex work in Torino. Specifically, it was decided to target activities towards female sex workers of Nigerian extraction. This decision was motivated by several factors:

Some of the "cultural mediators" available through the Ufficio Stranieri were of Nigerian origin and were willing to become involved in the project.

Several professionals working within the municipal council of Torino had recently promoted an initiative targeted towards the Nigerian population which gathered together a number of representatives of public health departments, social workers and community based organisations with the objective of raising awareness on AIDS and STDs. This initiative had increased the interest among Nigerian women in accessing medical care and health services creating a good platform for TAMPEP to follow on.

The sex work industry regulated by sub-Saharan Africans was among the least difficult to collaborate with in as much it is less firmly controlled and violent than that of other foreign nationalities. As opposed to that portion of the sex work industry controlled by the Eastern Europeans or that involving the Brazilian transsexuals, which have stronger links to organised crime, the African scene is more flexible and family-oriented; the sex workers are recruited and controlled by single "madams" who operate with an open-market mentality conditioned by the norms of their community.

Among the populations of sub-Saharan Africa present in Torino, the Nigerians are the most numerous and those who have traditionally been present for a longer period.

Regarding the total population of female sex workers from Nigeria, only estimates were available given the illegal status of many in this group. Personnel from the Ufficio Stranieri gave figures which indicate at least 1.500 women from Nigeria who are involved in the sex industry. Of these, a majority reside in Torino but practice their profession in outlying cities.

The average age of the women belonging to the target group is near thirty and most of these had attended at least secondary school. The majority (circa 60%) of the Nigerian sex workers present in Torino belong to the Bini ethnic group (interestingly, the Bini are a minority of the general population in their country of origin); 30% of the sex workers belong to the Ibo ethnic group and the remaining 10% are of mixed origin. The reasons for

such a preponderance of Bini women among the target group are uncertain although it seems that the economic backwardness of this region certainly favours emigration patterns.

Interviews compiled by the women contacted and anecdotal evidence suggests that the majority of Nigerian sex workers in Torino had never practiced this profession prior to their arrival in Europe. Some of those newly arrived in recent years seem to have an awareness that the work in which they will be occupied during part of their stay abroad is connected to the sex work industry. Mass media and word of mouth in Nigeria have contributed to raising awareness on this issue. Others achieve a specific awareness of the nature of the work in which they will be involved only upon arrival.

The majority of the Nigerian sex workers, a commonality shared by the vast majority of immigrant women involved in prostitution, are motivated or forced to choose this occupation as a result of economic necessity. There is a generally pervasive stereotype with regard to Europe which many of the Nigerians seem to embrace: Europe is a continent in which riches abound and where well remunerated business opportunities are easily available. The major difficulty which the Nigerians have to face, from this perspective, is organising their departure from the country of origin.

To reach this end, contracts are made out with local mediators who furnish visas, passports and make the necessary connections with travel agencies and embassies. These contracts are undersigned even under extremely disadvantageous conditions. Mortgages and properties are often given as collateral and there is relative concern regarding the means with which debts will be repaid: there is a widespread conviction that arrival in Europe automatically translates into a positive resolution of financial difficulties.

The local mediator in Nigeria is reimbursed for his/her initial investment by the "madams", who are frequently active or ex-sex workers. From the moment of their arrival, therefore, the "new" women are subject to the madams for reimbursement of the costs for their contract. Obviously, during all these exchanges, the initial investment has frequently doubled.

The madams, in order to safeguard their economic investment, activate several mechanisms to keep the new women tied to them and psychologically dependent until repayment of the debt is effected. Among the most utilised forms of surveillance are the withdrawal of the women's passport and religious or supernatural rituals such as voodooist. The madams, within this state of affairs, frequently become the only filters for knowledge of outside realities. It is obviously in their interest to keep the newly arrived women as ignorant as possible of social conditions and services available in the host country.

AIDS and STD awareness levels were fairly superficial with some knowledge on transmission routes, but -- as in most countries -- there was little behaviour change linked to information campaigns. Additionally, most of the women in the target group were not aware of anyone in their social network affected by the virus. This made AIDS seem even more remote and not something of direct concern.

ESTABLISHING CONTACT WITH THE TARGET GROUP

The cultural mediators identified as team members within the activities of TAMPEP in Torino were in charge to make direct and telephonic contact with those Nigerian women who had participated in the previous health intervention promoted through the municipality. A cultural mediator of Bini origin had been able to gain the confidence and trust of some of the women contacted previously; these had informed him that they were involved in the sex work industry. Thus, it was possible in a fairly short time to establish links with the designated target group.

A meeting was convened with those women interested in participating in TAMPEP activities. The women were informed that the main scope of TAMPEP was to promote AIDS awareness among migrant prostitutes. The initial reaction of the first group contacted was extremely positive. All women approached did in fact participate in a meeting with the project leader and two representatives of the Ufficio Stranieri.

The first contact consisted of informing the women of the background to TAMPEP and the activities which the project wanted to promote in Torino. This session also served the purpose of responding to any questions of the women present. The level of interest was high throughout and the main points raised by the participants revolved around questions regarding the potential role of the sex workers present in the activities to be conducted by TAMPEP.

A second meeting was organised several weeks later and attendance was consistent: all but one of the original participants were present and several of the women were successful in recruiting other colleagues interested in the project.

Parallel to these encounters, collection of data and administration of questionnaires had been initiated.

Contact with the target group was primarily conducted in collaboration with the women who attended the first meetings and who were later involved in specific training and information courses. Contact was made in most cases on the street, where the women belonging to the target group congregated for work purposes, and on the trains conducting the women to outside areas of work. Finally, contact was also established through indirect word of mouth and through the written and audio materials developed at later stages of the project.

THE STRUCTURE OF THE TEAM: ROLES AND EXPECTATIONS

Several methodological considerations were important in establishing the structure of the team which would conduct TAMPEP activities in Torino. From the outset, it was clear that active sex workers would need to be involved at every level of decision-making within the project. The project leader, an active sex worker, represented an ideal role model in this sense and was able to make the Nigerian sex workers feel comfortable and confident in their capacities as potential peer supporters. It was also obvious, in as much as the project was targeted towards them, that the Nigerian sex workers would be invaluable in determining the means of obtaining TAMPEP's goals. The empowerment which follows from active participation was seen as a useful tool not only in reaching a larger number of at-risk subjects, but as a means of giving the women involved ownership of the project and a sense

that the messages in the campaign were truly relevant to their position as women and as sex workers and as Nigerians.

Because of the nature of the Nigerian population, which is composed of various very distinct ethnic groups with their own languages, dialects and cultural traditions, the project leaders were keen to include among the workers women from several of the Nigerian ethnic groups present in Torino. Peer supporters were recruited to reflect the general makeup of the Nigerian population involved in the sex work industry: the majority of peer supporters, therefore, were of Bini extraction but women of Ibo and Hausa backgrounds were also included. It was felt that this diversity would facilitate contact and credibility -- if for no other reason, than for the possibility of communicating in the original language of the target group members. Involvement of these persons on the working team was also useful for translating and adapting materials into the various languages present in the Nigerian community (Bini, Ibo, and Pidgin English).

The fixed team of TAMPEP was composed of the project leader, three cultural mediators, and six peer educators who were introduced as soon as their training and preparation levels permitted. In addition, volunteers and socio-sanitary workers from the municipality were active as supporters of the project in an external capacity.

Three individuals were recruited to act as cultural mediators. The role of the mediators was to furnish information and counselling in an appropriate cultural context. Additionally, the mediators were in charge with referring and accompanying members of the target group to appropriate agencies and services for follow-up care (hospitals, family planning clinics, etc.). The mediators also acted as a link between the sex workers and representatives of the public health institutions and facilitated contact with TAMPEP representatives. In addition to the previously mentioned Bini mediator from the Ufficio Stranieri, two Nigerian women were involved at this stage. Neither were active as sex workers: one of Bini origin, had been present in Italy for only 1.5 years and is a law graduate; the other was of Ibo origin and had been present in Italy for approximately four years and is involved in an import-export business of Nigerian products.

The role of the Italian social workers involved in the TAMPEP activities was primarily one of coordination and support. They also acted as intermediaries between the project workers and institutional representatives by providing up-date reports on the activities carried out and by vouching for TAMPEP, thus facilitating access to space and printing facilities. The social workers were also invaluable in referring sex workers contacted through TAMPEP activities to appropriate agencies when necessary or requested.

The role of the volunteers was primarily one of support in conducting several of the activities promoted by TAMPEP. Volunteers were instrumental in ensuring services and in accompanying sex workers to medical and social facilities when requested or when it was felt that their presence would be useful in terms of safeguarding the women from misunderstandings arising from cultural diversity.

TAMPEP in Torino relied not only on the skills of individual team members, but also upon the collaboration with external organisations both in the statutory as well as the non-governmental sector. The following organisations were involved at some stage of TAMPEP's activities:

NIGERIAN COMMUNITY ASSOCIATION

Furnished contact which was useful in recruiting cultural mediators. In addition, in collaboration with TAMPEP, the association was able to raise the issues related to sex work and the living conditions of Nigerian women involved in this industry within the community. Their participation has facilitated a more flexible and collaborative attitude among Nigerian nationals residing in Torino.

IVORIAN COMMUNITY ASSOCIATION

Printed an article on TAMPEP in their monthly newsmagazine and distributed safer sex materials in French to members of their community.

I.S.I. (Informazione e Salute per Immigrati) -

I.S.I. is a cooperative working in close contact with the public health department on health issues related to foreigners and offers services even to those without legal documents justifying their residence in Torino. The primary role of I.S.I. in conjunction with TAMPEP has been to act as the major referral agency through which the women belonging to the target group were able to access health care. Materials on TAMPEP were also distributed through the clinic to other foreigners as a means of contacting those women who were reluctant to come out as prostitutes.

FAMILY PLANNING CLINICS

Meetings were established between project leaders and the heads of several public family planning clinics to raise awareness on issues related to foreign sex workers. These meetings resulted in a willingness among several family planning clinics to attend to the needs of referred target group members even in the absence of legal documents.

CAMMINARE INSIEME

A voluntary association comprised primarily of doctors, nurses and other health personnel (including several foreign nationals) which provides care to disenfranchised communities. With regard to immigrants, Camminare Insieme usually treats them if referred by other filter organisations (for example, Caritas or the Ufficio Stranieri). TAMPEP was successful in being accorded this status and, therefore, can refer foreign sex workers for health care directly to this agency without having to follow more bureaucratic systems. The services which have been most utilised are gynaecological and dental care procedures.

D.A.I. (Donne AIDS e Informazione)

D.A.I. is a non-governmental organisation targeted towards women which provides information on prevention and care for those affected by HIV. In particular, D.A.I. has developed an innovative model for HIV prevention among female inmates in the city prisons. Because some of the aims of TAMPEP and D.A.I. are similar, the organisation generously offered TAMPEP the use of its premises on a regular basis (TAMPEP has "office" hours one evening a week) and for formal and informal meetings on an occasional basis.

GRUPPO ABELE

A non-governmental organisation which is widely noted for the treatment and care of drug users, Gruppo Abele has been active in Torino for several decades and has established a reputation for addressing a multiplicity of issues related to marginalisation. They facilitated initial contact between TAMPEP and those later involved as workers in the project and also offered space in which to conduct the training courses organised for peer supporters.

ALMA MATER

A multi-cultural, multi-ethnic centre for immigrant women which promotes the integration of diverse realities within the Torino area through a variety of activities. The centre promoted a meeting between the TAMPEP team and the subscribers to the centre in which the issues related to migrant sex workers were addressed and discussed.

ALMA TERA

A work cooperative which was founded on the initiative of the activities promoted by ALMA MATER. The cooperative is instrumental in providing work opportunities for immigrant women (some of whom are ex-prostitutes) and administers a Turkish bath which was made available to TAMPEP as a means of facilitating some a workshop on physiotherapy.

ESTABLISHING CONTACT WITH THE TARGET GROUP

The cultural mediators identified as team members within the activities of TAMPEP in Torino were in charge to make direct and telephonic contact with those Nigerian women who had participated in the previous health intervention promoted through the municipality. Thus, it was possible in a fairly short time to establish links with the designated target group.

A meeting was convened with those women interested in participating in TAMPEP activities. The women were informed that the main scope of TAMPEP was to promote AIDS awareness among migrant prostitutes. The initial reaction of the first group contacted was extremely positive. All women approached did in fact participate in a meeting with the project leader and two representatives of the Ufficio Stranieri.

The first contact consisted of informing the women of the background to TAMPEP and the activities which the project wanted to promote in Torino. This session also served the purpose of responding to any questions of the women present. The level of interest was high throughout and the main points raised by the participants revolved around questions regarding the potential role of the sex workers present in the activities to be conducted by TAMPEP.

A second meeting was organised several weeks later and attendance was consistent: all but one of the original participants were present and several of the women were successful in recruiting other colleagues interested in the project.

Parallel to these encounters, collection of data and administration of questionnaires had been initiated.

Contact with the target group was primarily conducted in collaboration with the women who attended the first meetings and who were later involved in specific training and information courses. Contact was made in most cases on the street, where the women belonging to the target group congregated for work purposes, and on the trains conducting the women to outside areas of work. Finally, contact was also established through indirect word of mouth and through the written and audio materials developed at later stages of the project.

FIELDWORK AND CREATION OF THE TAMPEP STATION

The vast majority of work conducted by the peer educators recruited and trained by TAMPEP in Torino was conducted directly on the premises of the women's work areas. The social and legal conditions in Italy, as mentioned earlier, determine the limited spaces available to most immigrant sex workers. Members of the target group were primarily occupied on street corners and sidewalks and therefore the frequency and quality of the contact with TAMPEP peer educators was relatively limited.

Peer educators were trained to make the most of the short time available to them in these precarious conditions and field work focussed mostly on distribution of safer sex materials (various types of condoms, lubricants) and informational literature on AIDS, STDs, condom use, and general health and hygiene measures. The plan of action was carefully prepared and materials were distributed following a schedule so as not overwhelm the sex workers with too much material at one time. Repeated visits were made on a regular basis to help identify project workers and gain the confidence and trust of the women being contacted. The peer educators reported some difficulties in maintaining verbal communication for an extended period of time due to the working conditions of the women being contacted: this was not so much indications of lack of interest as much as a reflection of the necessity to maintain earnings while on the street. The presence of peer educators for an extended period was seen to hamper business and, on the basis of their own working experience, the peer educators were careful to not overstay their welcome.

The objectives which TAMPEP had posed itself, however, made it necessary to identify some other form of contact which would permit project workers to collect the information regarding knowledge, attitudes and behaviour as represented by the questionnaire and to assist those women who were interested in gaining skills and confidence in effecting behaviour change and adopting preventive measure to avoid HIV infection.

The lack of sanitary structures designed for the needs of sex workers and, in particular, foreign sex workers represented a strong variable for the project and highlighted one of the main differences between the host countries of TAMPEP: given the same situation at the outset (an increasing presence of foreign -- and often illegal -- sex workers), Germany and Holland were able to develop more incisive programs in collaboration with established service organisations catering to the needs of this population.

In Italy, TAMPEP -- in order to pursue the same goals -- was forced to start from scratch. Formal and informal contacts among organisations sensitive to the issues TAMPEP was attempting to address were consulted and involved in the planning stages of the project. From such meetings, project leaders were able to assess the possibilities for initiating concrete action on the basis of available resources. As mentioned above, various agencies in Torino were willing to participate in the project and one in particular (D.A.I.) offered room space to be utilised in whatever manner TAMPEP project leaders felt would be most useful to the aims of the intervention.

Economic considerations and the innovative nature of the project conditioned the decision of TAMPEP to utilise the room for one afternoon a week during this pilot phase. The TAMPEP station was to serve primarily as a reference centre for members of the target group interested in obtaining more information on health and social matters, free materials and samples of condoms and lubricants, and referrals to agencies which could provide health services (gynaecological care, HIV antibody tests, abortions) even to those with illegal alien status. These were the services which TAMPEP provided as a response to

those needs which had been identified as priorities among the target group. By providing such services, TAMPEP was successful in incentivating the Nigerian sex workers to access the field station.

Additionally, the station provided a user-friendly atmosphere where the women could convene for simple discussion and emotional support from people of the same background or national origin. One objective in creating such a station was to provide an appropriate structure for demonstrating correct usage of condoms and learning other skills through focus groups and specific activities such as the development of informative material.

The station was manned by one project worker at a time who worked on alternate Tuesdays from 1200 to 1700. This allowed the women contacted on the streets to know when a project worker from their ethnic background would be available (one Ibo project worker alternated with one of Bini origin). The two project workers in question were compensated for their time at the station and this incentive guaranteed a minimum of continuity. Having the same project workers employed throughout encouraged the women to develop trusting relationships with staff members and encouraged more intimacy in communication.

