

TAMPEP

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



TAMPEP

1

September 1993
August 1994

MANUAL

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

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Amsterdam, August 1994

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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
- General Supervisor: **Jan Visser**
- General Manager: **Hans Scholtes**
- General Bookkeeper: **Leo van Adrichem**

- 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 works, 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.

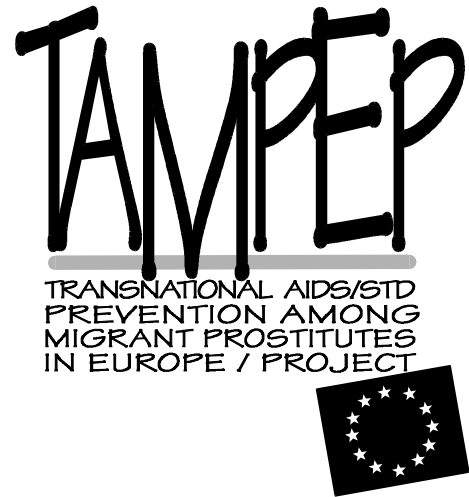
Third, the need for direct contact between the sex workers and the various organisations working in the social and medical fields, a contact which should be designed taking into account the needs of different migrant groups, respecting their cultures and traditions, and without compromising the delivery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



GERMANY

TAMPEP **1**

MANUAL

September 1993 – August 1994

1 INTRODUCTION

2 REGULAR ACTIVITIES

Streetwork in bars, clubs and apartments
German Course

3 SPECIAL ACTIVITIES

Workshops for Latin American women
AIDS/STD
Relaxation and breathing
Nourishment
Workshops for Thai women
Self-defence
Cosmetic and skin problems
Condoms and lubricants
STD
AIDS
Health Information Course

4 CONTACT TO OTHER ORGANIZATIONS

Hamburg, August 1994

Veronica Munk

1

Introduction

TAMPEP/Hamburg began its preparatory work in July 93. The project was developed and carried out in Germany through *Amnesty for Women* (in the following AfW), an organization for migrant women in Hamburg. Our work was mostly directed to Thai, Latin American and East European women.

Following the main projects' lines and aims, we adapted ways of working by using the proposed methodology for our different expectations and realities. Not only, what concerned the team members, but most of all, Hamburgs' reality with both migrant women and transsexuals living and working as prostitutes in this town.

The situation is quite diversified regarding sex workers, not only in relation to their sex - there are almost as many transsexuals/transvestites¹ (man to woman) as women, among Thais and Latin Americans - but also what concerns their working conditions and places - most of the bars and clubs are concentrated in an area called St. Pauli, and the apartments are spread out all over the town.

The people working in bars and clubs, share a percentage of the drinks costs they have with the clients, have to give a part of their income earned through sex-work to the bar owner and have to pay for their housing - about 1.000 to 1.500 DM per month. The people working in apartments have to pay the rent for the room, about 700 DM a week, the advertisements in a daily newspaper and sometimes, mainly among East-European women, other 'taxes' and 'fees' to their pimps. Besides this, the great majority have to or want to send money home to sustain or support the family and to save money for their own future. The transsexuals have one more aim: save money for a sex-change. The cost for this operation differs, but in Germany it is at the moment up to 40.000 DM. These financial problems explain the great risks women and transsexuals take in relation to safer-sex, as the temptation is quite big when a client offers more money for 'natural' sex.

In general, prostitution is not forbidden in Germany. But as it is not considered as a profession, it is not possible for a migrant to get working permission for it. The only exception is when somebody gets married to a German. But as it is difficult to prove prostitution, the more important item is to have a permanence visa. In the case of not having a permanence visa, one is expelled from the country, when the Foreign Office becomes aware of it. There are three possibilities for a person, who does not come from the EC, to have a permanence visa:

¹ "Transformist: the ones who live as men during the day and as women only at night, specifically to work; Transvestites: the one who live already as women and had gone through the hormone and silicone treatments; Transsexuals: the one who were already operated." Camille Cabral and others, in *Recherche - Action Auprès de Transsexuels et Travestis Prostitués à Paris*; Paris, 1993, page 18.

the status of a tourist: one can stay for three months in Germany and is not allowed to do any kind of job.

a visa connected to the job, in our case, mostly an artist-visa. It is normally valid for one year and can be prolonged by the club owner and the Foreign Office - or not.

and a permanence visa through the marriage to a German.

In relation to health care, this means that the women (and when we talk about women we talk about transsexuals and transvestites too), have to work quite often, in a clandestine way, where they become vulnerable and get under a great pressure of pimps and clients. This can mean a great distrust to other persons not known to them. That is why such a project needs time to gain the women's' trust. They need a great amount of self-confidence and the knowledge to be able to protect them.

TAMPEP Hamburg had the advantage to work together with a municipal health organization directed specially to sex-workers, the *Zentrale Beratungsstelle für Sexuell Übertragbare Krankheiten* (in the following ZB), with whom the work was developed in a positive way. There was already a great trust in this institution in the 'scene', the same as in Amnesty for Women. Another important point was the possibility of using rooms of another organisation for prostitutes, KaffeeKlappe, for workshops, meetings and so on, because these rooms were near the Große Freiheit, a working area for many of the women. This network facilitated a lot of the work of TAMPEP.

Since the beginning, it was made clear that the German section of this European project would have a team structure, although the two co-ordinators would be responsible in front of the group. This structure had the intention of constructing an open and diversified way of working, since we were dealing with a team composed of members of completely different cultural and professional backgrounds: women from Asia, Europe and Latin America, women with very different social and political experiences, sex-workers, ex-sex-workers and women who have never done this type of work.