The target population was informed of the existence and location of the station through printed materials distributed by the peer educators, through word of mouth and through materials left at the various agencies which collaborated with TAMPEP (family planning clinics, social centres, newsletters, etc.). In order to minimise the risk of additional stigmatisation which some of the sex workers might have experienced as a result of their frequenting the field station, and as a means to recognise the fact that many of the migrant women involved in the sex work industry did not identify on a personal level as prostitutes, it was decided -- for methodological reasons -- that any reference to prostitution was omitted in the logo's, the publicity materials and the front pages of any materials distributed openly. This measure was taken as a means of increasing anonymity and confidentiality for those accessing TAMPEP services.

Tuesday was chosen as the day of operation because the host organisation (D.A.I.) did not utilise the premises on that day. Hours of operation (1200 - 1700) were determined by the working group with consultation of some women belonging to the target population. Some points of consideration which favoured this decision were:

- to facilitate women who worked primarily night shifts and would not be able to access the service during the morning without sacrificing needed sleep;

- to facilitate women who work in the morning and could therefore access the station before returning to their homes;

- to enhance the possibilities of women to access the service immediately prior to beginning evening work.

The station met with some success which is not necessarily reflected by the attendance figures. In fact, the women presenting at the station varied from 0 to 5 on any given Tuesday with an average of two visits per session. These objectively low rates of attendance need to be contextualised keeping in mind the following:

- the project is extremely innovative and therefore is bound to meet with some measure of resistance which can be overcome only with time;

the majority of the women to whom the service is targeted are illegal aliens and therefore always reluctant to jeopardize their already vulnerable security by making contact with strangers;

economic restrictions permitted TAMPEP to keep the station open only one day a week thus disappointing potential service users who may have made contact on other days and, finding no one, were reluctant to make another approach;

the project workers were frequently contacted outside of office hours: Mr. Iyamu and Ms. Aghatise, for example, were contacted on numerous occasions either through the Ufficio Stranieri or directly at their homes.

A point to be taken into consideration regards the location of the premises of the station. Again because of economic considerations, TAMPEP was not in a position to choose an alternative site. Unfortunately, the D.A.I. offices are located in an area frequented by numerous drug users who attract considerable attention from law enforcement officers. Both the presence of the drug users as well as the officers may contribute to a reluctance of the target group to access the premises.

The Torino municipality was extremely interested in the concept of the station and was curious to see the reactions of other agencies and the women who accessed the service. It must be remembered that this type of structure is an innovative one in the context of the Italian situation and there are no existing paragons by which to measure the validity or efficacy of such a program in our country. For this reason, a municipality social worker frequently accessed the station during operating hours. Her presence, agreed upon by project leaders allowed a representative of the public institutions to observe directly the operating procedure and philosophy which motivated the setting up of the station and provided some form of involvement to institutional agencies. The response of the municipality representative was one of profound satisfaction in as much as the station permitted some form of outreach to a disenfranchised population not usually in contact with governmental agencies. The prime utility of the station, from the municipality's point of view, consisted primarily in the possibility it allowed of creating a form of referral allowing the target population to make contact with those services with the responsibilities to provide some form of response to the health care and social needs of the immigrant community. No formal objections were encountered regarding the distribution of condoms or the fact that the target population consisted primarily of illegal residents involved in sex work. The municipality also encouraged TAMPEP project workers to present a formal application which would allow the station and outreach activities to continue on a longer term basis upon termination of TAMPEP funding.

ACTIVITIES

The activities conducted by TAMPEP can be divided into the following categories:

Regular activities conducted on a routine basis

Distribution of informative literature on AIDS, STDs, and other issues both through the station and on the streets.

Coordination of all TAMPEP activities and strengthening of the network created between the socio-sanitary agencies in the statutory and non-governmental sectors.
Responses to individual questions posed by sex workers and others accessing the station.
Personalised risk reduction training sessions.
Group discussions on issues linked to the workshops, training sessions or personal concerns.

Specific activities conducted on an occasional basis

WORKSHOPS

Several workshops were organized and conducted in the field station. The premises of D.A.I. were chosen as the ideal venue for these activities in as much as it offered a unique occasion to promote the station as a reference point for activities other than immediate assistance. The women attending were thus able to envision the station as a place in which practical services were offered alongside more personalised activities.

The workshops were organised by the project leaders and peer educators were utilised as a means for publicising the event among their colleagues. All workshops were held during the traditional hours of operation of the station so as to reinforce the women's understanding of when it would be possible for them to independently access the service.

The themes addressed during the workshops were all related directly to the women's occupation as sex workers and were treated monothematically. In total, seven workshops were organised during the period from November to August and dealt with the following issues. The workshops were all conducted in English to facilitate the participation of the target group.

WORKSHOP I **CONDOM USE**

This workshop focussed on condom promotion, correct usage of lubricants and intimate hygiene. Pia Covre, the project leader for TAMPEP in Italy, and Rossana Citterio, LILA, conducted the workshop and used a variety of products to emphasise several major points:

The variety of condoms available on the market and the differences between these products. Suggestions were offered on quality control and economic aspects. Additionally, the need to utilise different types of condoms for different types of sexual intercourse (oral, vaginal, anal) was addressed.

Negotiation techniques were illustrated and suggestions were offered to enable the sex workers to feel more control over the relationship with the client. It was stressed that the sex workers should always maintain their authority both in proposing condom use as well as in putting the condom fittage; in this way, the sex workers would be able to reduce the possibilities for incorrect usage and any attempts by the client to deliberately mutilate the condom thus neutralising their effect. The participants complained about the high costs of condoms and reported this as an obstacle to frequent use of prophylactics.

Discussion points centred on common excuses offered by clients to resist condom use. The women shared experiences in this regard and the group discussion enabled the sex workers to put this theme into perspective. In addition, the group discussion enabled the women to highlight effective strategies for counteracting to the client's unwillingness to use any preventive measures.

The particular working conditions of the migrant sex workers necessitated a discussion on various means for maintaining intimate hygiene. In as much as the majority of these sex workers are unable to access toilets, baths or showers after sexual contact with a client, the workshop illustrated various techniques and products which could prove useful in reducing infections and maintaining hygienic standards even without recourse to the commodities available in proper housing.

This first workshop was received enthusiastically by the Nigerian sex workers and discussion was quite animated. Much interest was expressed in techniques for harm reduction in the eventuality that the condom should burst. Some women also expressed difficulties in putting condoms onto certain clients who were endowed with large penises; they were particularly interested in obtaining information on the availability of condoms in a variety of sizes.

Materials which were illustrated during the workshop were made available to the participants and samples were distributed as a means of encouraging familiarity with the products and of stimulating interest. Many of the women present expressed great interest in these products and annotated the names of the products for future reference. Successively, complaints were registered regarding the high costs of some of these products, such as condoms and lubricants and it is presumed that recourse was therefore made to low quality, but cheaper, products as the participants signalled frequent complaints regarding the integrity of products.

WORKSHOP II **AIDS AND STD'S**

This workshop was conducted by Maria Grazia Terzi, a medical doctor from the Torino Health Department and a member of D.A.I., Rossana Citterio (LILA) and Pia Covre.

The objectives of the workshop were to raise awareness on transmission routes, symptoms and preventive measures. In particular, these themes were addressed in the context of prostitution so as to empower the sex workers in their contacts with clients. It should be stressed, however, that attention was paid to the possibilities of contracting or transmitting infections to one's fixed partner. Some issues which emerged and were found to be significant are:

The widespread concern regarding fertility and motherhood were utilised as a means of reinforcing awareness and behaviour change linked to sexually transmitted disease. The sex workers were often led to reduce their perception of risk when addressing personal concerns while the attention posed to the implications of infection on motherhood was successful in stimulating more concern among the target group.

There was awareness among the target group regarding their possibilities of contracting STDs and AIDS. Some attitudes which were found to be prevalent among this population seemed to reinforce passive reaction akin to fatalistic self-perceptions. One

reason adduced for this state of things was linked to an absence of visibility regarding AIDS among the target population. In particular, there seemed to be little awareness regarding the different phases connected to HIV infection and the long periods in which the infection may be in a dormant state.

The presence of a qualified medical doctor and the discussion stimulated by the topic of the workshop facilitated an active participation of those present during the question and answer period. Interestingly, many of the questions were related to health issues which were not connected to AIDS or STDs.

There were low levels of awareness regarding intimate hygiene practices: there were high incidences of women reporting frequent vaginal douches with inappropriate materials which facilitated the onset of infections. This frequency was often attributed to a preconceived notion that vaginal douches represented a preventive measure against AIDS and STDs.

WORKSHOP III **NUTRITION AND GENERAL HEALTH**

This workshop was conducted by Pia Covre and had as an objective the enrichment of the participant's knowledge regarding better eating habits and other sanitary measures which could facilitate the maintenance of good health. Some points which emerged and are worth considering are:

Causes of bodily pain connected to work-related practices. Measures for safeguarding one's health were illustrated (how to dress properly against the cold, how to maximise bodily energy, how to utilise lubricants to replace natural lubrication, how to adjust to working in cars, and how to reduce time spent with clients).

Materials were illustrated and distributed regarding proper nutrition and the properties of various vitamins and minerals.

A high reliance on pharmaceutical products as easy remedies for a variety of health problems. Often, said pharmaceuticals are inappropriate to the health problem reported. There seems to be a gross over utilisation of analgesics and antibiotics.

Means for reducing discomfort caused by menstruation.

Information was provided on existing facilities for health centres and on services accessible to immigrant women to safeguard their well-being.

While the participants were attentive during the session, it was evident during the discussion periods and the questions that were posed that their real concern and interest was not in the topics of nutrition or general health, but on condom use and negotiation.

WORKSHOP IV **PHYSIOTHERAPY**

A workshop focussing on physiotherapy was held on the premises of the Alma Mater multi-cultural centre. TAMPEP was able, on this occasion, to utilise the centre's Turkish baths as a means for gaining knowledge and confidence with one's body. The workshop was

conducted by a qualified physiotherapist, Elisabetta Imoudou, who had previous experience with TAMPEP in Holland.

The objective of the workshop was to increase the capacities of the women involved to self-administer effective relaxation technique and exercises useful in preventing work-related stress and physical malaise.

FOCUS GROUP ON TAMPEP ACTIVITIES

The focus group was organised and attended by those identified as potential peer educators involved in TAMPEP activities who had demonstrated a willingness to attend specific training courses. Additionally, several women who had responded enthusiastically to the services TAMPEP provided were admitted and allowed to participate in the session. The objectives of the meeting were to analyse the TAMPEP activities carried out thus far and to gain feedback on ways in which said activities could be improved or modified to better meet the needs of the target group.

The focus group initiated with several report-backs from the peer educators. The women were asked to illustrate the response of their colleagues to the initiatives promoted by TAMPEP. In general, several features emerged which were common among the peer educators:

The levels of response were quite high and the women contacted on the street expressed interest in the services offered. This was confirmed by the telephonic or personal contact which the sex workers made with project leaders.

One point of interest raised by the peer educators regarded the objections raised by several sex workers to HIV/AIDS prevention activities. These sex workers expressed resistance to said activities motivating their opposition as a sense of fear ("The more I know about AIDS, the more I will be afraid and worry"; they preferred not to have another worry added to their lives which perceived as already overburdened by anxieties.)

Condom use was evaluated. Most of the peer educators agreed that their colleagues were willing and in most instances able to use condoms with their clients, but were unwilling to do so with their partners. The reasons for this behaviour were analysed on the basis of the peer educators' comments and seem to be related to a belief on the part of the Nigerian women that sperm constitutes a fount of energy and youthfulness which can maintain the women's levels of fertility. Condom use with a fixed partner was seen as impeding infusions of this vital energy and the subsequent lack of "sperm irrigation" was seen as a cause for "drying up" their chances of having children.

On the basis of these considerations, the peer educators felt that TAMPEPE should initiate some activities targeted towards the partners of the sex workers. It was underlined that the women should not delegate control and responsibility for their bodies and well-being to men, but it was felt that involvement of male partners would in some cases facilitate successful negotiation and improves chances for longer term behaviour change. It was also underscored that the majority of the Nigerian sex workers had fixed partners with the same national origin.

The peer educators were highly motivated to continue promoting TAMPEP activities and suggested mapping out the Torino area and assigning specific areas for each peer educator to cover so as to increase visibility and avoid overlapping.

Given the frequent mobility of the target group, the peer educators also suggested that the distribution of materials be effected not only on the streets and at working areas within Torino, but also on the trains which represented the most common means of transportation for this population.

SCREENING OF AUDIOVISUAL FILM

TAMPEP organised a showing of a film on the life of Philly's Lutaya, a noted Ugandan musician who publicly announced his positive HIV status and later died from opportunistic infections related to AIDS. Lutaya was a major African symbol in the fight against AIDS and the film highlights both his courageous struggle to live with HIV infection as well as his fight to increase awareness on AIDS prevention.

The screening of a film was also seen as an opportunity to create a more social atmosphere for the discussion of various AIDS related topics and to contextualise the epidemic to the African situation. The showing was hosted by a restaurant frequented by a large number of African of various origin ("African Kitchen") during afternoon hours. Access to the film was possible only via specific written invitations which had been previously distributed by peer educators and through the TAMPEP station.

On the invitation, it was specified that a medical doctor would be available at the end of the film to discuss issues raised by the film and to provide answers to question posed from the audience. Upon termination of the discussion period, free meals and drinks were provided to participants as a means of stimulating continued conversation on a more informal basis.

The showing was held in April and met with extreme success. 45 people attended; of these, the majority were not sex workers however a considerable number of partners attended and these were augmented by several Italians and Africans of other origin who had heard of the event through work of mouth and were eager to participate. The reactions of the audience to the film were quite positive and many viewers were emotionally involved by the story.

The question-and-answer session provided the participants an opportunity to learn more about HIV and transmission routes. Dr. Salassa, of the local infectious disease department, and Ms. Citterio, of LILA (an Italian AIDS service organisation based in Milan) assisted Pia Cove in discussing the film and general questions regarding the epidemic. Municipality social workers were also on hand to provide information regarding visas, legal status, and possibilities for accessing local health and social departments.

TRAINING OF THE PEER EDUCATORS

As part of TAMPEPs remit concerned the formation of sex workers who would be enabled to function as peer educators among their colleagues, it was felt necessary to establish a useful structure for the selection and training of women to be active in this role. The training course was intended as a supplement to the workshops and the regular activities promoted through TAMPEP. The training also made it possible for project workers to

illustrate the potential role of peer educators and to increase the participant's self-esteem and feelings of involvements in the project.

Considerations which were paramount in the selection of appropriate peer educators regarded:

- experience as sex workers in Italy;
- a balanced representation of the various ethnic groups present among the target population;
- a record of active participation in the previous initiatives promoted or organised in collaboration with TAMPEP;
- good communication skills.

Six women were identified who met these criteria (2 Bini, 1 Ibo, 1 Ishian, 1 Urhobor, 1 Hausa). These women were inducted into a training course divided into five sessions lasting 2 hours each and held on a regular basis (generally once a week). The need to integrate the verbal training with the viewing of visual materials (video recorded cassettes, transparencies, etc.) made it necessary for the project leaders to identify a separate venue for the training in as much as the facilities at D.A.I. were insufficient to host the training. Thanks to the collaboration of the Gruppo Abele, it was possible to use their offices as a venue for the training course. The contents of the course focussed on the following major areas of interest and were treated so as to be of particular utility to migrant sex workers through a specific strategy of contextualisation:

- AIDS (conducted by Rossana Citterio)
- Condom and Lubricant Use (conducted by Pia Covre)
- Reproductive Organs (conducted by Vicki Franzinetti)
- Contraception, Pregnancy and Abortion (conducted by Vicki Franzinetti)
- Sexually Transmitted Diseases (conducted by Maria Rosa Giolito)

The training was done in English to facilitate participation of the Nigerian workers and all the courses were conducted by women to increase a sense of intimacy, trust and confidentiality.

The participants were reimbursed for their time and payments were made only upon conclusion of the final session of the course. The economic incentive was intended to stimulate active participation and continuity in the course as well as a symbolic gesture to compensate the women for the time and energy expended within the context of the TAMPEP project. Attendance was consistent throughout the course but some of the women attending reported absences motivated by personal considerations or organisational misunderstandings. Those women who had been unable to attend one or more meetings were subsequently updated by the remaining peer educators who had participated in those sessions.

The course ran between June and July. Analysis of the effectiveness of the training and the peer educators will be conducted during the second phase of the project.