The team

It was very interesting but not always easy, to build up a real team with people of such different cultures and backgrounds. Some had already had some experience in team-working and some had not.

The solution was to incorporate all those differences as that was the reality in our work. This gave us a basis to understand much better the kind of work we were going to do, to understand the feeling of fear and hope between migrant women, and also to know how the different cultural and social structures of the people we were going to deal with, function.

An example of this situation was, that we had expected more at the beginning, due to the fact that some women in the team had already had experience in the prostitution area, but it turned out to be a disadvantage: their colleagues saw them as spies or as being overbearing.

During the projects' development, we worked several times with Thai former sex workers that had close contact with *Amnesty for Women*. They participated as interpreters during our streetwork, but we saw that the work of a cultural mediator is much more than that of just translating.

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 Hamburg University, teaching German for migrant women since 1989 and doing social work since 1991, both at *Amnesty for Women*.

The members of the team

Kirsten Schröder, German, did the secretarial and book-keeping work.

Bhadra Paris, a woman from Puerto Rico. Advisor and social assistant at INCI, a migrant-women organization in Hamburg, deeply involved in the migrant-feminist movement. She worked with Spanish speaking women.

Lhiza is a Philippine dancer, working in the Große Freiheit, with much contact to sex workers.

Pyari, a Brazilian sex-therapist, worked for the project in May and June.

Pat Mix, a Thai social worker that works at Amnesty for Women since 1992. She has many and very close contacts to several Thai sex-workers through her streetwork and German and English courses.

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

Martikar, a Thai transsexual, worked as a dancer and a sex worker. She worked for TAMPEP for the first two months; until getting problems at her working place. As she became much stressed, she quit after two months.

Sarah, a Thai transsexual, worked as a dancer in Thailand. She had a very close relationship to a club owner and that position made it difficult for her to get the women's confidence. 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. As she had some internal problems with the ZB in connection with the information exchange with TAMPEP, she quit the project after four months.

Carolyn is a Philippine woman, ex-prostitute, living in Germany since her childhood. Because of her previous and negative experiences, it was quite difficult for her to work in the project. She stopped participating after a while. Apart from that, there are very few Philippine women working in Hamburg as sex-workers.

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 these situations, 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 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, contact with women from Eastern Europe has started to develop.

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

2

Regular activities

Streetwork

Regular and long term streetwork is the main and only way of getting contact with migrant sex-workers. Thus it is possible to gain their confidence, build up some kind of relationship and develop a health peer-educator structure.

We developed two kinds of streetwork: one in bars and clubs and the other for those working in apartments. We always did the streetwork in a team of two, not only for security reasons but also for evaluation reasons. There was always one person from the same cultural background as the women we were visiting.

This worked for Thais and Latin Americans, in both situations. For East-European women, we did not have a permanent co-worker who was able to do the streetwork in bars and clubs, so we concentrated more on those working in apartments. The people in bars and clubs were contacted, at least for basic health-information by workers from the ZB.

During both kinds of streetwork we not only showed the different sorts of condoms and lubricants, but also distributed TAMPEP's leaflets and calling-cards, information about the ZB, also from other organizations (e.g. *Trabajo y Salud*/The Netherlands), cassettes, and of course, condoms. When we distributed the leaflets and/or announced a new workshop, we had the opportunity to talk about the themes mentioned or about any existing doubts.

One of the main points, apart from getting women's' confidence and building up greater contacts, was to get their opinion about the materials we were beginning to use. Through those little chats, we got a better view of their working and living conditions, their different reasons, social and/or economic ones, for being here, their worries, hopes and expectations.

BARS AND CLUBS

Amnesty for Women has already been doing streetwork for some years, together with *Zentrale Beratungsstelle*, in bars and clubs at the Große Freiheit, one of the main night-club streets' in the Reeperbahn area. The main job was to give information about the services offered by Amnesty for Women (counselling, legal advice, German courses, etc.) and the *Zentrale Beratungsstelle*, and to distribute condoms.

The main difference between TAMPEP and the previous work done, is that TAMPEP did not give only information about addresses and opening hours, but that we tried to change the women's' attitudes towards their own health, by educating them.

When we from TAMPEP began to do streetwork in this area, a lot of the team-members

had already had experience in this kind of work, through AfW or ZB. This meant that contacts and trust increased considerably, because we went more often than before and we had already known the majority of women and transsexuals sex-workers. It also meant a new way of dealing with health care problems, for we had other proposals and expectations: to inform about the different infections and diseases, the proper use of condoms and lubricants, to know what their main doubts were, and to begin to build up with them, an awareness about health problems and ways of working, and finally, to develop a peer-worker structure. For this kind of work, constant and personal contact is fundamental, not only to be able to get their confidence but mainly, their participation.

Women and transsexuals working in this situation are often watched and controlled by the club owners or managers. As soon as a client entered the place, they got impatient and lost interest in TAMPEP. The atmosphere was quite stressful. Another point is that many of them were not sober at the time. Those women and transsexuals work in a situation where they have to drink a lot of alcohol (they get a percentage of what they drink with the client), as well as their normal consumption of drink and very often other drugs. We had to do the work very quickly and in a precise way, with little opportunity for serious conversation. Although, the results from the streetwork done in bars and clubs were on a smaller scale than in apartments, it proved to be rather successful in some areas.

The most obvious result was, that they began to go more regularly to the *Zentrale Beratungsstelle* or, as many transsexuals, went there for the first time. They also began to come more often to Amnesty for Women seeking for solutions for other kinds of problems: legal, personal, looking for a German or English course, and so on. Some of them began to come to the TAMPEP German course, where they had more opportunity and time to talk and to exchange information (see chapter "German Course").

APARTMENTS

We began with apartment streetwork in January 94. The apartments where women and transsexuals work are spread out all over Hamburg. Most of them are from Thailand, Latin America (mainly from the Dominican Republic and Colombia) and East Europe (mainly from Poland).

There are big houses with about 30 women from various nationalities; smaller ones with just about 15 Latin Americans or Thais. There are houses where just one or two rooms are occupied by sex-workers, this being the most common situation for East European women, mainly Polish. The women announce their telephone-numbers or their addresses in a daily newspaper, thus allowing us to visit them.

We distributed the same materials as mentioned above, during our apartment-streetwork. We had different kinds of things to show them - lubricants, different types of condoms, sponges for menstruation, a condom for women, a ph-neutral washing lotion and others - what brought up conversation. Often, women wanted to have more materials to pass onto friends or they gave us new addresses asking us to visit others.

The apartment situation is completely different from the situation in the clubs. Women there, spend almost the whole day, and therefore, have much more time to talk and exchange ideas. Sometimes, we spoke to only one, but there were occasions where there were up to seven women. The talks were mostly very relaxed and friendly, which led to a great exchange of information. It proved to be very useful to talk about the following themes: the use of condoms, the different experiences they had in the past and their real problems; work during menstruation, contraception methods, and their relationships with

clients and pimps.

Furthermore, we worked together with the Latin-American women on ideas for creating a comic similar to *Trabajo y Salud* from the SOA-Stichting/Holland (see annexe).

In particular situations, they even refused a client, which meant a beginning or an increase in their self-confidence. Of course, there were also other types of situations, where a client came, and the streetworkers ended up in the bathroom for some time, while waiting for the right moment to leave the room.

Polish women in apartments

As this kind of work was the only possibility we could offer to East European women, we want to talk about it in a bit more detail now.

We had no permanent East-European team member, so we worked with a Polish exchange worker from TAMPEP-Amsterdam. She came three times to Hamburg. Before her arrival, one worker from TAMPEP Hamburg had collected the addresses of East-European women working in apartments. They visited one big brothel, one that is more a club, and several address where there are only one to three flats occupied by East European sex workers. They distributed the above mentioned materials and also talked about the above mentioned themes with Polish, Czech and Russian women.

Many of the women had never been contacted by people from 'outside' before. They hardly knew how to put on a condom correctly, and nearly none of them had heard before that it is not recommendable to use oil as lubricant because it can make the condom break. This has nothing to do with the education-level but with the attitude to sexuality in their culture. Some of them also started to go regularly to ZB for examinations.

We have to mention another point: we should be careful not to generalize too quickly, but our experience in Hamburg was, that in the East-European sector, there is the most violence from pimps to sex workers. Of course this affects the TAMPEP work. TAMPEP had to work closely with AfW to help women to get out of violent, unbearable situations. The TAMPEP workers got into certain situations where their own security was at risk. A permanent East European person is needed for a long period of time with whom the sex-workers can trust. It is a necessity! We are of the opinion that a lot of work has to be done in the health education field, apart from the other areas. This work, e.g., where the women can improve their daily existence, has to be done with great care to avoid putting the women into a dangerous situation, the project workers or the project itself. For some of the women, the TAMPEP workers were the only people from the outside with whom they had contact. This is a great chance - and a great responsibility.

Evaluation

One of the main conclusions from the apartment work in general is that this kind of work and building up of contacts is only possible through constant and regular work.

Even if the results were not so successful with the women and transsexuals working in bars and clubs, it was very important to keep contact with them. This was the only way to get their trust and confidence and this is essential to reach people, to open up ways to enrich their lives and protect themselves. At the end of the project the effects of this work could be seen very clearly, when women called TAMPEP or *Amnesty for Women* asking for information, as they had heard from the project through friends or colleagues.

The peer educators experience had some quite positive results, mainly among those working in apartments, where they live mainly in a group situation, although those results could only be seen later on, as this kind of work requires time, self confidence and awareness. They began to go more often to the medical services; they exchanged information about condoms, lubricants and information given through booklets and cassettes.

Nevertheless, the peer-educator experience among migrant sex-workers showed us two different sides. There is no doubt that this is the optimal way of women being made more self aware and stronger, passing on prevention information, mainly because of their mobility. On the other hand, this mobility, lack of time and competition, gives the sex-workers little opportunity to develop better relationships among themselves. This situation brings, of course, little possibilities for changes, despite those changes being of extreme necessity.

Regarding those working in apartments, as we have already seen, we could notice much more interest in getting information and adapting the information to their work and life.

We saw that those contacts and mainly the confidence - leading to the possibility of changing attitudes - would only be reached through long term work. This kind of work requires a lot of time, patience and continuity.

German Courses

Women who work in the sex-industry often want to leave Germany after a while. Most of them 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 arrange themselves successfully. It helps to protect their own health, e.g. concerning the use of condoms, or to avoid misunderstandings while at work. And it helps, of course, to handle all other daily activities, like buying telephone-cards, shopping, using the public transport, dealing with a landlord, a doctor, the authorities, and so on. 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 TAMPEP, 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 later on the effectiveness of this method regarding those working in clubs or apartments.

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.