ADAPTATION OF AUDIO MATERIALS

The De Graaf Stichting, the coordination unit of the TAMPEP project, furnished the Torino team with a series of prevention materials related to HIV infection which had been developed for use with migrant sex workers. In particular, an audio cassette had been

developed and was available in English, Spanish and Akan (a dominant language in Ghana). The contents of the cassette focused on various measures which sex workers could employ to safeguard their health status. In as much as the target group for TAMPEP's activities in Torino was composed of Nigerian sex workers, it was felt that the material was not useful to be employed in the context of the campaign and necessitated adaption. The Torino team, therefore, translated the contents of the cassette into Bini, Ibo and Pidgin English so as to render it useful to the Nigerians for whom the intervention was designed.

The cassettes were originally not intended for general distribution among the sex workers and were to be utilised as an informative tool to be listened to at the Station or to be played by a peer educator to willing listeners among the sex workers contacted on the streets. It became soon evident, however, that this form of utilisation was insufficient to meet the demands of the target group: project workers were repeatedly asked to furnish personal copies of the cassette. This type of request motivated the project workers to make approximately 200 copies of the cassette for distribution via the peer educators.

PREPARATION OF WRITTEN MATERIALS

BOOKLET "AUGUSTA'S WAY"

As part of the general TAMPEP project, materials had been solicited through the head unit in Holland from organisations which had developed interventions targeted towards sex workers. In particular, requests were made for literature from the countries of origin of the foreseen target groups and from organisations which had developed specific approaches to the problems of migrant sex workers.

TAMPEP in Torino received the collected materials through the De Graaf Stichting and these were examined by the project leaders and some members of the target group. The sex workers were later asked to contribute their impressions regarding the suitability of the materials to the interventions planned with the Nigerian sex workers in Torino.

The general impression of the peer educators involved in this evaluation was as follows:

The reading levels of the target group were such that it seemed more likely that a graphic approach utilising cartoons would meet with more success and be better received by the Nigerian sex workers.

At the same time, most of the peer educators were reluctant to omit all material related to the specifics of HIV infection (routes of transmission, means of protection, instructions on correct usage of condoms).

As a conclusion to these preliminary discussions, it was felt that specific materials needed to be developed for the target population. It was decided that a cartoon with a story line would be the primary focus for written material, but it was also emphasised that any such publication should be integrated by the more standard written material on various aspects of the epidemic.

The questionnaires which had been utilised during an initial phase of the TAMPEP project in Torino and which were intended to gather information on levels of awareness regarding

HIV/AIDS were utilised to better focus the story line and informational content to the needs of the specific target group.

The actual story board utilised for the booklet "AUGUSTA'S WAY" was the creation of the cultural mediators and the project leader. The story followed the vicissitudes of Sabina, a woman newly arrived from Nigeria who is coerced into active sex work by Madame Hanna (who had paid for transportation of Sabina to Italy and expected retribution from the earnings she would make from the sex industry). Augusta is a more experienced sex worker who, in some respect, paralleled the role of the peer educator and provided advice and information to Sabina on how to safeguard her health and well-being while facing the many uncertainties of living day to day as an unwilling sex worker in a foreign country. This storyboard was felt to be constructed in such a way that many of the members of the target group would be able to identify with it.

An Italian artist was engaged to provide the graphic illustrations to the story and the entire product was submitted to the head unit of TAMPEP in Amsterdam for final approval. The entire product was also submitted for review to the peer educators involved in the project who offered comment and suggestions useful for the definitive version.

2.000 copies of "Augusta's Way" were printed and distribution was organised on a basis which extended well beyond the city of Torino. Copies were sent to various localities (Verona, Pordenone, Genoa, etc.) and were also furnished to social and health centres as a promotional item for TAMPEP as a whole. The response from the institutions was quite enthusiastic and requests were made for the booklet to be translated into Italian.

The peer educators distributed the booklet directly to the target group during personal contacts on the street and through the field station. The booklet was greeted with interest and a number of the sex workers expressed an interest in obtaining additional copies for their friends and also in having similar booklets made available in which the further adventures of Augusta would be illustrated. These indicators provided confirmation regarding the suitability of such material for this type of intervention and the idea of creating a continuous series of adventures with the same characters was taken into consideration.

INTERVIEWS WITH SEX WORKERS IN GENOVA

As many Nigerian sex workers who reside in Torino actually practice in outlying cities, it was decided that TAMPEP workers should conduct some interviews with members of the target group contacted in Genova, a noted port city approximately 150 kilometres from Torino. The purpose of such interviews was to ascertain patterns of communication within the target group as a means of gauging the suitability of TAMPEP materials and the effect of the prevention campaign conducted in Torino. Several visits to Genova were made by the project leader and cultural mediators active within the Torino TAMPEP initiatives. Contact had been made prior with Italian sex workers familiar with the Genova scene and the project members were able to establish contact fairly easily with the target group.

It was interesting to note that, indeed, a number of the Nigerian sex workers active in Genova had received some form of word of mouth information regarding TAMPEP. Even more interesting is the fact that a few of these sex workers had actually come into possession of TAMPEP materials such as the leaflets on HIV and other STDs as well as the booklet "Augusta's Way". This information highlighted the relevance of intervening with

appropriate materials and of devising strategies for intervention which take into account the extended mobility of many foreign sex workers.

PRESS CONFERENCE TO PRESENT TAMPEP AND "AUGUSTA'S WAY"

After a suitable amount of time had elapsed, the Italian project leaders decided to present TAMPEP to authorities and the public opinion through a press conference for local and national mass media. The motivations which induced the project leaders to undertake this initiative were based on a need to augment credibility of the activities coordinated by TAMPEP so as to increase the possibilities for securing longer term funding for the project upon termination of the pilot phase. It was felt that the press conference would also represent an occasion for highlighting the uniqueness of the TAMPEP activities and challenge the increasingly repressive and moralistic policies put forward by extremist right wing parties.

The press conference was held in May and hosted by the Municipality of Torino. This choice of venue was motivated by the "respectability" which an institutional office lent to the project as a whole. In as much as TAMPEP combines three very delicate subjects who easily lend themselves to exploitation (sex work, migrants, AIDS), this "respectability" was viewed as extremely useful in obtaining a positive consensus regarding TAMPEP.

Representatives of all the health and socio-sanitary agencies which had been contacted and involved in the network created by TAMPEP in Torino were invited to attend the press conference and thanks were expressed for their collaboration.

Exponents of television and printed news organs were present. The project was illustrated by the project team. In addition, a number of local and regional politicians with various responsibilities in the city government were on hand to offer support and appreciation of the work undertaken by TAMPEP.

The press conference was successful in offering a positive image of the outreach work conducted. As a direct consequence of the media campaign, the project leaders were contacted by a large number of statutory and voluntary organisations who had been stimulated by the articles and were eager to have more information regarding the project and potential avenues for replicating the experience on a local level. These contacts originated from various cities and were not limited to the Torino area.

TAMPEP was also asked to illustrate its work on other channels for the dissemination of information. Following the original press conference, several engagements on radio and television were taken in response to invitations stemming from the articles appearing in the news media.

QUESTIONNAIRES AND INTERVIEWS

In order to establish the needs of the target population and the characteristics which effective materials should possess, it was necessary for TAMPEP project leaders to collect data regarding the living and working conditions of the target group.

The standard questionnaire which had been devised in different languages by the TAMPEP offices in Amsterdam and submitted for adaptation to the project partners was utilised as a

primary tool for the collection of information among the Nigerian sex workers. The English version of the questionnaire was used and administered by the cultural mediators both on the street and in the office. One of the mediators tape-recorded interviews with the sex workers focussing on the items on the questionnaire. Later, he transcribed the responses in a written form onto the questionnaire. This procedure was utilised to avoid embarrassment to those who had no reading or writing skills and to ensure that respondents understood fully the questions being asked. In fact, even though English is the national language in Nigeria, the mediator at times was forced to translate the questions into Pidgin English to ensure adequate levels of comprehension. A total of 24 complete questionnaires were compiled in this way.

Some of the more dramatic realities evidenced by the questionnaire are:

- 98% of the respondents had never been to a hospital.

- The remaining 2% resorted to hospitalisation only because they were no longer able to mask or self-administer the pain caused by a compromised health status.

- 99% were illegal residents although some of the women were in possession of a valid Nigerian passport.

- More than 90% of the women interviewed had never accessed services for HIV antibody testing.

In accordance with the general philosophy of TAMPEP, the sex workers were compensated for the time (approximately 30 minutes) occupied by the interview. The women were offered an alternative between cash payment (30.000 Italian lire) or condoms of equal cash value. Interestingly, all the respondents preferred the condoms to cash payments.

After a 7 month period, a follow-up questionnaire was administered to 10 of the 24 women who had originally responded during the initial interview. These 10 women responded favourably to questions concerning their perception of TAMPEP activities and 8 of the women had, as a result of contact with TAMPEP workers, accessed HIV screening centres. The respondents felt that they had learned a great deal regarding the various types of condoms available and on the correct ways to use them. All 10 women, prior to contact with TAMPEP, had utilised an anti-fungal (Canesten) as a lubricant; as a result of TAMPEP activities used water based lubricants. A significant number of the respondents had accessed the TAMPEP station for free materials and all 10 had been referred and accompanied by TAMPEP workers to medical and social centres. In response to possible activities which TAMPEP should promote in their view, the women expressed the need to institute specific centres or clinics for immigrants staffed by personnel from similar ethnic backgrounds and with language skills.

A second questionnaire was administered to 10 "new" women contacted after TAMPEP activities had been initiated. These were interviewed, again, on the street or in the Ufficio Stranieri office. All of the women contacted were aware of TAMPEP and had accessed the station on the basis of word of mouth. They had all read and appreciated "Augusta's Way" and had been contacted by the women trained as peer educators. All of the women had contacted TAMPEP offices for information on health problems they were currently experiencing and, in particular, for assistance related to the termination of unwanted pregnancies.

CONCLUSIONS

As the pilot phase of TAMPEP in Torino nears a close, it would be no exaggeration to state that the project has influenced the way of working of most of the female Nigerian sex workers. At this point, it is important to underline some of the limitations in the social and institutional response to the problems of migrant sex workers which might be addressed in successive phases of activity stimulated by this initial period of experimental work:

The lack of economic resources and collaborative arrangements with public and private social and medical centres limited the full extent of project activities. While TAMPEP certainly benefited the Nigerian sex workers residing in Torino, it is unfortunate that the experience consolidated could not be extended to other cities with high concentrations of foreigners involved in the sex industry.

While TAMPEP activities were useful in raising awareness among active sex workers of the risks related to HIV transmission and other STDs, it became evident that one of the basic needs of the target group was being to some extent evaded: TAMPEP was not in a position to initiate concrete activities to assist sex workers in finding other forms of employment for those women who expressed a desire to find alternatives to prostitution as a means for economic survival.

TAMPEP would have been able to benefit greatly and extend its influence with the collaboration of medical and social personnel already sensitive to the problems of illegal immigrants engaged in sex work and with well-developed English skills. The shortage of doctors capable of communicating with the target group conditioned many of the project workers by making it necessary for them to invest much time and energy in mediating between patients and medical institutions; this time and energy could have been utilised more directly on issues related to the direct objectives of TAMPEP.

It is extremely difficult to involve the women belonging to the target group in voluntary activities on a regular basis. There is a lack of motivation in investing time or committing energies to activities which will be of benefit to the extended community. In part, this is due to the fact they do not really feel that they belong to the extended community of Nigerians residing in Italy (many expressed feelings of being "judged" by Nigerians not involved in the sex work industry). Additionally, the many burdens and cares related to living as an illegal alien in a hostile society make it difficult to imagine the serenity necessary for conducting volunteer work on a continuous basis. Finally, as persons engaged in furthering the health benefits of the society at large (by not contracting AIDS and thus adding costs to the health budget or by not transmitting AIDS to other members of the community), many sex workers feel that they should be compensated for their services in the field of prevention.

The experience of TAMPEP in Torino, which finds confirmation on other levels, indicates that behaviour change among sex workers is possible but that many of the women belonging to the target group feel reluctant or incapable of introducing condom use into their relationships with fixed partners. TAMPEP should take this factor into consideration and develop some form of intervention which distinguishes between the sexual behaviour of the women as sex workers engaged in at-risk activities with their clients and the sexual behaviour of these same women with their boyfriends, husbands or regular partners. The differentiation between professional behaviours and intimate behaviours would aid the women contacted to elaborate more effective strategies for

safeguarding their health. It seems, in this regard, that some activities should be specifically introduced which involve the fixed partners of the target group so as to facilitate dialogue on this point within the couple and to ensure that the responsibility for health promotion does not lie exclusively with the women.

For reasons outlined above, TAMPEP activities in Torino were targeted to a group composed exclusively of Nigerian sex workers. As noted, Torino (a characteristic shared by many larger cities) is home to thousands of foreigners who have immigrated from a variety of countries. The development of TAMPEP should address the needs of sex workers from other regions as well and more time should be invested in recruiting and training potential cultural mediators from a variety of backgrounds.

Work needs to be done with the extended communities of foreigners present in the cities where TAMPEP is operating. Because of their insecure position in a foreign country, it is likely that many residents from abroad will be unwilling to be involved in any activities which might reinforce unfortunate stereotypes (the high visibility of African sex workers, for example, has engendered a feeling among many Italians that the majority of Black women in Italy must be involved in the sex industry). TAMPEP should stress the fact that prevention activities aimed at migrant sex workers might be of extreme importance in containing the further spread of HIV infection, particularly in the countries of origin. It may be advisable to illustrate the benefits which could be derived by highlighting the difficulties which a "developed" country such as Italy faces with respect to the AIDS epidemic and then contrasting this situation with the very limited possibilities for care and prevention in the poorer countries of origin. The success which the screening of the documentary on Ugandan Phillis Lutaya met on the part of the Nigerian community in Torino is a sign that further such activities could be undertaken on a wider basis. Such activities serve to contextualise AIDS so that it really is seen as a problem which could directly affect one rather than as a distant phenomenon. The time invested in such activities with the extended community might prove useful in terms of providing TAMPEP with a higher number of volunteers from the communities who would be able to accompany target group members to medical service facilities or act as mediators in other situations.

The TAMPEP team in Torino was composed of the following individuals:

| | |
|------------------------|---------------------------------------|
| Kennedy Iyamu | cultural mediator |
| Edith | cultural mediator |
| Esohe | cultural mediator |
| Jennifer | cultural mediator |
| Rossana Paradiso | staff member of the Ufficio Stranieri |
| and the Peer Educators | |

8

TAMPEP in Milano

BACKGROUND

Milano is the industrial capital of Italy and has represented, for many decades, the most common destination for immigrants of many backgrounds (including great numbers of Southern Italians who emigrated en masse in the post-war period). Milano, a city of almost two million inhabitants, is extremely affected by the traffic and consumption of illegal substances, in particular heroin. The exceedingly high number of inhabitants who consume some form of illicit substances makes Milano the epicentre of widespread drug traffic. Two associated phenomenon, organised crime and AIDS, are necessarily present:

Milano is among the top three Italian cities for the quantities of drugs which are sequestered by law enforcement agents. The intense levels of drug trafficking are paralleled by a high incidence of trafficking of women involved in the sex industry.

Milano counts the highest number of diagnosed AIDS cases in Italy and it is one of the European cities most affected by the epidemic.

With regard to sex work, approximately 80% of all those who engage in street prostitution are of foreign origin. This extreme predominance is a relatively new phenomenon and is in sharp contrast to the situation extant as recently as six years ago when many of those engaged in sex work on the street were of Italian origin. Most Italian prostitutes in the city ply their trade from private residences or in more organised forms of the sex industry (brothels, clubs, and apartments). It should be noted that, while professional self-identified Italian sex workers are active in more protected sectors of the market, the number of Italian drug users engaging in prostitution as a means for obtaining illicit substances is substantial. Those belonging to this category tend, as with the foreign sex workers, to dominate the street scene.

Milano has a particularly high concentration of Brazilian sex workers, many of whom are male transsexuals and transvestites who have been present in the city for quite some time (7 years). Foreign female sex workers represent an equally sizeable portion of the market, but are relative new comers to the scene. While women of many nationalities are present in Milano, there is a sizeable number of Latin Americans and Africans. Among these, Uruguayan and Ghanaian women are particularly well-represented. Oriental women sex workers, while present, are noticeable for their insignificant presence on the street. There are a number who work in private clubs, but generally it can be said that Asians constitute a small slice of the sex industry in Milano (and Italy as a whole).

Eastern Europeans represent a growing population among the sex workers present in Milano. Originally, Eastern European prostitutes tended to access the sex industry via

connections with night clubs or clandestine whorehouses. Now that there number is increasing, it is possible to observe Eastern Europeans much more frequently in street settings.

COLLABORATIVE AGENCIES AND INDIVIDUALS

TAMPEP was able to count on the collaboration of a series of individuals and agencies in its attempts to make contact with the foreign sex workers present in Milano.

In particular, the Italian project leaders were able to count on the support of the Lega Italiana per la Lotta contro l'AIDS (LILA), a national federation of AIDS service organisations, which has its headquarters in Milano. LILA facilitated contact with various institutional agencies involved in the socio-sanitary field and with volunteer organisations attentive to the needs of immigrants. LILA also provided volunteers who facilitated training and mediation with locally based agencies.

Contacts with foreign sex workers present in Milano were facilitated by several individuals. In particular, use was made of a retail condom vendor of Brazilian nationality who -- in light of his trade -- was well introduced into circles which gravitated around the sex work industry. Additionally, two Nigerian sex workers residing in Torino, but active in Milano, attempted to promote encounters with Brazilian colleagues through a distribution of TAMPEP materials and enthusiastic word of mouth. Particular note should be taken of the fact that, despite such promotion conducted by peers, the Nigerian women were unsuccessful in their repeated attempts to fix a meeting with the TAMPEP leaders. This failure highlights the fact that similar professional backgrounds or shared stigmatisation are not necessarily elements which, alone, can guarantee effective communication and collaboration. It appears evident that similar ethnic origin may prove to be a more decisive element in terms of bonding and participation. This point, it should be emphasised, was driven home with the concrete experience of the project leaders: active sex workers who presented themselves as such, they encountered a series of difficulties in establishing useful contact with their foreign colleagues. These difficulties may be justified by the high levels of diffidence which foreign sex workers present as a reaction to their precarious status. In addition, the often volatile relationship between Italian and foreign sex workers -- conditioned by economic and personal factors outlined earlier -- may condition the type of response enacted. Finally, many foreign sex workers simply do not identify themselves as sex workers: they see themselves as only temporarily engaged in a business which they do not value; this factor may represent an obstacle to dialogue on professional issues which cross-over and impact on the women's personal lives. In conclusion, the coercive role of pimps and the control they exercise over many aspects of the lives of large numbers of foreign sex workers must be taken into account as it influences the real possibilities for meaningful contact.

ACTIVITIES

Towards the end of September, TAMPEP project leaders held a meeting with a Brazilian supporter who had offered to make contact with sex workers of her nationality. The woman was able to count a number of Brazilian sex workers among those she frequented socially. She duly committed herself to propagandising the project and arranged for the Brazilians to meet with TAMPEP project leaders. Unfortunately, the scheduled appointment did not attract any of the sex workers and it was not possible to make direct contact.

In November, attempts were renewed via the condom retailer. Well-introduced into the ambient of the sex industry, the retailer had daily contact with women and transsexuals from Latin America and was himself Brazilian. In addition to his employ as a condom distributor, our contact engaged in a variety of odd jobs as a means to supplement his income (chauffeur for some of the sex workers or middleman for housing deals). A meeting was organised in which TAMPEP leaders were able to illustrate the project to the Brazilian contact. Of particular interest was the prospect of services which would facilitate access to health care for the Brazilian sex workers. The contact evidenced a great need for such services in as much as the number of Brazilian transsexuals who have contracted HIV infection and are in a symptomatic phase of the illness seems to be rather high. Many of these are left completely to themselves and are unable to receive therapies because of their often illegal status. The contact agreed to speak about TAMPEP with several members of the target group and would attempt to arrange a meeting between them and project members.

Several days later, a team meeting was held to elaborate further strategies for making contact with the target group and possibilities for concrete interventions. In fact, two weeks after the initial meeting with the Brazilian "mediator" no concrete date had been set for us to meet with the sex worker. The mediator furnished us with useful information, but seemed reluctant or incapable of allowing us to come into contact with members of the target group.

In October, team members visited some of the pensions which are frequently used as work places for migrant sex workers. It was immediately evident that there was little chance for real communication with members of the target group, in this case prevalently composed of South American women from Uruguay. Contact was very limited: the women would take TAMPEP flyers and excuse themselves saying they hadn't time to speak. Project leaders spent a rather lengthy period with the owner of one of the pensions and, in her opinion, the diffidence which the Uruguayan sex workers demonstrated was attributable to the fact that the great majority of them are controlled and exploited by men. The pension owner would not specify whether, in her opinion, these men were of Italian or South American origin. The owner offered to speak personally with some of the women with the objective of gaining their collaboration, but in reality she was no longer available to speak with us on repeated visits and no further contact was had. It is evident that the pension owners have no vested interest in disturbing the status quo. The woman pay for the rented rooms each time they bring in a client so that the more clients a sex worker receives and the more rapid her turn-over, the more the pension owners earn on the rental of their rooms. It was reported, as well, that pension owners often bribe police officers in order to keep raids to a minimum.

After the attempt at contact via the pensions, TAMPEP project members were accompanied by Italian transsexuals who know the city well and affected an overview of those areas of the city frequented by South American sex workers. The letter of presentation of TAMPEP, in Spanish, was distributed but reception was cold and brusque. The project leaders were accompanied various times with regularity by LILA volunteers and from the brief interviews which it was possible to conduct, it seems that only a couple of women knew where the health or family planning clinics were located or how to access them. It should be underlined that the possibilities for making repeated contact with the same women has been noticeably reduced as a result of a new repressive strategy put into place by the municipality and the law enforcement department which has led to numerous raids and the closure of some of the pensions where the immigrant sex workers were active.

We made contact with women from a variety of South American countries, but in particular noted the significant presence of Uruguayans, Venezuelans as well as Brazilians. The majority of these women spoke Italian discreetly, but seemed pleasantly surprised to find someone (such as the team members) speaking their mother tongue directly.

All the women reported using condoms and only one woman contacted was visibly under the influence of illicit substances (probably heroin).

TAMPEP in Pordenone

Pordenone is a relatively small city (60.000 inhabitants) located in north eastern Italy. It is in proximity to the borders with ex-Yugoslavia and its economy is primarily based on rural agricultural patterns with some notable concentrations of industrial activity. TAMPEP activities in Pordenone were facilitated by the fact that the city is home to the project leaders.

As opposed to the areas of investigation and intervention conducted in other cities connected to TAMPEP, the project leaders decided not to concentrate their attention on migrant prostitutes working from the streets as most of the women exercising in this context are Italian. Rather, attempts were made to evaluate strategies for intervening with the Eastern European sex workers active in a variety of night clubs in the area. Sex workers of African origin are still relatively infrequent in the area.

Although prohibited by law, there are in Italy a number of clubs which engage women sex workers. These venues are officially licensed and are permitted to stay open until the early morning; they operate under the pretext of being discotheques and variety shows. The women who are engaged to act as "entertainers" are hired as dancers and are granted legal status through their contracts which allow for a three-month visa. After three months, the women either return to their country of origin or become clandestine. Specific "talent agencies" exist which organise periodic transfers from one club to another: the women never stay more than two weeks in one venue.

The official charge of the women working in the clubs is to keep company with the clients: eating, drinking and dancing with them seem to be the main task of these workers. The clients tend to be single, unaccompanied men who have sufficient income to afford the rather high costs linked to these night clubs. The women earn a percentage/commission on the number of drinks consumed by their clients. Anything the women earn from sexual activity with the clients tends to belong exclusively to the women in question.

Women involved in this area of the Italian sex industry come from a variety of backgrounds (Latin America, Southeast Asia, and Eastern Europe). It should be noted that, despite the possibilities for temporary legal entry through short-term entertainment contracts, there is a quite extensive number of women who are engaged in sex work through these night clubs who do not benefit from any legal status and are exploited by Italian traffickers (frequently, the club owners themselves) or by foreign pimps. The countries most involved in this illegal trafficking, at least in reference to the night club scene, are Russia, Czech Republic, Slovakia and the former Yugoslavia. It is interesting that the relations between South Americans and Eastern Europeans are almost non-existent: the Eastern Europeans tend to view these colleagues with an air of superiority due to their more extensive schooling.

Attempts were made to engage the foreign women through contacts with Italians working in the clubs and with the club owners. Specifically, with the mediation of an Italian woman who had previously engaged in sex work in this context, TAMPEP was to enter into

contact with Romanian women. Additionally, a club owner who worked exclusively with Latin American women was persuaded to assist us.

Unfortunately, despite the promises and assurances TAMPEP had received and despite the fact that all TAMPEP objectives and materials had been illustrated by the project leaders, it was not possible for us to come into direct contact with members of the target group. This result seems to indicate an extreme willingness on the part of the club owners to facilitate any sort of contact between their employees and the "outside" world.

Our contacts informed us that hygienic levels were low and that condom use was almost absent. Clients tend to view these sex workers as being of the highest grade (as opposed to street workers) and therefore feel more secure; the women do not regard themselves as prostitutes and see their clients as "friends" who should be treated "nicely".

In light of the difficulties experienced in making contact with the Romanian sex workers, the project leaders decided to simply furnish our contact with said materials (literature and condoms) and count on her connections to ensure distribution to the target group.

During the initial phases, TAMPEP workers had utilised their well developed contacts in Pordenone to involve various agencies in the project. Two family planning clinics (one public -- "Consultorio Familiare"; and one private -- run by a local chapter of A.I.E.D., a voluntary organisation specialising in demographic control) and a multidisciplinary clinic (Centro di Riferimento Oncologico -- C.R.O.) offering screening services were contacted. It was interesting to note that many of the "ballerinas" (as they define themselves) made recourse to the private clinic (which charges fees) for various health related problems or concerns. A smaller number accessed the public health service. For the most part, these women were of Latin American origin and only rarely did the agencies have contact with Slavs or Asians.

The most frequently reported requests which were made to the health services regarded contraception and gynaecological exams. Among those accessing these services, the incidence of venereal disease was quite low (vaginitis was the most frequently diagnosed). Requests for abortions were also common among those accessing the services, although one of the foreign sex workers requested support from the private agency in order to complete her pregnancy and obtain some form of legal status for the newborn.

The owners of the nightclubs are responsible for providing housing which generally consists of a home in which all the women reside. Apart from sporadic shopping trips to the downtown areas or visits to the markets, where goods are bought either for personal use or to be mailed to one's family in the country of origin, the women have rare contacts or social relations with the residents of the area. They are a much marginalised community.

The work contract of these women implies that the women will consent to sexual activities with clients and will drink in their company at the bar. These circumstances, and the use among some clients of cocaine which is offered to the women, have led to substance abuse problems which seem to be relatively frequent.

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TAMPEP in Verona

BACKGROUND

Verona is a medium-sized city with a total population of approximately 350.000 inhabitants. The city is notable for several cultural and economic reasons. In fact, Verona is situated in a convenient geographic corner and has long been considered a strategic route for the importation and exportation of goods between Northern Europe, Eastern Europe and the Balkans.

Verona has been a major site for international drug trafficking and in the late seventies was referred to as the "Italian Bangkok". The number of heroin users in Verona, as may be imagined, is quite high. For similar reasons, the trafficking of women is a phenomenon which interests Verona directly and the number of sex workers present is also elevated.

Sex work is a flourishing industry with various levels of activity. Most Italian sex workers who identify themselves as such are fairly autonomous and operate from privately owned quarters. The drug users who engage in prostitution occupy a marginalised position in this market and, like most of the migrant sex workers, are relegated to operating at street-level.

TARGET GROUP

An initial visit was conducted on the site to determine the extent and national origins of migrant sex workers active in Verona. Accompanied by a condom retailer well-introduced into the local scene, it was immediately evident that two primary groups dominated this sector: Africans and Eastern Europeans.

It was decided to attempt a more direct approach as a means of obtaining more detailed information regarding the sex workers and a team composed of the two project leaders and another sex worker of Croatian origin who has been residing in Italy for a number of years and agreed to assist in communicating with the Slav women whom we would be attempting to approach.

The first overview was conducted in the afternoon along a highway leading from Verona to Lake Garda, a heavily trafficked area which concentrates a high number of sex workers. Working either singly or in pairs, the women are isolated and the average distance between workers or pairs is at least 1 kilometre. All those we observed were on foot and, since the distance from the city was considerable, it is presumed that the workers are either accompanied or hitchhike to their working posts.

The first, justifiable, reaction encountered when attempting contact with the sex workers is one of suspicion. Upon hearing their own language or, in any case, an Eastern European tongue or English they lighten up a bit. Their curiosity was aroused by our distribution of material (leaflets in their language and condoms). One of the women recognized TAMPEP from her earlier contact with a project worker accompanied by the condom retailer. This familiarity, and the subsequently greater facility of communication, gave credence to our

planned strategy of making regular, brief contact on repeated visits as a means of gaining trust and credibility with the target group.

The majority of those contacted reported being from Macedonia; other nationalities encountered were Istrian, Croatian, Albanian, Romanian and Czech. We furnished the written materials available in their native language and, generally, there did not seem to be a major problem regarding illiteracy.

One aspect which should be taken note of is the apparent hostility between the new arrivals and those sex workers who had been established in Italy for some time. These last are clothed in very eye-catching and at times expensive clothing. The new arrivals are of much more modest appearance and dress in the worn clothing which they have brought with them from abroad.

A total of circa thirty women were contacted during each visit and during our brief conversations, TAMPEP workers explained the nature of our contact (providing information on HIV and other STDs and how to access available services) and distributed materials. The length of our contacts was extremely limited. The women seemed to be controlled from a distance and, in fact, during our intervention it was apparent that we were being followed by a foreign car. One of the occupants, after having observed several of our contacts with the women, actually descended and interrupted one of the "interviews" being conducted. The person in question did not pose any problems, qualifying himself as a client who was interested in the sex worker speaking with us. We attempted to keep our exchanges with the sex workers to a minimum so as not to cause unnecessary anxiety during our first contact and so as not to cause impact on the working possibilities for the women who had to take time to respond to our questions.

A second round was conducted during evening hours within the city boundaries as it seems that the market shifts to the centre at night. Several of the Eastern Europeans contacted during the evening were among those encountered during afternoon. They responded charmingly to seeing us as we had already assumed some form of familiarity. A few, when approached, took the leaflets distributed in the afternoon from their purses as a sign that they had already had the pleasure of speaking with us, but also as a sign that they hadn't thrown the material away and that it was valued.

In Verona, there are specific zones which are characterised by the presence of sex workers and within these areas the divisions are fairly distinct: the Africans have their own area, the Eastern Europeans another, the transsexuals another and the Italians yet another. This arrangement facilitates the clientele and is the result of antagonisms between the various groups of sex workers and their respective pimps.

As opposed to the Eastern Europeans, the African women were much more sociable and open to digressing from one topic to the other. About 25 African sex workers occupied two parallel sidewalks whose total length was no more than half a kilometre. The large numbers of colleagues and the frequency of the cars passing by to peruse the market are factors which contribute to a greater sense of security and which, in turn, contribute to a greater facility in speaking with the interviewers.

The African women present in this area were of various nationalities: Ghana, Nigeria, Cameroon, Ivory Coast and Zaire. Some knowledge of African geography and culture allowed TAMPEP workers to confirm the truth of the reports. Some level of Italian

linguistic skills was present, although all those contacted -- including those from Francophone Africa -- preferred communicating in English. The women were particularly impressed by the presence of the TAMPEP project leader in as much as it was interesting for them to see an Italian sex worker with such an outgoing approach and concern for their conditions.

The booklet which had been prepared for the Nigerian sex workers in Torino ("Augusta's Way") was distributed and met with great success among all the African sex workers. The format (story board and cartoons) seemed to be particularly attractive to the target and the sex workers were keenly interested in the fact that it had been produced with the Nigerian women in Torino. Interestingly, the contact with the sex workers -- which had been initiated on a one to one basis -- became a semi-communal event with several colleagues abandoning their posts on the other side of the street to come and see what we were talking about with the woman opposite. Rather than being worried about the time this took from their work, the African sex workers asked questions and requested repetitions if they did not understand or if they arrived when contact had already been initiated with a colleague. The distribution of free condoms also succeeded in facilitating acceptance of the TAMPEP workers and, it is presumed, acceptance of the messages which they brought.

Interest among the African sex workers regarding the possibilities for accessing HIV testing centres and health agencies was high and information on available services was distributed. In contrast, the Eastern European were more sceptical with a few expressing little confidence in the professional capacities of Italian health personnel.

ADDITIONAL ACTIVITIES

TAMPEP, as part of its general strategy for reaching previously stated objectives, took contact with various agencies providing services to the migrant communities and in the field of HIV prevention and care. The goals which TAMPEP to achieve in this respect were primarily to raise awareness on the particular needs of the target group and to facilitate contacts between sex workers and health personnel which might arise as a consequence of the prevention activities conducted by TAMPEP workers.