Organisation

We did all in all four courses, two for three months and two for two months. They ran twice a week for two hours in the afternoon, due to the fact that for the women working in clubs, the afternoon is the only possible time. We were allowed to use the rooms from KaffeeKlappe. The participants came from: Thailand, Poland, Venezuela, Peru, Brazil and the Dominican Republic.

We would like to describe the course that ran in May and June 1994, as this was a very good experience. We were able to establish a group of five people who came regularly. All of them were transsexuals, four from Peru and one from Thailand. The Thai person had

stopped working in prostitution and was looking for ways to build up a new life, but was very co-operative to talk about tricks and good techniques, as to make contact to clients, for instance.

Materials

- The book: *Deutsch Aktiv Neu*, 1a, Langenscheidt, Berlin-München 1993. The participants had also the possibility to get photocopies if they did not want to buy the book.
- Materials from other books
- Self-made materials

Contents

In the very beginning of the course it became clear, that all the Peruvian participants only wanted to learn German for their work, to be able to protect themselves better. So we started the first lesson constructing the first steps of a dialogue between them and a client. As they worked in an animation-bar it was very important for them to know how to say easy phrases like "What is your name, where do you come from" and so on.

Other contents:

- The numbers
- The days of the week
- The time
- Easy dialogues to buy things
- Basic grammar: verb-conjugation and definite and indefinite articles
- Word fields: food, parts of the body, dishes, animals, furniture

Development

In each lesson there was time for them to ask for phrases they needed daily. We translated them and practised them. All the things had to be practised in the lessons, because for several reasons (lack of time, of calmness because living in a hotel, lack of patience), they did not study at home.

After the lessons, there was always time to have a coffee and to talk. During this time, the teacher also distributed TAMPEP's materials, like 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 (ZB), explained the differences of the types of condoms available in Hamburg, where to buy them cheaply, explained about lubricants and so on.

At the end of the course all participants got a certificate for attendance.

Special activities

- Visit to the *Zentrale Beratungsstelle*, the Municipal Health Organisation for Prostitutes.

- One conversation lesson about their experiences in prostitution, the AIDS information-system in Peru, comparisons of the working conditions in Germany, Italy and other European countries. The starting-point for these conversations was the TAMPEP's interview sheet for new women.
- Workshop with a German nutrition-expert about: diets, vitamins, healthy food, what can easily be bought in the area they live.
- Two lessons about AIDS, STD, ways of infection, safer-sex practices. The main interest was about the symptoms of the different illnesses. We used the materials of Migration Santé.

Other activities

- An excursion to the zoo.
- An excursion by boat to an area outside Hamburg, for a picnic.
- An excursion by car to a beach nearby, also for a picnic.

Evaluation

It was the first time, that the participants experienced such a group. They felt comfortable because they had a reason to come to learn German, and at the same time, they had the possibility to talk about health-relevant topics. It was very important that the group had extreme confidence in the teacher and that they had a language in common, Spanish, even though the teacher was not migrant women, but a German. The more confident they got, the more questions they asked. 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, the group itself proposed to have one lesson only about AIDS. They even wanted to meet in the break between two courses to get more information. Four of them went to the health centre to do several tests, including a HIV test.

Their fear was quite understandable: all of them were transsexuals and began with prostitution around the age of 14. During this time they had been boys and their sexual contacts had been with gay men. Before the big AIDS-campaigns in Peru in the 80's, they had always worked without condoms. All of them had friends that had already died from AIDS and, at least in Hamburg, there are still a lot of clients that ask for unprotected sex - and are willing to pay more money for it. With the continuous work done during the course, all the participants got more aware about safer-sex and began to use condoms regularly.

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.

It was a great advantage that the teacher knew basic things about AIDS, STD and had knowledge about the 'scene' in Hamburg. To build up such a course is only possible by personal contact, this means, by regular streetwork. It is not enough to give some leaflets with the date and place of the course. It is of great advantage if the teacher her/himself can go to the working-places of the women. Word of mouth is the most effective method in the long run. The teaching place has to be near the living place of the participants, otherwise, we experienced, they will not come. They work a lot of hours every day, need a lot of time to prepare themselves for the work (bathing, make-up, hair-styling and so on), so that they do not have a lot of spare time. Maybe five participants seem to be a low number to the reader, but we are sure that, in this case, it is not. German courses for people working in

prostitution should not have a minimum number of participants, as it is common in other courses, as it is not possible to get ten or more people for a course. Even more important than this, is that such a course should not only be a language course. A teacher can do much more, but never forgetting that the language has to be the main topic, as the participants come for that. Nevertheless, if one also starts to work on other themes, like health, self-protection and self-esteem, there are certain limits for the participants and also for the teacher. He/she sometimes has also to handle with situations of competition in relation to her attention. A lot of personal talks, with only one student, will arise, as everyone has a lot of things that the other students should not know. Even if they are friends, they have secrets, personal questions, often hidden for years. This also means that the courses have to be anonymous. Most of the students gave us just their pseudonym.

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 more information about health-care. This is a theme that should be considered later on.

3

Special activities

Workshops

From December 93 to July 94 we developed several workshops in relation to the direct interest of the sex-workers living in Hamburg at that time.

The themes were chosen according to their interest, need of information, to improve their skills and to build up their self confidence during work. These choices were made through personal contacts we build up during our streetwork in bars, clubs and apartments, and through the interviews we did with them in the first months. The themes were previously discussed in the team, to work out which ones were the most important and interesting for the women at that time and according to their cultural backgrounds. Also our possibilities of getting the right professional person from each area that would be able to give such a workshop in the right way. We looked for people who had the same cultural background and/or spoke the same language. That was the case of the Thai and the Brazilian doctors. For the other workshops, we always used interpreters, women who had already had experience of streetwork with sex-workers.