In Verona, three agencies were contacted and involved in several awareness-raising activities:

Sezione di Screening HIV - ULSS 25/Regione Veneto

The HIV Screening Unit affiliated with the local public health department. The Unit provides free and anonymous testing and counselling to all those who request this type of service regardless of legal status. Several staff members were possessed of linguistic skills in French and English and with these members, specific meetings were organised to illustrate the complexities of contextualising pre and post test counselling to the needs of individuals from diverse cultures and engaging in sex work. The head of the HIV unit was willing to offer the collaboration of his staff and the unit hosted the first general meeting described in the introduction to the report.

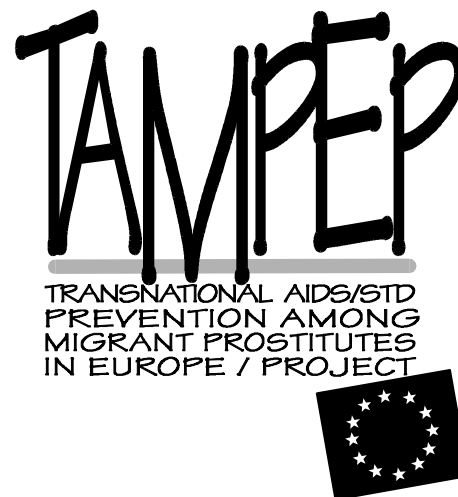
Cooperativa Azalea

A cooperative which manages a residence for homeless people with AIDS and is offers home care assistance to those affected by the epidemic. TAMPEP workers organised a meeting with volunteers to highlight the needs of sex workers. The meeting also had the objective of promoting non-judgemental approaches to the target population. Subsequently,

a second meeting was organised to illustrate the TAMPEP project and verify the possibilities of involving volunteers to distribute the informational leaflets on a regular basis. TAMPEP workers, after having accompanied willing volunteers on a distribution round, realised that such an involvement would require more thorough preparation.

Caritas

The Caritas is an international ecclesiastical organisation which operates to alleviate the hardships of marginalised communities by offering solidarity and services structured in terms of the religious belief of the Catholic Church. In Verona, the local branch of the Caritas had developed a limited response to the needs of indigent migrants. TAMPEP organised several meetings with one of the registered nurses who was a coordinator of the Caritas station. This contact was useful in obtaining additional information on the target group.



NETHERLANDS

TAMPEP 1

FINAL REPORT

September 1993 – August 1994

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EDITOR Licia Brussa

Amsterdam, August 1994

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Introduction

There are several kinds of prostitution in Holland, among them those known as *shop windows*, *sex clubs*, *apartments*, *escort services*, and *the street*. Foreign prostitution is concentrated in shop windows and sex clubs.

TAMPEP's programme has been developed in conjunction with women from Latin America, Africa and Eastern Europe working in shop window and club prostitution.

We have been involved in work on shop window prostitution in the cities of Alkmaar, Arnhem and Nijmegen and in clubs in the city of Enschede in the province of Limburg (Maastricht region, and in Venlo and Roermond) and in the province of Gelderland (Nijmegen region).

The methodology employed by TAMPEP Holland was based on several socio-political and cultural characteristics, both of the different administrative bodies which make up society, and of the health organisations which have contact with sex workers in general and specifically with those sex workers who participated during the first stage of the project.

The sex workers who participated in the TAMPEP programme are representative of migrant groups and include those who chose to migrate and work in the sex industry, men and women who are victims of the trafficking of persons, and those who are forced into prostitution.

2

Prostitution in Holland

The right for individuals to engage in prostitution is included among the individual liberties that Dutch citizens enjoy. To force someone to engage in prostitution against their will is a crime, and the trafficking of people is also punished.

In the context of std and HIV prevention it is important to note that prostitutes are not obliged to have regular medical check ups. In major cities, Municipal Health Departments offer medical services, free and anonymous.

Holland's policy towards prostitution as a social phenomenon could be defined as tolerant. Also sex workers as well as the intermediaries and business interests involved in the sex industry do work in a relatively free economic zone. This is true to such an extent that in many cases it is difficult to draw the line between what is legal and what is illegal.

These policies are defined by the interpretation on a community level of the laws which determine the role of the proprietors of brothels; in as far as this is not restricted by articles prohibiting the trafficking of people.

There is not a single policy followed by the police since two bodies exist within the force which has mutually contradictory roles: the "vice police" (*zeden politie*) and the section which deals with foreigners (the "alien police").

The vice police performs the function of making contact with the sex workers, to establish that they are not exploited and have not been forced into prostitution, as well as confronting the problem of trafficking in people.

The alien police deal with people from outside the Netherlands (especially the people from outside the European Union) who are working in Holland without checking if they have the right document: visa, residents permit, working permit. Migrant prostitutes, who have not obtained the Dutch nationality, are by definition working illegally, as one can not obtain a working permit for prostitution.

The ends of these two sections of the police are contradictory since they are at the same time both repressive and tolerant, and the situation varies from city to city as the police have a fair amount of autonomy in defining their actual policy and priorities.

The police force does not have a clear policy aimed at protecting foreign women working in prostitution. In fact, the sex workers have the impression that it is a repressive body which has the sole aim of controlling them, and that it shows little evidence of following a policy of defence and protection.

The sex workers interviewed by TAMPEP did not have confidence in the police, given their condition as migrant, usually illegally resident, women whose fear of deportation makes them afraid of denouncing cases of violence, trafficking of people, or the exploitation of others. To this should be added the negative view of the police which they frequently bring with them from their countries of origin.

The practice of imposing visa restrictions as a measure of control over non-European people has direct repercussions on the sex workers, increasing their degree of dependence:

■ Owing to the difficulty of getting a visa, the sex workers are often forced to depend on intermediaries who understand the legal mechanisms necessary to obtain them.

The sex workers pay these intermediaries; either in Holland or in their country of origin, and in certain cases they are obliged to pay a percentage of their earnings to them during their time in Holland.

■ International networks exist who deal with all the administrative procedures necessary to bring women from their countries of origin. Debts are therefore incurred which mean that the women must pay extra money and also find that their freedom in the work-place depends on these networks.

■ Another method the intermediaries use to regularise the womens' legal status is to arrange marriage with residents or Dutch citizens. In some cases the sex workers are forced into such marriages and they have to pay for them.

■ The fear of deportation and the need to avoid the attentions of the police have led the foreign women to accept precarious working conditions and to accept any kind of client. They also have the effect of restricting their freedom of movement.

■ This fear creates such a strong sense of dependency that the women use intermediaries in their daily activities, for example to buy food and clothes, to send letters, telephone home, use the medical services, etc.

In the case of women who have been brought against their will, this dependence is total, as they are forced to work, they have no freedom of movement, and they do not receive any financial reward.

■ Among groups with a longer experience of migration, which have managed to gain some permanence in the country, a system of serial or chain migration has been developed. This has led to greater dependency still, because the sex workers do not depend on just one intermediary but on several.

In some cases these supplementary intermediaries are women who have worked in prostitution but who are, for example, now married to intermediaries or to the owners of brothels.

They may also be men from the same countries as the sex workers who live in the country and who see their role as intermediaries as a way of earning a living. These people speak Dutch, understand the culture and are able to exercise a stronger control over the sex workers.

TAMPEP has been able to establish that "free" women, as much as those who were brought forcibly to Holland and those who are legally resident as much as those who are not, all depend on an intermediary. The degree of dependence varies according to the case, but the sex workers can only survive and work in Holland without the intermediaries with great difficulty.

Dutch government policy in relation to non European prostitution appears directed towards the creation of (repressive) measures which in practice facilitate the existence of intermediaries and increase the dependence of the sex workers. Furthermore, it is the sex workers who assume the consequences and the costs of these policies.

3

Areas of prostitution

TAMPEP selected the areas where the project was to be developed according to the following criteria:

- Regions or cities where at least 90% of the foreign women come from Latin America, Africa and Eastern Europe.

- TAMPEP chose two completely different cities as areas to work in: Arnhem and Alkmaar. In these cities different policies towards prostitution and towards foreigners are followed. There are also marked differences in the conditions of work enjoyed by the sex workers.

- TAMPEP also chose a mix of towns which represented accurately the geography of the country: from the south to the north, and covering areas on the frontier as well as cities and villages.

- The chosen areas covered places where women come who are just beginning in prostitution in Holland, arriving straight from their countries of origin, as well as areas where the women have been working longer in prostitution and have been living in Holland for longer.

In the second six months of the project we were able to visit women working in other places, with whom an initial contact had been lost because they were so mobile. In this way we were able to follow the group as well as individuals, establishing an understanding of the dynamics of the circuit within which the sex workers move.

- TAMPEP was also concerned to choose areas where the public medical services were present or where it would be possible to work closely with them. For this reason we approached the local Municipal Health Service (GGGD - Gemeentelijke Geneeskundige en Gezondheidsdienst), responsible for Public Health as well as for the health of "groups at risk".

Specifically, we made contact with the section to control sexually transmitted diseases (std's) and HIV, for the Noordkennermerland region in the city of Alkmaar and for the Gelderland region in Arnhem and Nijmegen. We also made contact with a private doctor who carries out medical visits in the clubs in the Limburg region.

The conditions of work in the shop windows and the clubs are very different, because of the relationship between the proprietor and the workers, as well as for the kind of work carried out, and the economic terms of their work.

In the same way there are also differences from club to club and from street to street in the way the shop window trade is organised.

The shop window

The most significant group working in shop window prostitution are foreign women. From Latin America most are from the Dominican Republic, Colombia and Venezuela; from Africa: Ghana and Benin; from Eastern Europe: Poland, Russia, the Ukraine, Lithuania, Serbia, Croatia and the Czech and Slovak Republics.

The sex workers pay rent for the windows, which amounts to about 150 florins per day,

though this varies according to the city and the window's location within the city.

The woman carrying out shop window prostitution has a room with a window looking onto the street, where she waits for her clients. The room contains the bed where she works; she also lives and sleeps in the same place.

There are differences between windows. In some establishments two sex workers share an apartment with a kitchen, bathroom and toilet, and a room for eating. But in other places up to four women may work using the same window, sharing a single toilet, an improvised shower and no kitchen. These places are so small that the movement of the women is severely limited.

Some establishments have an alarm in the bedroom or a 24 hour security service with men patrolling the street. We also found places where there was no security and the women had to defend themselves.

In principle the women are independent of the landlords. The women have to pay the costs of the shop window, and they can keep everything that they earn above this. The women can choose their clients and their working hours.

On average the sex workers interviewed by TAMPEP work between 12 and 17 hours a day and receive between 10 and 24 clients. They usually charge 50 florins for 15 minutes work, each extra sexual service having an additional cost.

In the public medical service in Holland there is usually an autonomous and direct relationship between the medical personnel and the service user, based on the freedom to consult any professional in complete anonymity and where the results of the consultation are known directly to the patient.

ALKMAAR

There are differences between cities. In Alkmaar the facilities offered by the proprietors is one of the best in the country. For example, there are 60 well decorated work places in one street alone. They are found on the ground floor of houses which are found right in the centre of the city. The clients are obliged to walk the streets looking for sex.

There are only four proprietors in the city, who say that it is effectively "a family business". A standard price has been established for the costs of a window. The windows have been renovated so that they comply with the general sanitary and administrative rules for buildings of the municipality.

Security is ensured by a central alarm system supplemented by the 24 hour presence of security men in the street. The costs incurred are paid for out of the price to the client.

There is no rent charged for Sundays, and for every six months work the sex workers are let off one week's rent. Every Monday, general cleaning of the windows is carried out and the women receive towels, sheets, blankets, etc. which they need in their work.

Medical services, provided by a project of the Municipal Health Department, are free and are available in the area of work. The women are seen every two weeks when they receive general medical consultation, screening for venereal diseases and HIV/AIDS tests.

There is an informal agreement between the proprietors and the municipality in that the authorities are responsible for the hygienic conditions of the establishments, and they do not allow minors to work, nor women who are the victims of trafficking.

The vice police do not intervene in the affairs of the street and nor do they pressure the women, getting involved only if the women themselves make a complaint.

ARNHEM

The prostitution zone in Arnhem is found on the outskirts of the city and is composed of clubs, sex shows and some 250 windows on the ground and first floors. The clients reach the area and pass up and down the streets in cars and by foot.

The working conditions vary from proprietor to proprietor, and there are marked differences in the prices and in the forms of payment. The average is some 150 florins a day, or 650 florins a week.

There are about 20 proprietors and there is considerable competition between them and no common approach. For the majority, the conditions of work are poor, the spaces very small, and the rooms are in bad condition. There are differences between the numbers of women who share the same place of work:

- Those who have a window to themselves for their work live in the place and share their sanitary services with others. There are women who have their own working window with a bed with shower and toilet in the same room.
- Those who share the window among two or three women living together, also share the sanitary facilities and shower between them.
- Workers who do shift work are forced onto the streets, as they have no place to sleep.

The hygienic conditions are poor: in some cases the places are cleaned once a week; in others the women have to do it themselves. The sex workers receive one towel and two sheets in poor condition which they have to use throughout the week. This is when they see some 10 to 24 clients a day.

There is no alarm system and the women have to protect themselves. Many of the women have no contact with the proprietors unless it is on the day when the rent is collected.

The vice police in Arnhem have created a special Prostitution Team (the Prostitutie Team) which patrols the zones twice a week.

Each woman who comes to the area has to be registered and has to have her papers in order, for which reason all the sex workers in Arnhem are legally resident in the country.

The aim of the police is to protect the women in cases of violence or abuse by the clients and to facilitate the process of making a complaint. However, the presence in the streets of pimps and all the middle men who impede the mobility of the women, and of the drugs pushers, suggest that they are not too successful.

The fact that the sex workers are legal and that the police seek to play a positive role is not reflected in better working and social conditions for the women. It is clear that official attentions are concentrated on the women, and not on the pimps and the middle men who live off them.

Medical services are not present in the street but a recent agreement between the GGGD and TAMPEP began in May 1993. The agreement allows the women to make weekly appointments where they can receive check ups for venereal diseases and HIV/AIDS tests.

NIJMEGEN

In Nijmegen there are about 20 windows in the city centre which are used by several women. The working and sanitary conditions, which are not too good, in comparing they occupy a middle position between those found in Alkmaar and Arnhem.

The GGGD has no presence on the street but it does employ a nurse who arranges medical checks with the sex workers. This contact is not direct, in that the nurse does not speak the languages of the sex workers. In many cases a telephone translating service is used.

Sex clubs

To carry out its work in the clubs TAMPEP chose border regions: the city of Enschede and the province of Limburg, (Maastricht region, Venlo and Roermond) and the province of Gelderland, (Nijmegen region).

In the clubs in the frontier regions close to Belgium and Germany we found that most women came from Eastern Europe and Latin America, mostly from Brazil.

In the clubs, the sex workers cannot choose their clients. In many cases they have to entertain and look after the clients in the bar area as well as carry out their sex work "upstairs". The price for sex work varies between 100 and 300 florins for 30 minutes work.

The relationship with the clients is controlled by the proprietor of the club or the bar staff. It is these who receive the money while the sex worker has to satisfy the needs of the client.

The sex workers do not pay the running costs of the clubs directly although they will have come to an agreement with the proprietors to pay them anything between 20% and 50% of the money they earn. In other cases the sex worker receives a set payment regardless of the number of clients they see.

There are clubs where the sex workers are forced to drink alcohol; in some cases they receive a percentage of these profits.

In cases where the proprietor has an agreement with the pimp or middle man the women receives nothing directly from the club, her earnings are paid to the person who has negotiated the contract.

There are also cases where the owner of the club recruits himself sex workers from their countries of origin and laces them in clubs across Holland or in other European countries. The women have to pay for their journey and the administrative costs involved in arranging their legal presence and continued stay in Holland. Once these costs have been repaid the sex worker receives all the money they earn.

The sex workers have to pay their rent costs of between 25 and 300 florins a month. The women also have to pay the costs of food, working clothes and medical services.

Most of the clubs have their private medical service where the doctor in question and the proprietor reach an agreement. In these cases the sex worker is obliged to undertake a medical check, for which they must pay along with the costs of laboratory tests and medicines.

The results of the medical tests are passed directly to the proprietors who keep a register of the medical condition of each sex worker. In some cases they have the right to return a sick woman to her country of origin.

This type of medical service is intended to be a form of real protection for the women and is really nothing more than a method by which the owner and the doctor come to an agreement in order to safeguard the reputation of the club at the cost of the women who carry out the work. And the quality of the medical attention can often be questioned.