We had contact with women working in bars, clubs and apartments, so we did the workshops according to where they worked. For those working in bars and clubs, where the working hours are mainly at night (from 8pm to 4am), the workshops were done in the afternoon, from 4 to 6pm. For the people who work in apartments (they usually work from 11am to 8pm), the workshops were done in the morning, from 9 to 11am.

As we worked with three different cultural groups - Asian women (mainly from Thailand), Latin Americans (Brazilians and from Spanish speaking countries) and East European (mainly Polish women), we decided to divide the workshops in three main groups, according to the different languages and cultures. Unfortunately, we could not offer workshops to East-European women because we did not have a regular co-worker for this section to build up regular contact.

The workshops were done in such a way that the main theme was previously given, but above all, we respected their special needs and questions. It was done in such a way that they, themselves, gave the directing line of the meeting. The results were very positive, as it was the first time that the women were confronted with those problems in this way. The questions that they had were answered in a clear manner, by professionals, and most of the time, in their own language. The atmosphere was of total respect and awareness of their jobs and way of life. As they felt that atmosphere, they were able to be much more open about their own problems and aware of their own situations.

FOR LATIN AMERICANS

As we have already stated in the introduction, we had contact with Latin American women and transsexuals working in clubs and apartments. Because the ones working in clubs are mostly transsexuals and those in apartments, women, the interests were quite different, as well as the attendance.

Although we announced all the workshops in the same way - during our regular streetwork by distributing leaflets with the day and time of the event - we saw that the most effective way of really contacting them, was through word of mouth. This only happened from the moment they got confidence in us and in themselves, i.e., that they believed that this was in their best interest.

For the ones working in bars and clubs, we offered the workshop two streets from their working 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: firstly, 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 interest variations was quite clear between the two working situation.

For those working in clubs, the main interest was about cosmetic & skin problems and nutrition, because the working situation is very unhealthy. Although we also offered workshops about condoms & lubricants, AIDS & STD, the attendance was almost zero. We could explain that by the fact that the great majority are transsexuals, and therefore, very much afraid of anything that has to do with AIDS.

For the women working in apartments, the main interest was about condoms & lubricants, AIDS & STD and contraception. For condoms & lubricants, the TAMPEP team-workers gave the necessary information and gave demonstrations during the regular streetwork, as we could not get an expert each time we went to visit them. This brought great confidence in relation to the TAMPEP streetworkers. For the AIDS, STD and contraception, we got a Brazilian doctor.

AIDS and STD

April, 1994

For: Latin Americans

At: Apartments and KaffeeKlappe

With: Dr. Martin Munk

We decided to do this workshop separately, for those women working in apartments and those working in bars and clubs.

Our experience proved that for those women working in apartments, it was very difficult and complicated to get out or go somewhere else, not only because they work the whole day through (normally from 11am to 10pm), but also because the apartments are spread out all over the city and most of them don't know the city very well. So that the only possibility was to go with the doctor to the different places we had contacts with that time, and that mean, three different houses in three different areas. We built up contact with those women working in apartments in about three months of streetwork.

We did one in the morning, between 9 and 11.30 am, and one in the early afternoon, between 2 and 3:30pm, because they have a break at this time, while men are at work. There were a total of 17 women present. As the doctor is Brazilian, i.e., speaks Portuguese, we had a Spanish interpreter with us.

At the first workshop there were 12 women, all of them from the Dominican Republic. Those women have been working in two different houses. The distance from one to another is about 15 minutes by car, but as they knew each other quite well, although working in separate places, they took the initiative and proposed of having the workshop all together. They were 8 of them from the first house (Hammer Berg), where the workshop actually took place, and 4 from the other one (Tieloh). We planned the meeting together and hired a taxi which took them to and from Tieloh.

The second workshop was done at Marschner Str., a place in the East part of the town, where women work in three different houses, one beside the other. For this one five women came: three from Colombia, one from the Dominican Republic and one from Ecuador.

For those working in bars and clubs we offered it again at KaffeeKlappe, although our previous experience was that the Latin American women/transsexuals only very rarely come to this kind of event. One possible explanation is that most of the Latin-Americans working in this area are transsexuals and as some of them told us, they were ashamed of asking questions in an open and direct way. And as expected, nobody showed up. We announced this workshop two weeks and one week before the event, during our regular streetwork at the Große Freiheit.

Main questions

- The first and common question at both places: what kind of diseases does one get through perspiration? Answer: none.
- How does one get AIDS, hepatitis and Chlamydia?
- What are the precautions one has to take to avoid AIDS and other diseases?
- How does menstruation happen?
- About abortion, contraception and personal hygiene.
- About women's body and men's illnesses.

Evaluation

Both workshops were very successful, with women asking a lot of different things and listening to the explanations with great interest. Again the fact that the doctor spoke a language they all understood quite well, left them very secure.

We accepted with great pleasure the idea of joining the two groups in the morning meeting, for that was a sign of their real interest and self awareness about their health and working conditions.

We used the drawings of Migration-Santé, and again, in a very positive way, for the women could see and understand much better the functions of the different organs. We also showed, one more time, the differences between the existing condoms and lubricants.

As already said, at the first house there were only Dominicans, all of them come from the countryside, therefore, women with very little

education. All of them had already received the TAMPEP leaflets, and even so, asked many questions that had already been answered in the leaflets. With this particular group, the cassette was of great help and effectiveness. This is a kind of group where videos would also be of great benefit as a method of information.

In the second house, the women were of a higher educational level, and therefore, were much more aware and professional. Their main questions were about contraception.

In the bars and clubs of the Große Freiheit, we spread the news about this workshop through the normal leaflets and also through the little news-letters done by Amnesty for Women for Brazilian sex-workers.

Dr. Munk, afterwards, made the following suggestion:

"...The elaboration of an information leaflet about tuberculosis. Recently, tuberculosis was declared a global health emergency. About 3 million people die each year of this infectious disease. Many sex-workers come from or have an intense contact with low social living conditions and the increasing numbers of HIV infected persons which are particularly vulnerable to reactivation of tuberculosis rescale the importance of this infection".

RELAXATION AND BREATHING

June, 1994

For: Latin Americans

At: An apartment

With: Pyari

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 (headaches, menstrual pains, backaches, and so on).

This workshop is meant to be run in about one hour. Each group of exercises should take 10 minutes. The women should dress in very comfortable things and each one should have a blanket or a mat to put on the floor for the different exercises where they have to lie down.

This workshop was planned to be done in a house where about 10 Latin American women work together. The best day and time period was previously arranged with them two weeks before.

Programme

Shake: to free the body of all sorts of tensions and to prepare it for exercises and relaxation movements.

Chaotic breathing: to bring out all kinds of psychological and physical self-repressions in order to be able to recognize and get rid of them. This exercise also serves to prepare for relaxation.

Free dance: to get the body and the mind loose and relaxed.

Exercises: a combination of different kinds of movements taken from yoga, body expression and meditation. They serve to relax and to prepare for other working steps.

Massage: to relax and to get rid of stress and tension. This exercise is done in groups of

two, each one doing it for the other and then changing partners.

Relaxation: a final body and mind relaxation moment.

Evaluation

We had known those women for a long time already and although we announced this workshop two weeks before and did all the date and timing arrangements together with them, only three of them participated. All the others said they had no time to do it, that they had to work. Even one of the three that were present, after half a hour left to serve a client. Unfortunately, this is quite common, for the work situation is quite difficult at the moment, apart from all the competition.

NOURISHMENT

June, 1994

For: Latin Americans

At: KaffeeKlappe

With: Birgit Schweyer

With the participants from the German course and other sex-workers we had contact with, we experienced that they had lots of questions concerning nutrition, diets, and vitamins and so on. Especially women who work in clubs and bars, have very little time and often live in hotels or apartments where there is no possibility to cook. They often live on fast-food. At the same time they drink a lot of alcohol during the night, stay in smoky surroundings and do not sleep a lot.

We also experienced a lack of information. The participants of the German course did not know that potato-chips and Coca-Cola are not the healthiest food and are not a good diet-food. The intention of this workshop was to give information about different kinds of food - what covers the needs of one's body and are easily available at low costs in the women's working area - and also to answer their questions about this issue.

The workshop was given by a dietician who has also done a pharmacy-course and who has worked a lot in Health-food shops.

Program

Miss Schweyer brought several things to show and to talk about. These were: wholemeal bread, yoghurt, curds, cottage cheese, some vegetables, fruit juices, vitamin C tablets, nuts and raisins, dried fruits, musli, müslibars, rice biscuits, brown sugar and vegetable stock.

Main questions

- How can I lose weight? Here the dietician worked out with the participants a certain kind of diet-plan.
- What can I eat for breakfast when my stomach is un-well because of having drunk so much alcohol the night before?
- What about the relationship between using hormones and putting on weight? (Nearly all the participants were transsexuals)

- What do you think about pharmaceuticals diet-pills?
- How can certain models survive eating only a bit of salad?
- What about anorexia?
- What do I need daily to do to keep my body well-balanced?
- What's about cholesterol? What can I eat, what should I not eat?
- What are the effects of honey?
- What can I eat or drink to purify my stomach, liver and blood?
- Which kind of uppers is good and available in Germany?
- A woman with a new-born baby asked about the right nutrition for her and her baby.

Evaluation

The participants were quite interested and got a lot of information that is easily practised. Of course they could take everything with them afterwards and we tasted lots of things during the session. But next time we will prepare more food in a well presented way, so that it becomes more attractive to try it at home.

Miss Schweyer observed that it would be important for the participants to know more about possibilities of substitution by vitamins and other things, because they live a life that demands a lot from their bodies.

FOR THAIS

In the first stage of our work, we only visited Thai women working in clubs in the area of Große Freiheit. We talked to them and gave information as already mentioned in the part about streetwork. Because of their questions concerning lubricants, cosmetics and skin-problems, AIDS & STD, we offered them workshops covering those themes.

In the area of the Thai work, TAMPEP worked very closely with *Amnesty for Women*, where their Thai worker had established courses for Thai women (Alphabetization, English, and German), a meeting point and a centre for counselling. Those courses were attended by sex-workers, former sex workers (a lot of Thai women come to Germany, work in prostitution and get married later on, quitting the job) and women that did not work in prostitution at all.

Because we ran all our workshops at KaffeeKlappe, near the living and working area of the women, we wanted to do the same for the Thai. 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 of the trust they had in the Amnesty-worker and maybe because it is very impolite for Thai people to say 'no', they came. But it was remarkable to see that, in reality, they had lots of questions to ask the specialists leading the workshops, were pleased to get all the information they needed and finally, had fun at the same time.