4

Working methodology

TAMPEP HOLLAND has developed a working methodology which takes into account the characteristics of prostitution and of the group of sex workers the project is aimed at.

TAMPEP carried out a sample of 60 interviews before initiating the programme, establishing a general diagnosis of each group, the priorities and needs of the sex workers in the windows and in the clubs, and the cultural characteristics of each group.

The methodology was capable of constant modification once the working conditions of the sex workers in the different areas were analyzed. Thus it was possible to establish priorities and to seek solutions along with them which could be applied in their work.

First, their social, working and health conditions were investigated. This enabled us to establish the priorities of the work, respond to their expectations, and bring up to date existing or produce new materials. This work was carried out simultaneously in Germany and Italy.

We decided to carry out a series of educational activities which would reinforce the information already produced by TAMPEP. Through this process it was possible to encourage the formation of leaders from among the sex workers who became transmitters of TAMPEP's message.

The presence of TAMPEP in the areas of shop window prostitution was begun in September 1993 and was carried out once a week each in the cities of Alkmaar, Arnhem and Nijmegen.

We developed a systematic programme with the sex workers, carrying out weekly activities which were complemented by an assessment of the effects of the distribution of new information and of the process by which the sex workers were able to increase their knowledge.

Immediately when new women arrived in the locality they were contacted by TAMPEP and incorporated into the programme.

TAMPEP's presence in the clubs was less regular, with a minimum of three visits per club. The work was therefore carried out rapidly with all of the preventative and informative material imparted in a short time.

The women are highly mobile, which frequently makes it difficult to follow up the work. TAMPEP therefore has to repeat its programme and distribute as many materials as possible each time a club is visited.

Each activity is assessed with the sex workers. Similarly, as TAMPEP's work is carried out simultaneously with different nationalities the various teams involved in Dutch TAMPEP meet to evaluate the work carried out. These meetings consist of collective reflection with the aim of achieving a methodology which is suitable for the sex workers of all nationalities and through which a coherent group approach can be created.

TAMPEP was able to provide information to approximately 1000 sex workers in the course of the preventative programme, or to provide instruction in the practice of safer sex.

60% of the women participated continuously during a 6 month period. 25% remained in the same establishment they were first contacted in; 35% moved, but the project was able to keep in contact with them.

40% of the women were contacted between one and five times. It was not possible to stay in contact with this group since it was impossible to identify the routes by which they travelled. This may have been because they had returned to their countries of origin voluntarily, were deported, or had gone to other countries in Europe.

Another group was contacted directly by sex workers themselves; it was not possible to obtain precise figures on these contacts though we have been able to observe their results. We have encountered sex workers who have access to some information, or who have heard of TAMPEP from their colleagues.

Used materials of other institutions

HOLLAND

■ SOA Stichting

Safe Sex

- Casette in Akan, Spanish and English

Salud Mujer

- Brochure in Spanish

Safe Sex

- Brochure in Czech

GERMANY

■ Senatsverwaltung für Gesundheit und Soziales, Berlin

Informationen über sexuell übertragbare Erkrankungen

- Brochures in Polish, Russian, Rumanian, Servo-Kroat, Bulgarian

UNITED KINGDOM

■ TALK / Teaching AIDS at Four Continents

Flannelgraphs for African women

- Material for family planning, sexually transmitted diseases and AIDS

HIV Infection, Prevention and Counseling

- Series of slides

UNITED STATES

■ Family Health International Funding

Aidtech Division, United States Agency for International Development

Emma says: each time, every time!

- Flip chart designed to be used by AIDS prevention educators, outreach workers, peer educators and health workers to teach about AIDS prevention, especially condom use in communities throughout Africa

KENIA

■ African Medical and Research Foundation

Information on Sexually Transmitted Diseases/AIDS

- Folder

For women in commercial sex: they have special needs!

- Brochure by Dr. E. N. Ngugi of the Department of Community Health, University of Nairobi

ZIMBABWE

■ Women's Action Group Zimbabwe

Getting to know our bodies

- Brochure

Our body: the reproductive system

Woman and cancer

Aches and pains

- Series of brochures

DOMINICAN REPUBLIC

■ COIN/Centro de Orientación y Investigación Integral, Santo Domingo

Conciendo tu Cuerpo

La Nueva Historia: Periódico de la Noche

- Brochures

Los triunfos de Maritza

Los consejos de Maritza

- Comic books

CHILE

■ Instituto de la Mujer, Santiago de Chile

Capacitación de Monitoras en Prevencion de ETS y SIDA

Programa de ETS y SIDA en Prostitutas Adultas

- Manuals

BRAZIL

Vênus de Fogo

- Video made by ISER, Rio de Janeiro, 1990

Amores de Rua

- Video made by Eunice Gutman, Rio de Janeiro, 1993

Beijo na Boca

- Video made in São Paulo, 1987

AUSTRALIA

■ AIDS Bureau, NSW Department of Health Glebe

A Streetwise Comic Production

Rand the Parlours

- Brochure in Thai

■ SWIPE, Adelaide

South Australian, S.I.V. edition, n 26

Sea Sponges

Vitamines for Sex-Workers

- Articles

Materials produced by TAMPEP

CASSETES

■ In: Bini, Akkan, Pidgin English, Ibo, Russian, Polish, Czech and Portuguese from Brazil

FOLDERS

■ Condoms and Hygiene

■ STD

■ AIDS and Hepatitis B

■ Relaxation excersises

■ Vitamins

■ Sea sponges

■ Juridical information

- Information about the TAMPEP project
- Version for the target group
- Address list of Public Health Centers
- Information about the functioning of the public health services

COMIC BOOK

- Augusta's Way

5

TAMPEP Holland

The group which works with TAMPEP in Holland is fixed in number, since it is also the

centre which has had the task of coordinating the project at the European level. The personnel is as follows:

■ **Licia Brussa**, Italian, the general coordinator of TAMPEP across Europe and coordinator for Holland.

■ **Fanny Polania Molina**, Colombian, assistant investigator, responsible for the TAMPEP programme carried out with sex workers from Latin America.

■ **Hanka Eernstman Mongard**, Polish, responsible for TAMPEP's programme with sex workers from Eastern Europe.

■ **Rucca Alawa**, Ghanaian, responsible for TAMPEP's programme with African women.

The tasks carried out by the worker consist of various functions: interviewing, analysing data, field investigation, production of materials, translation, development of bilateral international contacts, organisation and administration of volunteer work.

The people who have worked voluntarily in the project and who have cooperated with it constantly have contributed greatly by their professional and paramedical experience:

■ **H. Marini**, Dutch, a midwife with 20 years experience working in Tanzania. She worked regularly, once a month, in direct contact with the sex workers, as a medical consultant.

■ **Elisabetta Humouda**, Italian, physiotherapist, expert in relaxation techniques and preventive therapy.

The staffs of the *A. De Graaf Stichting Foundation* have helped in administrative and secretarial work.

6

Description of the groups

TAMPEP decided to work with sex workers, both as the subject of its research and to carry out its preventative programme; the chosen group reflected the large number of nationalities present in the three European countries where the project operates.

The group of foreign sex workers comes from Latin America, Asia, Africa, and Eastern Europe; the relative proportions vary between the different countries representing in this manner

the diversity of migrant prostitution in Europe.

In Holland the largest group is made up of foreign women from Latin America with a particular presence of women from the Dominican Republic, Colombia and Brazil.

There is also a representative group of women from Africa, the majority from Ghana and Benin.

The third group is formed of women from Eastern Europe, mostly from Poland, the old Soviet Union, for example from Russia, the Ukraine and Lithuania; there are also Czechs, Slovaks and a few women from the former Yugoslavia like Serbs and Croats.

Latin America

This section covers sex workers from the Dominican Republic, Colombia, Venezuela and Brazil.

The Latin American sex workers are found in the areas of shop window prostitution, especially women from the Dominican Republic and Colombia.

In the clubs near the border with Germany we found Brazilian and Colombian women. TAMPEP has come across other clubs in the centre of the country where Colombian women predominated.

TAMPEP has contacted about 500 sex workers from Latin America in the course of the project.

How the women arrive

Through the testimonies of the sex workers TAMPEP has been able to establish how the women become involved in the networks of prostitution.

According to the Foundation Against Trafficking (S.T.V., Information and Services in Support of Third World Women to Stop Sexual Exploitation), 20 women from Latin America were found to be victims of trafficking between January and June 1994.

International networks exist which recruit women from Latin America, lending them the money for their air flight tickets, facilitating their stay in different European countries and introducing them to the world of prostitution.

The women who arrive in this way have to pay the money back more than they owe. They know what kind of work awaits them before they come to Europe, but they do not know what it will be like in practice.

The women who come of their own account and take their own risks have prior contacts, either friends or family members, who in one way or another are linked to the world of prostitution.

Women who marry a European, whether Dutch or resident in Holland, are often obliged to work in prostitution or to act as an agent to bring others.

The reasons they come

The various mechanisms by which the women enter the circuit of prostitution reflect to a greater or lesser extent the pressure of their precarious economic situation, and the lack of opportunity to find work in their country of origin and the country they migrate to.

The possibilities for profit from the sex business lead to the existence of organised international mafias which traffic with women, recruiting them and facilitating their dispersal

across Europe.

The demand from European citizens who frequent the prostitution zones ensures that the business continues.

Who they are

Based on the interviews carried out by TAMPEP at the start of the project, we have been able to establish the following:

- Sex workers whose age ranges between 19 and 46 have been encountered, with the largest group aged between 19 and 25.
- The largest number of sex workers has completed only primary education while a very small group have completed secondary sc
- Most of the sex workers come from lower class backgrounds with an extremely small group of middle class origin.
- Most come from villages and intermediate sized towns.
- The workers have between 1 and 5 children.
- About 10 family members depend on the earnings that they send home.

Mobility

The mobility of the workers varies according to their dependency on others, their experience in prostitution, and the amount of time they have been in Europe, as well as their legal status.

The sex workers who have arrived as a result of trafficking networks stay in Holland between 3 and 6 months.

There is a cycle of mobility in the zones where the shop windows operate which means that each worker stays some three months at a time. They may also spend a week or so in cities in the interior or in frontier areas, according to the season.

The illegal workers experience pressure to leave their work due to the fear of police sweeps.

The sex workers who are working legally stay in one place, which they have chosen, for periods of between 1 and 8 years, interspersed with short periods of absence in their home countries.

The characteristics of migration

The Latin American sex workers start in prostitution as soon as they arrive in Europe. In some cases they are trained in the various places in their native continent where they were first recruited.

The migration of women from the Dominican Republic, because of its scale and its history which dates back to the 1970s, has converted into a movement of chain migration.

The majority of the Dominican women who migrated to Europe and Holland at that time were victims of trafficking. According to their various circumstances a group of these women became the contact point to bring other women over.

Another group sold an image in their country of Europe as a society where it was possible to earn a fortune in a short time. This dream encouraged other women to migrate to Europe. In some cases they had no idea of the nature of the work, but in others they knew they were going to work in prostitution even though they did not know what form it would take.

At present there is a group of women from this first group which is still working; these women are aged between 40 and 60.

During its investigation TAMPEP has found that this long migratory process has evolved to create a second generation of sex workers.

The contradiction between the real position of the sex worker in Europe and the impression they must give as a woman within their own society -not least taking into account the religious element- leads to psychological problems.

The Latin American women, especially those from the Dominican Republic and Colombia, refuse to have contact with the sex workers from their own countries. They are afraid that the work they do in Europe will become known in their home countries, because many of them fear rejection by their families, especially as they project a triumphal image based on the money they send back to their families.

This situation is illustrated by a phrase taken from an interview: *“Over here I’m a whore; over there I’m a lady”*.

Eastern Europe

Sex workers from Central and East Europe.

The women

Since the beginning of the TAMPEP project; in September 1993, a few hundred prostitutes from Central and Eastern Europe have been contacted by a TAMPEP member. The majority come from Poland and the former Soviet Union (most of them from Ukraine, Russia and Lithuania) but also from the Czech Republic, Slovakia, former Yugoslavia, and Bulgaria.

The women are approached on the street where they work, that is to say in the shop windows (one street in Alkmaar), in sex clubs (mostly in Limburg region), or in private apartments (in Hamburg, Germany). From the beginning the women are very open and are willing to talk to the TAMPEP worker who quickly gains their confidence. Most of them are young women between 20 and 25. They are well educated: more than half of them have had a higher education and used to work in their country in their profession before they set off to the West. Some of them are students or women with a university degree. Some of them are divorced; many have children who are being brought up by grandparents during the absence of their mothers.

The women come from all levels of society. Their socio-economic background is rather varied: we can find representatives of the higher classes as well as of the lower classes. In many cases the level of their education is higher than that of their parents. Most of the women do not speak any foreign language. If they do speak one, it is usually some Russian which they have learnt at school or some German if they happened to work at some time in Germany.

The Polish, Czech, Slovak and Yugoslavian citizens are not obliged to have a visa for the Netherlands or Germany. The women have a right to a three months stay, but they are not allowed to work. The citizens of the former Soviet Union are obliged to have a visa for all western countries.

To be able to understand why specifically the women (and not the men) leave their country in such great numbers in order to find work in the West, one has to know their social backgrounds. First of all they are brought up in a traditional patriarchal society where the man is the dominant factor. At the same time, however, communism has given them opportunity and access to a higher education.

In fact, in Poland there are more women with higher education than men. Their relatively

high level of education gives these women an equal opportunity in the labour market in Eastern Europe. So, if the financial need arises, they often take the initiative to look for new opportunities. But due to the poor economic state of their home countries, many of the more ambitious women leave for the West and consequently may end up in the sex business because prostitutes are always in high demand everywhere.

At the same time, the women stay psychologically dependent upon men, because their emancipation is not a result of a long process of gaining independence and becoming self-assertive but actually restricts itself only to the professional field. This is why Polish women are almost always in the power of pimps (in most cases their own countrymen). It is also why they so often depend upon others to the effect that they become victims of trafficking or other exploitation by men.

How they arrive in the West

Their means of arrival in the West are rather varied. Generally it can be said that their degree of freedom does not depend on the way they arrived in Holland.

Many Polish women had fallen victim to the typical form of trafficking. The women have been recruited in Poland by a go-between to work in a hotel or a restaurant and only upon arrival at the location were they informed that they had to work as prostitutes. Some women immediately refused to cooperate. If they were lucky they were given time to think it over, if not, they were beaten, blackmailed and forced to work anyway.

Some were promised that they would be freed if they could earn enough money. Some women had been working for many months without seeing a single penny. Obviously, it is not known how many women left the Netherlands as soon as they saw the opportunity, but there is a considerable number of women who, after they had freed themselves from their pimps, continued to work in prostitution.

Others knew before their departure that they would work in the sex business. They did not know however, that they were to work for a pimp who would confiscate all their earnings. Sometimes they managed to free themselves from the power of the pimp, but in most cases they were compelled to work for many months for various pimps, often being sold from one man to another for thousands of florins.

The women from the former Soviet Union are in the most precarious situation. All western countries require a visa. To be able to apply for a visa, one needs an invitation from the destination country, which is very difficult to arrange. In this situation the women sell themselves in Russia to an international gang which arranges everything for them. They travel under supervision, are taken over at the borders by other members of the gang and upon their arrival they are welcomed by Dutch, German or Yugoslavian gang members. They are likely never to be able to free themselves from their "bosses," as they call them.

Some of them start their professional career in Poland or in the former Yugoslavia which are much easier countries for them to enter. There they are approached by a member of a criminal gang who in the first instance arranges a false passport for them with the promise that soon they will be transferred to a western country. From this moment they are at the mercy of pimps who can do what they want with them: they beat them, take all their earnings, sell them to other pimps.

Then there are women who come on their own to the West to work in prostitution. Usually a girlfriend has recommended a good place to work. They try to stay independent, but it often happens that, when facing deportation for example, they have to call in the help of a pimp, and this way they tie themselves for a long time or for ever to the man.

The Czech women work in most cases for themselves. Some of them go to their homeland every few months and return to the Netherlands after some time in order to continue their work

in prostitution. Many of them started their professional life in Germany and afterwards came to the Netherlands. Others, on the contrary, first worked in the Netherlands and later on left for Germany.

As one can conclude from the above, there are many ways for Eastern European women to arrive in the West. There are direct and indirect channels, the women either coming on their own initiative, being trafficked, or coming as a link in a chain migration.

Control is being exercised over the women in different ways. They may be under the direct control of a pimp who stays in the location and confiscates the money from them and moves them to a different place when he thinks there is need for it.

It sometimes happens also that pimps cooperate closely with club owners. In such a situation the girl again never sees any money - the club owner hands it to the pimp behind her back.