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-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 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.

At that point, we decided to intensify the apartment work and to offer three health-information lessons during an already existing alphabetization-course at AfW, where most of the participants were sex-workers.

SELF-DEFENSE

December, 1993

For: Thai, Latin Americans and Polish

At: Amnesty for Women

With: Ilona Ivey

The idea 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.

Ilona Ivey, an American woman, is a professional self-defence trainer. The work-shop was given in English, with translation into Thai, Portuguese and German.

The workshop was given for those women working in clubs and bars at the Reeperbahn. It was given in one afternoon, during four hours, in a place nearby their working-place. It was done in one big room where they had a lot of space to carry out the exercises. None of them dressed in anything special or even took off their shoes, because that is how one lives in normal situations. That was the whole point of this workshop: to be able to create self-defence in everyday surroundings.

We started with the preparations two weeks before. During our regular streetwork, we announced the workshop by distributing leaflets with the date, the place and its purposes.

This workshop was attended by 10 women: Thais, Brazilians, Polish and Germans.

Programme

- The 10 points where to hit the body of a frontal attacker: temples, neck, belly, hollow of the knees, genitals, forehead, and top of the head. (see following drawing)
- The 5 vital points at the head: between the eyes (where the nose begins), upper lip, chin, and larynx, top of the head. (see following drawing)
- How to get loose if somebody grabs you.
- How to protect yourself if somebody attacks you from behind.
- How to use, for instance, an umbrella as a self-defence weapon.
- Ideas how to continue the training by yourself: with a door, for instance, or with a

partner.

- How to train and strengthen your leg-muscles even if only standing somewhere waiting for a bus.
- After each new demonstration, there was time for practising and answering questions: what to do if someone wants to throw you out from somewhere; if someone lifts you up; if someone attacks you with a weapon.
- The empowering of the participants was done the whole time through, by repeating that the important thing is for the women to see their own abilities and possibilities, and not to watch so much the attackers big hands, height and weight.

Evaluation

For the foreign women's self-esteem, it was a pleasure to see that the trainer herself was a migrant black woman and it was the German women who, this time, needed an interpreter.

Ms. Ivey directed the workshop in a very direct, clear and practical way. She made it very clear for the participants that they were there to learn something for themselves, for their security and well being during their work.

This workshop was very good to strengthen women to be more self assured in negotiating with men in everyway, because the physical fear of men is a main obstacle for them, when fulfilling their needs and wishes.

For the Thai participants this workshop seemed a bit strange, because of their cultural background: they were not used to make use of their physical strength.

COSMETIC AND SKIN PROBLEMS

February, 1994

For: Thai and Latin Americans

At: KaffeeKlappe

With: Deborah Hundegger

Skin problems are usually a sign of stress, an allergy or bad nutrition, and this is, in most of the cases, problems that happen to women who work as sex-workers. Their working hours are long, they have all the stress of competition, social and financial worries, sometimes illegality, lack of communication with the "outside" world by not speaking the language of the country, allergies through the excessive use of make-up, little sleep, the need to drink alcohol every night and to stay in a very smoky atmosphere for many hours (for those working in bars), wrong nutrition, use of self-prescribed medicines and sometimes, use of drugs.

Apart from those problems, those women want and have to be attractive, want to know how to get rid and to hide those problems (they often appear as pimples, spots and blotches), and finally, want to know what causes these problems.

The aim of this workshop was to teach them tricks for everyday, give them tips how to correct the abnormalities, not only the ones related to skin problems, but also those related to their natural beauty and looks.

We announced the workshop two weeks before, by distributing pamphlets with the date, hour and location. It was directed at women working in bars and clubs of the Große

Freiheit/Reeperbahn, for both Latin Americans and Thai women.

As Mrs. Hundegger, a beautician, a Philippine woman, the workshop was done in English, but there were interpreters for Thai, Portuguese and Spanish.

There were 12 Thai women, most of them sex workers or former sex workers, and one transsexual from the Dominican Republic. The proposal was that they should all bring their own make-up materials, so that one would do the make-up for the other, while Mrs. Hundegger would answer questions, give tips and teach the different methods, according to each case. But as they forgot them, she did demonstrations.

Programme

- Mrs. Hundegger did three practical make-up demonstrations on three of the women present: one for the day, one for the night and one for shows.
- While doing it, she explained and gave several tips for each different case, for each type of face, skin, facial structure, hair, etc.
- She also gave tips about the best colours each one should use according to each type of personality, dress-sense and jewellery.
- She also spoke about self-respect: the fact that by feeling well, one would radiate this to others; that one should never try to hide their physical defects as this only draws attention.

Evaluation

Apparently, as Mrs. Hundegger had once worked as a model, she understood very well the reality of their lives and problems and according to that, tried to pass on a very positive way of looking into the different facts.

The women were all very interested and had lots of questions, like: what to do about dry skin, the use of silicon (not only the transsexual, but also the Thai women, who often use silicon to correct nose and chin), about dressing and colours in general.

CONDOMS AND LUBRICANTS

February, 1994

For: Thais

At: KaffeeKlappe

With: Silke German and Dagmar Zeitner (*Zentrale Beratungsstelle*)

Although all the women working as sex-workers with whom we had contact with, told us that they only work with condoms, we know it is not quite like that. Some of the reasons for that are: the big competition between them, the need of earning money quickly (mainly transsexuals), sometimes they are forced by their pimps to work without condoms (mainly the polish sex-workers), and finally, because of pure ignorance, mainly in the case of oral sex.