Generally speaking it can be said that, in contrast to Germany, in the Netherlands, the sex industry is still in Dutch hands. The owners of sex clubs or shop windows are usually Dutch, and this way they act as some sort of intermediary between the women and their pimps (who are also usually non-Dutch men). In such a situation, the pimp might well be the boss of the woman but he has no influence on her work situation.

The goals of the women

The women's motives to look for new opportunities outside their own countries are almost always economic. In most cases they do not come specifically to work in prostitution. But in most cases the work in prostitution is the only solution to their financial problems. There are hardly any women who worked also as prostitutes in their home countries. For most of them this was the only way to improve their standard of living and be able to taste life in the West. At the same time they are very ambitious and courageous: not everyone would dare to do what they have done.

In their conversations with the TAMPEP team member they strongly objected to being identified as a "whore". Prostitution is for them just an activity, a temporary job and not an identity. Therefore none of their relatives back home know the nature of their work. This kind of split identity helps them to protect themselves - at least at home they are respectable women and mothers.

In Catholic Poland prostitutes are at the very bottom of the social ladder and if the women want to lead a normal life later on in Poland, they should never admit that they ever worked as a prostitute.

The goal of the women is to earn a lot of money, stop working and go home. Some of them have very precise goals: they want to buy a flat in order to free themselves from their parents, or to start a business.

Unfortunately, as may be concluded from the conversations with the women, those plans very rarely succeed, and at best only after a long period of time. This is mainly due to the fact that they spend a lot of money on supporting their families and on their own basic necessities. In most cases they are illegally resident, so they cannot rely on national health care or any part of the social welfare provision.

On the other hand there are many women who admit that they don't really know if and when they will stop the work. They realize that if they were to start working for a normal wage, it would be very difficult to adapt their lifestyle to a more modest level. They admit that they've got spoiled by the money and feel very frustrated about this because they cannot set deadlines for them to finish with prostitution.

The women from the former Soviet Union have many problems sending money earned to their home country. It is impossible to transfer the money from the Netherlands by post or by

bank, so they are obliged to rely on services of go-betweens who ask a large amount of money for performing the task.

Mobility of the women

The women are very mobile. They move constantly from one place to another, from one town to another, from one country to another. There are several reasons for this mobility.

One is the fact that the women work for a network of pimps who substitute women and transfer them from one place to another. In such a case the woman is not free to decide about her movements.

Another reason is that the women are afraid of the police and consequently try hard to avoid being caught by them. They are constantly on the move, in search of a safe place to stay.

In some cases the women who have managed to free themselves from the power of the pimp, have to find a new place of work far away from him.

Some women move constantly to find a better place of work where the earnings might be better.

Africa

Sex workers from Ghana and Benin.

The women

The target group of TAMPEP in Holland consists of women from Ghana and Benin. They are mostly Ghanaians who speak English or at least Pidgin English, but they do not speak Dutch.

These women originate predominantly from the town of Kumasi in the Ashanti region while a minority comes from Accra. We approached these women at the windows in Alkmaar, Arnhem and Nijmegen.

Their reasons for travelling to Europe are always economic, because their backgrounds are usually poor; they come to find work in order to care for their relatives back home and also to be able to live better lives. They find work and earn money they would never be able to get in their own country.

The women try to improve the economic situations of their families by buying them some machinery or cars so they can use it in their countries.

African culture demands that you look after your family, otherwise you are useless. This is especially so when travelling abroad because those who have not been abroad think it is paradise in Europe, and they assume there will be plenty of opportunity to help their families in Africa.

Most of the women have children in Ghana who are being taken care of by the family.

The population of Ghana can be divided into three social groups. The top one consists of the self-employed that are generally rich, the middle one is made up of the civil servants, and on the bottom are the unemployed and poor people. The civil servants, although they have permanent work, do not earn much money.

The social role of Ghanaian women is based on the fact that they have to be able to bear children, otherwise they are worthless. When a woman is infertile, her relationship with her husband is not very stable because the man can always find another woman who can give him children.

Ghanaians believe - and live - in the extended family, so everyone in a family has to behave well in order to preserve the good name of his/her family.

The women consider Europe to be a paradise where one becomes rich quickly. Many of them become disappointed when they realize that life is not so easy in Europe and feel pity that they left behind their better jobs. They regret coming but cannot go back because they either have debts to settle or have sold all their properties. They cannot go back with bare hands, so they accept any work.

Since prostitution is taboo in Ghana, the women do not consider themselves as prostitutes. Prostitution is for them a way to get big money quickly. None of their relatives back in Africa will ever know what kind of profession they exercised during their stay in Europe.

Some of them wish to bring over their children to Europe, so they are in a hurry to earn sufficient capital to allow them to finish with the profession as soon as their children arrive and show them that their mothers are normal, respectable women who have nothing to do with prostitution.

Many of them have given birth to children in Africa before they set off for Europe. Normally they break up with the father of their children before travelling and find themselves a new boyfriend in Europe. They are afraid that their profession might lead to infertility, so if they do not have children yet, they try to have a child before they get really deeply into the job.

How they arrive in the West

The ways they come here are varied. In most cases they are brought over by their families in order to live with people who have already settled themselves in Europe.

In other cases, they are brought by husbands, relatives, or by someone else on an agreement to take something back like money or a car. The women do not explicitly come to work in prostitution - they would take any job that is available. But as they have no permission to stay, or a work permit, many of them will be compelled to work in prostitution, especially if their transfer is being arranged by a sister who is a prostitute herself, or by a stranger who wishes something in return.

If such a go-between is a stranger who demands a considerable amount of money for her or his services, prostitution is the only way to earn enough to cover debts plus saving some money to return to Ghana.

Their routes to the Netherlands are varied; in most cases they acquire the visa of any European country, and then they travel from one country to another.

African women are popularly known to work in windows, so we chose to work in windows and not in clubs, where very few are found.

Ghanaian prostitutes in Holland

The Ghanaian female community can be divided socially into three groups. The top group is formed by women who are not prostitutes, the middle consists of the ex-prostitutes and the bottom group is formed by women who currently work in prostitution.

There is much rivalry and jealousy between these groups. The women working currently as prostitutes feel ashamed and guilty, but at the same time they despise the other women because they have no money. The women of the first group feel themselves superior to the rest. The former prostitutes are despised by all the others.

At the beginning, even if the prostitutes come from different regions and tribes of Ghana, they are friendly to each other provided they have no conflict based on jealousy or rivalry, which happens quite often. In such a situation the women quarrel, accuse each other of using juju (black magic), or even beat each other up.

They like to work with white men, especially with Dutch and some tourists (Germans, Italians etc) because they are generous. On the other hand, other tourists (British) are not very

much liked as customers because they are difficult in terms of money.

They find that the white clients have more respect for white prostitutes than for the black ones.

They never work with blacks, unless in very bad times, but then they make sure they are not from Africa or they are not a friend of their husband's.

The Turks and Moroccans who live in Holland are considered as wicked, and the women do not like working with them.

The mobility of the women

African prostitutes are very mobile. They have many contacts in Europe through their relatives and friends. Most of the women we approached circulate continuously between different countries and towns in Europe. Their mobility is due to the fact that they work without pimps so they are free to move. They also want to work far away from their community in order not to be recognised by someone they know.

Some women with a husband living in Amsterdam or elsewhere go home every couple of weeks and stay there for some time. At the same time they want to keep their workroom and window, so the women have developed something of a network, exchanging the rooms with a girlfriend and keeping their belongings there. So the woman never lets the room go. When she plans to move to another town, she arranges that her colleague takes over the room during her absence.

If the woman works far away from her home, she does not come home often because the distance is so large. She stays away for about three months and then goes home for three or four weeks.

The women from Benin

The Benin women who claim themselves as Nigerians are in many aspects different from the Ghanaians. They are not very numerous in the Netherlands.

They maintain close relations with each other and there are no conflicts between them.

They can read and write well.

They have a great deal of respect for their bodies and they always want to know more facts about safe practices. They are much more open and participate fully and ask questions about anything they do not know. This is probably due to the fact that they feel free in the Netherlands because they are not under the control of their own communities or husbands as would be the case in Belgium or Italy.

They accept themselves as prostitutes (but only in Europe) so they are eager to learn more about their profession. They are willing to learn all sorts of new things from TAMPEP provided they sound reasonable to them. They pass this knowledge quickly to their fellow Nigerians, whichever country they may be in. They are also mobile but only between Belgium and Italy.

7

Analysis of the groups

Latin America

The work carried out by TAMPEP with the Latin American women was directed at providing information, preparation, and education to the sex workers.

Most of the Latin American sex workers do not understand the working of the human body and many of them have no idea of how their work affects their sexual and reproductive organs.

Due to the different degrees of dependence on third parties and the direct influence these yield, the women have come to work in unfavourable conditions with little in the way of protection for their health.

Their experience of the medical services in their own countries influences them at the point of contact with the Dutch health system.

There is very little concept of preventative medicine or of regular health examinations among the sex workers.

Use of condoms and lubricants

TAMPEP's work was carried out with the intention of emphasising for the sex workers the need for the continuous use of condoms as a means of improving their conditions of work, professionalism, and protection from venereal diseases and HIV/AIDS.

We were able to draw the following conclusions from our work on condoms and lubricants:

- The Latin American sex workers use condoms incorrectly.
- Very few use condoms to perform oral sex and when they do they use an inadequate one.
- Most sex workers use oil-based lubricants which weaken the condoms and causes them to break more easily.

In the course of TAMPEP's work we were able to see a change of attitude to the use of condoms. Evidence of this was provided in the evaluation interviews, in finding condoms in the place of work, and in the direct testimony of the workers themselves.

In some cases TAMPEP was able to find that attitudes had not changed, for the following reasons:

- The sex worker does not leave the work place and the condom seller or proprietors sell them low quality products.
- The cost of condoms for oral sex is very high.
- Clients pay double for sex without a condom.
- There is a lot of competition in the place of work.

Contraceptives

TAMPEP informed the sex workers about the need to use contraception in their work. However, their change of attitude in this field has not been very marked because the sex workers were influenced by the following points:

- Religious factors which get in the way of their autonomy to take decisions about family planning.
- They have no permanent sexual partner.
- The majority of the Latin American sex workers will not have abortions, and take the responsibility of having children, going back to their countries for the birth and returning to Europe after a few months.

Vaginal douches

TAMPEP has been able to show that the sex workers have changed their attitude to the use of vaginal douches and to the buying of products suitable for their personal hygiene.

We have been able to demonstrate this through the evaluation of the project and through the presence of the products in the place of work.

The female reproductive apparatus

Many of the sex workers are ignorant of how the reproductive apparatus functions, of their anatomy and the phases of ovulation, menstruation, menopause, gestation and the like.

TAMPEP is able to say that now a group of sex workers has basic knowledge in the area and that they have changed their attitudes towards their work and how they approach it.

One group of sex workers decided to work during menstruation in a more protective way or to offer a different kind of sexual service.

The fact of having gained a closer understanding of how their bodies work has resulted in these and other changes in their attitude to work (professionalism).

Venereal diseases

- They now use a condom as protection against venereal diseases.
- They have increased the use of condoms in oral sex.
- They now offer different kinds of sexual service during menstruation.
- The sex workers now attend consultations with doctors more often than before.
- The workers who do not use the public medical service go to the doctors attached to establishments or who have private practice.
- The group of sex workers who have participated in the project with TAMPEP can identify the first signs of disease and will go to the doctor promptly.

HIV/AIDS

- Most of the sex workers from Latin America have undertaken the HIV/AIDS test before leaving their country or on arrival in Europe.
- Brazilian workers arriving in Holland have to undertake the test (forced by the go-betweens or brothel owners) on arrival and again during their time in Holland.
- The workers consulted by TAMPEP in the area where shop windows prostitution operates have had an HIV/AIDS test at least once in three years.
- The sex workers participating in TAMPEP's programme now have a basic understanding of HIV/AIDS. In the evaluation they showed interest in learning more about the theme and about the scientific advances in the field.
- Use of the condom has increased as a method to prevent HIV/AIDS.

TAMPEP has identified a series of fundamental causes which convert themselves into inconveniences at the moment of protecting against HIV/AIDS:

- The sex workers are aware of the risks attached to their work, but their working conditions and their dependence on third parties, gets in the way of their using condoms.
- The owners of the establishments and the people who sell condoms do not sell good quality products.
- The sex workers are fearful of the results of the HIV/AIDS tests and they see it as a tool which could be used to return them to their countries of origin.
- The sex workers do not speak openly about the theme; they have many questions but it is considered to be a private matter. Nevertheless, in most cases they are required to have the test.

Contact with the clients

The relationship between the Latin American sex workers and their clients is mediated, among other factors, through cultural characteristics, levels of education, degrees of dependence,

working conditions and economic pressure.

In many cases the sex workers cannot choose their clients, this is almost a rule in the clubs. In the areas of the shop windows there is more opportunity to choose. In the interviews carried out by TAMPEP the sex workers characterised their clients as follows:

- The majority of the workers prefer to work with German and Dutch men who they consider to be “easy”.
- Most sex workers do not like to work with Moroccan and Turkish clients who are considered “dangerous” and “violent”.
- The majority of the workers prefer not to work with black clients.

The workers establish a direct relationship with their most frequent clients; occasionally these clients may become lovers.

They do not use condoms with these 'steady' clients; a proportion of the women become pregnant as result of these relationships.

In some cases where sex workers take clients as lovers they subsequently get married. However, the testimony of the sex workers gives the impression that they hope to solve problems in this way and get out of prostitution, although the evidence suggests that the results are the opposite:

"I fell in love with him and I thought that I would get out of it all, but here I am, still in it and he's become my pimp in disguise".

Health

The Latin American sex workers go to the doctor in serious cases or when they cannot deal with their symptoms despite their cultural tradition of self-treatment.

The cultural attitude towards the public and medical services in their countries is closely related to their economic level and the degree of attention they were accustomed to. The sex workers arrive with these memories as their reference, backed up by the lack of direct contact between the patient and the medical staff in Holland, which means the workers do not consult the services, or do so only in extreme cases.

The majority of the workers who come from Latin America present the following symptoms:

- A high degree of skin allergies.
- TAMPEP has come across sex workers with problems of breast cancer and cancer of the womb.
- Most of them have undergone operations in their countries of origin because of vaginal problems. In many cases it has been difficult to find out what kind of operation this might be as they often had no idea of the reasons for their surgery.
- They display nervous problems and difficulties with sleeping, for which they are often under tranquilizers, not infrequently self-subscribed.
- The stress caused by their work is a constant cause of various bodily aches. The sex workers work on average between 12 and 17 hours a day.
- They have constant head aches and sore throats.
- Venereal diseases are common, especially Chlamydia, Gonorrhoea and Vaginitis.
- The sex workers do not follow a balanced diet.

During the course of TAMPEP's project, and through the information provided on health promotion, we have been able to influence these attitudes, encouraging the women to use the health services available. This has been demonstrated in TAMPEP's final evaluation.

TAMPEP has provided information and practical preventative advice which has served as

a tool to help the women gain autonomy so that the sex worker can use the services when they consider it necessary.

Eastern Europe

The women and health care

The access to health care for East European sex workers depends greatly on the place they work, the country they stay in, and the degree of freedom they enjoy. In general these women are very willing to make use of the medical services offered by a given country or region of the country, provided they know about the possibility, and have the necessary means of access. Being illegal, the women have no medical insurance.

The women working in the windows in Alkmaar have a chance to attend a medical check-up every two weeks held in the consulting room on their street. In principle the East European women are very eager to attend as soon as they hear about the opportunity from a member of the TAMPEP team, but there are two obstacles which might prevent the women from utilizing the facility of visiting a doctor.

The TAMPEP worker has first to get the women's confidence in the western system of public health care, because the women were brought up in complete distrust of the national health service of their native countries. The other factor is that the women might be prevented from attending when they work for a pimp who does not like this kind of intervention.

During their visits to the centre the women are usually accompanied by a member of TAMPEP who functions as a mediator and interpreter.

Unfortunately, due to the high degree of mobility of these women (caused in most cases by the fact that they work for various pimps and members of international gangs), the women often are not able to collect the results of their check-ups before they are moved to another place. So, some of the effort is lost in vain. The other consequence of this mobility of the women is the fact that the women never have a chance to really get to know how the health service is organised in a given place or country.

The women working in some of the clubs around Nijmegen are approached by a nurse working for the GGGD (Dutch public health service) together with a member of the TAMPEP team who invite them to visit the GGGD clinic. In most cases the women react enthusiastically to this invitation, but it often happens that the women do not turn up at the appointment due to the high taxi fare or due to the difficulty of arranging other transport.

Other clubs in Limburg and also on the outskirts of Nijmegen, have their own club doctor who checks the women's health every week. The TAMPEP worker has accompanied him on some occasions.

The check-up is compulsory (it is the owner of the club who obliges the women to undergo it) and is performed very routinely and quickly and is meant to eliminate the most common sexually transmitted diseases. The women complain and protest to the TAMPEP team member about the superficiality of these check-ups and therefore they have no confidence in the doctor.

They point out to the TAMPEP worker that they are obliged to undergo a medical check-up for which they have to pay from their own pocket and at the same time they do not receive adequate service.

In some clubs the working conditions are miserable and the women suffer from all kinds of allergies and infections about which they cannot talk to the doctor because he is always in a hurry and cannot understand them anyway because the women usually do not speak any foreign language.

This compulsory check-up is experienced by many women as discriminatory: they realize it is not performed in order to take care of their health, but in order to protect the customers from getting an infection from a sick prostitute.

In Germany the women who work in private apartments are completely beyond the reach of the *Zentrale Beratungsstelle* (ZBS, the German public health service, department of health service for prostitutes). If the women do not happen to hear (in most cases from the member of the TAMPEP team) about the possibility of the medical services offered by the ZBS or if they do not have a private doctor, they usually work for months without any medical check-up.

If in such a case a medical check-up is performed at all, it is usually done during one of their short visits to their homeland. Of course they do not dare to admit to the doctor that they are working as a prostitute, so the check-up is not aimed at sexually transmitted diseases.

It has been reported that a number of women who had been approached in their apartments by a member of TAMPEP did show up at the health centre of ZBS. This fact can be considered as a manifestation of confidence the women have in the members of TAMPEP team.

The use of condoms and lubricants

Generally speaking, most of the East European women approached by a member of the TAMPEP team confirm that they work with condoms. But there are many exceptions to this rule.

In tight times, for example in the winter, when there are fewer clients, they tend to take more risks and apply condoms more selectively.

In such a case the member of TAMPEP's team would try to convince the woman that the fact of making concessions about the use of condoms would not attract and please their customers, but on the contrary would scare them away, because they might think that if the woman agrees not to use a condom with them, she probably behaves the same way with other customers, which would mean that she might already be infected.

Another point is that, if the woman lowers her price, this does not mean that she will get more clients, because the customer might think that, if she is cheap it probably means that she is no good.

In sex clubs, where the competition is tough, many women work without a condom, a fact confirmed by the club doctor who often finds remains of sperm in their vaginas.

Often the women admit that they do not use a condom with their steady clients or with somebody they consider as their boyfriend. Such a situation is due to the fact that they are not able to keep their professional and private lives separated. The role of the TAMPEP worker is to bring more professionalism to their approach.

This attitude of the women to not using condoms when they are with their "boyfriends", in combination with their neglect of using other contraceptives, leads to many pregnancies among East European prostitutes and consequently to many abortions.

The woman who is in the complete power of a pimp is often forced not to use a condom if the customer demands this, because the pimp does not allow her to be choosy about her clients.

It happens that the woman finds herself in such a horrifying and menacing situation that the use of a condom is for her not a priority at all. There are so many things she has to worry about, that the problem of using the condom or not is of lesser importance. In such a situation the member of the TAMPEP team tries to convince her that the first step to more freedom is to achieve more control over her work situation and her own body.

The use of condoms is one of the first priorities in such a situation. If the woman

consequently refuses to work without a condom, she has a good chance to obtaining control over her own body and subsequently she will regain respect for her body which might eventually lead to improving her work situation.

There are various cases of women who have set themselves free from the power of pimps (in most cases with the help of a TAMPEP worker) and who continue their work in prostitution (whether they like it or not). Their working conditions have so drastically improved that they appear to be completely different women. This leads to the conclusion that AIDS prevention should be primarily directed to the improving of work conditions of the women concerned.

The visits of TAMPEP to the windows or to the sex clubs always involve demonstrations of the proper way to use a condom. Every new woman is approached in this way. The women often report that the condoms they use break. In such a situation the member of TAMPEP tries to figure out, together with the woman, what the reason for this may be. One of the reasons might be lack of skill on the part of the woman; another might be the poor quality of condoms. In such a case good brands are recommended, not only to the women but also to the owners of the clubs. Samples of some of these brands are distributed.

Most of the women use the wrong sort of lubricant for the condoms. They are then advised not to use baby oil, Vaseline, saliva, Nivea cream, etc. but to use proper lubricants which are made especially for this purpose. Again, brand names are suggested and samples are handed out.

Contraception

One of the characteristic signs of East and Central European sex workers is the fact they do not use any oral contraceptive during their work. Back in their own countries they were brought up in the conviction that the hormonal contraceptives are bad for their bodies: that they would make them fat and might cause cancer.

In such a case it is very difficult for the TAMPEP team member to convince the women about the existence of other contraceptive methods than just a (sometimes unreliable) condom. A high incidence of abortions is a consequence of such an attitude among East European prostitutes.

The knowledge of STD and AIDS

The East European women have quite good knowledge about the functioning of their bodies. At school they all have had biology lessons where the functions of the human body were well described. On the other hand, the knowledge of sexuality is very limited due to their religious backgrounds.

The women have also a rather incomplete knowledge of STDs and AIDS. In general they are able to name some venereal diseases but they do not know anything about their symptoms. Neither do they know much about AIDS except the fact that they are afraid of it. But they are very willing to hear more about these illnesses and during the meetings, the TAMPEP worker is overloaded with questions about the subject.

This part of the work gives the TAMPEP team probably the most satisfaction because it obviously provides for a pronounced need of the women concerned.

Most often, the women refuse an HIV/AIDS test. Therefore very few of them have had one and very few of them want to talk about the possibility of having one either.

Contacts with the clients

Generally the East European prostitutes claim that they work only with white clients such as Dutch, Germans, Belgians, etc. In principle they do not accept Turks, Moroccans or blacks. However, it is widely known that, in the difficult times, they work with anybody who is willing to pay for the service. Most of them have a network of steady clients who turn up regularly and who are reliable. Their knowledge of other sorts of clients is very limited due to the fact that the women are very mobile. Usually they have hardly time to get to know their clients.

Africa

The cassettes in Akan

80 percent of the women have at least been to the primary school. 20 percent have attended secondary school but many dropped out. However, due to the bad system of education, most of them cannot read nor understand English even though it is their official language.

Akan, which is their second language, is spoken by almost everyone in Ghana. However, very few people can read and write it, because they are not taught very well at primary schools.

Due to the fact that the Ghanaian women are not able to read English and Akan properly, TAMPEP was forced to make cassettes in Akan, Benin and Ibo. They were produced on the basis of existing Akan cassettes from the Amsterdam Health Department. We distributed folders and cassettes but we noticed that the cassettes were more appreciated because it was easier for the women. The Benins can read and write English but are not very used to reading. So the cassettes in their own language were useful and a good substitute.

The women and health care

Now, thanks to TAMPEP, these women know how the public medical service is organized in the Netherlands, but they are not using it. This is partly because they don't trust Dutch doctors or in most cases have their own private doctors.

In Alkmaar there is a consulting hour held on the street every two weeks. The women however do not make use of this opportunity. There are three reasons for this.

First, they are not satisfied with the treatment because they do not trust the doctor, we have not yet been able to solve this problem.

Second, the women (especially the new ones) are afraid that their identities may be recorded and be used. In such cases, we tell them that the medical service has nothing to do with the police.

The third reason is that most of them already have their own gynaecologists. Very few of them consult their general practitioners, because they do not want them to know they are prostitutes.

The African women are very clean in terms of personal hygiene. They wash their vaginas twice or more times a day, sometimes with soap. Due to the risk that soap may cause, TAMPEP advises against this.

It is not easy to advise these women to refrain from using their fingers to clean their vaginas, because that is their custom. As it is a custom which may be risky because of their job, TAMPEP had to adopt preventive measures in order to lessen the risk of infection, and propose them an alternative way.

The same thing applies to their eating and dressing habits. Because they work very hard, and live in a cold climate, they have to eat and clothe themselves properly. So TAMPEP had to provide them with all this information in order to help them to work with the least risk of disease.

Contraception

Some of the Ghanaians do use contraceptives, but their use is a problem among African women. They have a whole lot of complaints about it, such as that it makes them fat, infertile, nervous etc. They often tell us that they use condoms every time, so they do not think that they should use other contraceptives. We do not talk much about this with them because we want them to decide for themselves.

The Benins have no interest in using the pill because they are afraid that it will make them infertile. Again, TAMPEP will need more time to educate the women to change their opinions and behaviour.

The use of condoms

The knowledge of condoms and especially lubricants is very poor among the target group. They know that they have to use condoms but they do not know anything about different sorts of condoms and different brands.

Most of them did not know what a lubricant was. They were using saliva, baby oil and Vaseline as lubricants.

The women do not use condoms with their husbands and boyfriends. They teach each other the right way to put on a condom.

Knowledge of STD and AIDS

Their knowledge about STDs is very slight. In most cases it restricts itself to some knowledge about syphilis and gonorrhoea. This is due to the fact that the women are often infected with these diseases.

The goal of TAMPEP is to bring knowledge about the STDs to the women and at the same time take away their fear of infertility. The women are afraid that because of their work they might become infertile, which is the worst thing which can happen to an African woman. In African culture it is very important for a woman to be fertile otherwise she is worthless.

The women are very much scared about AIDS because they know it cannot be cured.

AIDS is seen as a disgraceful disease in Africa, so the relatives of its victims keep it a secret because of the fear that they might be discriminated against by their fellow Ghanaians.

The women only know from Ghana that AIDS is a killer disease and they do not know the difference between AIDS and HIV. They think once you are infected you have AIDS and you are only waiting for your death. They are afraid of AIDS because they feel they are at great risk due to their job.

They normally do not want to know if they are infected or not. They also think that AIDS is a spiritual disease, so if you are destined to die from AIDS you are by all means going to die from it, nothing you do can prevent it.

Because they are very much scared of AIDS, a TAMPEP worker should know how and when to approach them and talk about it.

8

Aspects in common

The foreign sex workers migrate to the various European countries for economic reasons. For some it is a way to ensure the economic survival of their families, or else a way to see the possibility of this for themselves or their families in the future. For others it is a way to achieve the levels of consumption of the “developed” societies.

This activity is defined as transitory and varies according to the dependency situation of each woman and to her economic position. TAMPEP has been able to establish that the majority of the women stay in the trade for most of their lives.

The different psychological and physical phases undergone by the sex workers carry with them their own demands. But these phases are constant and display some common characteristics which apply to all foreign sex workers:

- The sex worker believes she will be able to solve her economic difficulties in the short term.
- Once the basic problems are solved others arise which make it impossible to bring the work to an end.
- Later it becomes an activity necessary to maintain a certain standard of living, which creates a false image in the country of origin.

After several years the women themselves can demonstrate through their experiences that their economic problems do not diminish but get worse. When this point is reached the sex worker sees no alternative other than prostitution since she has now constructed a whole pattern of life around the job.

In relation to the psychological aspect, the women's behaviour is one of a personality crisis, since they are forced to carry on two distinct types of life, one which is the image they project for their families in their own countries and the other which is their real daily existence as foreign sex workers in Europe.

The majority of the sex workers form part of a ghetto within which they make contacts, forming a network of friends and acquaintances in the same situation. They are therefore unable to make contact with the host society. The only contacts they make are formed with the

following people:

- The proprietors of the establishments.
- The intermediaries or go-betweens.
- The clients
- The medical services.

The women maintain contact with their own cultures through their direct peers at work and through their families.

The foreign sex workers generally do not recognize themselves as prostitutes since they continue to hold to the cultural norms of their societies. There is no kind of contact with Dutch prostitutes, or with local prostitutes' organisations.

Nor do they make contact with other prostitutes from their countries of origin, considering them to be "a different (lower) class" and for fear that their work will be found out by members of their families.

The sex workers feel the power of the trafficking networks and the intermediaries as a great weight which controls not only their lives, their resources and their mobility, but which can also have serious consequences for their legal status or otherwise in the various European countries.

Such a situation leads the sex workers to adopt the condition of passive, guilty victims to such a degree that they come to see themselves as criminals, a self estimation which is reinforced by the social stigma attached to them as non European immigrants. The traffickers and go-betweens on the other hand, knowing the language and the social medium as they do, remain unblemished. In these circumstances it is very difficult for the women to denounce the people who traffic them, exploit them, and mistreat them.

The sex workers feel themselves to be people with no rights in a foreign country, compounded by their condition as prostitutes. This has direct repercussions when the time comes that they need to some kind of medical, social or legal help.

TAMPEP considers these aspects to be factors which must be taken into account when designing any information, preventative work, or health promotion programme aimed at foreign sex workers.

9

Suggestions made by TAMPEP

Consciousness rising within the group

TAMPEP has been able to establish that through receiving information and preventative advice, the sex workers pass through the following phases:

- Recognition of their own bodies.
- Recognition of the relationship between their bodies and their work.
- The use and understanding of the various kinds of contraceptive methods available, and their use with clients leads the sex workers to take a more responsible attitude to their work.
- Learning new working techniques and the methods used by other sex workers leads them to improve their individual conditions of work.
- Making and maintaining contact with other sex workers who are also at different stages in their careers helps them to break out of their passivity.
- Recognising the direct relationship between their work, their bodies and their psychological wellbeing.

TAMPEP believes it is necessary to develop activities which can provide information and training to women in the areas of health and work, but also in the social sphere.

There is a need to be able to help the sex workers at times of crisis and for there to be professional assessment available to them at all times.

The sex workers also need training in financial or economic matters so that they are able to construct a future whether it be in Europe or in their home countries.

The work place

Providing information and education to sex workers about health at work should be a priority.

Health promotion at work should not only be aimed at the sex workers but should also be aimed at creating policies and measures in the field of health care in order to improve the establishments which exist for foreign prostitution.

It is important to establish a degree of responsibility on behalf of the owners and workers at the sex establishments so that the necessary hygienic standards are met at the place of work. At the same time they must assume joint responsibility in cases where a worker contracts a disease.

A campaign should be aimed at the clients who visit the zones of prostitution so that they do not use economic pressure to force sex workers not to use condoms.

Work place guarantees should be instituted for the foreign sex workers so that they are able to enjoy the conditions as other workers.

The freedom to work autonomously should be recognised as a right inherent to the human condition.

Government policies towards non European migration and prostitution should include measures which counteract the existence and the strength of the international networks of trafficking in people, and of intermediaries in the trade.

The medical services

The existing medical services are based on a policy designed to prevent venereal diseases and HIV/AIDS.

TAMPEP has shown that the foreign sex workers express a negative attitude to the service at the time they are interviewed. TAMPEP has also shown that when the sex workers come to change their attitude the medical services still do not respond adequately to their needs.

TAMPEP has established that the majority of the sex workers display health problems linked directly to their work and to the conditions in which they carry it out.

TAMPEP believes it is necessary to improve the public medical services in the following areas:

- To encourage direct contact between doctor and patient.
- Protection against venereal diseases and HIV/AIDS should be seen as preventative work against work-related disease.
- The public health system should be able to provide specialist services for foreign patients.
- A network of specialists who could offer their services according to need should be developed.
- Medically qualified foreigners resident in the country should be employed within the health service, including among its specialists.
- Labour and sanitary inspectors, employed by municipal departments should have responsibility to monitor the conditions found in the prostitution establishments.
- There should be a programme of assistance to sex workers addicted to alcohol or drugs. TAMPEP has found a small group of workers who are addicts, and has found that this is a consequence of the way they are forced to operate by their pimps. Either they have to drink as a part of the service they offer, or alcohol and drugs are used to keep them dependent.

10

Conclusions

- TAMPEP developed an informative and preventative programme aimed at educating sex workers at the grass roots level to enable them to change their attitudes about safe sex, health in the work place, their relation to their clients and their self esteem as sex workers.
- It is not possible to speak of the prevention of venereal diseases, HIV/AIDS and health at work, if general working conditions and degrees of freedom and autonomy for the foreign sex workers are not improved.
- The information and preventative programme should also be directed towards the creation of a greater sense of responsibility on behalf of the proprietors of sex establishments, where they should comply with standards of cleanliness and should take responsibility when workers contract diseases.
- Preventative work on venereal diseases and HIV/AIDS should also be aimed at sensitising and informing the health service about the needs of foreign sex workers and taking into account their varied cultural backgrounds and these services should be given the means to meet those needs.
- Policies towards non-European prostitution should be reconsidered with the point of departure that its existence is due to the great demand from European citizens. The supply of non European sex workers would not be available without this demand. Nor would the powerful and growing organisations of middle men, which are converting themselves into an international network of prostitution, be able to exist.