The most important point at this workshop was its practical side. All the different sorts of condoms were put on the table, where the women could see and touch them, feel the differences between them. Because of that, of this relaxed and open atmosphere, the whole workshop was lots of fun.

This workshop was aimed to give women the opportunity of getting to know the importance of the use of condoms in their work, as a way of protecting themselves from all kind of illnesses and pregnancies.

Apart from that, to get them to know the different products available on the market, the differences between them and the right way to put them on and take them off. One of the important aim's of that workshop was also to show them ways to use condoms while working, without the clients' knowledge, speaking about ways and tips to convince the clients of the importance of using them.

Also about the proper use of lubricants, which are the right ones to use, which ones are available in Hamburgs' chemists, as well as about internal and personal hygiene. Another important point at this workshop was to speak about the reasons and dangerous of too much washing and cleaning.

As usual, during the workshop, we distributed the leaflet corresponding to this theme, apart from the main information about the proper use of condoms. There was a list of the best ones of each kind, where they could find them in Hamburg and their prices. Several types of condoms were distributed. Different lubricants and personal hygiene products were shown and tested by them.

Programme

- By unpacking them in the right way and showing the difference between the one with and without lubricant, explain why and which condoms were more appropriate for each type of sex.
- With the help of an artificial penis, there were practical demonstrations about the correct use of condoms.
- Make practical demonstration about how to put a condom on with the mouth, without the client noticing it.
- By experimenting on the different lubricants, to see which one is the best, i.e., which one keeps humid longer.
- Show the different personal hygiene products, emphasising the neutral products in case of allergies; how to do a vaginal/internal washing.

Evaluation

As the workshop was done in a very natural way, the women were able to speak and ask their questions in an open, direct and natural way.

They were very interested in the information concerning the dangers of not using condoms during oral sex, and about the ways of putting them on, without the client noticing it. Most of them did not know about the existence of special condoms for oral sex, i.e., the thinner ones, without lubricant.

The women participating were all from Thailand. There was, as usual, an interpreter present, Mrs. Pat Mix, a Thai woman they had already known from our regular streetwork. Mrs. Mix is a member of Amnesty for Women, responsible for the work with Thai women, sex-workers and non-sex-workers. The important thing was that since this workshop Mrs. Mix began to have a much more open way in relating to sex-workers and their problems.

We could, at this point, take the conclusion that one of TAMPEP's aims could be to educate

new health-trainers for different organizations or to give advice to already existing streetworkers.

STD

March, 1994

For: Thais

At: KaffeeKlappe

With: Dr. Helga Neugebauer (Strichpunkt)

This workshop was to clear up any doubts of women working as sex-workers in relation to the most communal Sexual Transmitted Diseases/STD.

It was given by a German woman, a practicing doctor and the main co-ordinator of an organization called *Strichpunkt*, for professional and drug-dependent sex-workers. This organization had already existed for a few years, in a part of Hamburg called St. Georg, the towns' drug-scene, where most of the female prostitution is done because of drug dependence.

There were four Thai women sex-workers present, plus an interpreter.

This workshop was all based on the French graphic material of Migration-Santé. With the drawings they were able to form stories that explained the development of the different illnesses. The positive side of this way of working is that it gives the possibility for women to participate directly in the event.

The drawings were all the time on the table in a way that the women could see and handle them every time they had any questions.

Programme

- Speak and explain about the causes and symptoms of the most common STDs and infections.
- Explain, with the help of the drawings, about menstruation and contraception methods.

Main questions

- Even if you only have sexual contact with one man, why and how can you get fungus?
- What are the causes for sterility?
- How is it possible to recognize a normal and an abnormal vaginal flow?
- About internal hygiene: it is not healthy to wash yourself so frequently with those chemical products. It is better, after each time, to wash yourself just with water and only once a day, to use a neutral soap.
- The little towels used for washing have the risk of spreading infection, but most of the women do hand-washing. The best thing would be a manual shower.
- About menstruation: it is not a sign of being ill the fact that menstruation comes only for one day, as two of the women told this happens to them.
- About fungus and parasites: explanation about the symptoms and the importance of different kinds of medical treatments, regarding each type of infection. To emphasize that one should never stop any medical treatment by themselves or before asking a

doctor, mainly regarding antibiotics.

- The illnesses they knew most: gonorrhoea and herpes.
- The ones they asked about: syphilis, trichomonas, Chlamydia and warts.

Evaluation

One lesson is too little, for such a big and diversify subject as STD. There should be at least, two to three, to be able to get through all the different diseases.

It is important and most useful to begin such a workshop by explaining first the functions of a normal and healthy body. The doubts and questions will appear through the comparisons with the problems occurring during their work, previous life or stories told by friends.

During all the time, the women were very interested and participated a lot, not only by asking different questions, but also by telling stories and experiences they had had during their work as prostitutes.

We again, distributed the leaflets corresponding to this workshop, plus condoms.

AIDS

March, 1994

For: Thais

At: KaffeeKlappe

With: Dr. Udom Kwaittiwich

This was the first workshop done specially about AIDS, but it ended as a general health information meeting. Apart from the HIV virus, there were questions about STD and pregnancy, as there was a pregnant woman present.

Dr. Kwaittiwich is a Thai doctor, working temporarily in Germany. Thus was of great benefit for the 10 women present, all of them Thai, because they could have their questions answered in their own language.

First, he explained roughly about AIDS: the ways one can get infected by the HIV virus, what precautions one has to take to prevent it, what happens if one gets infected. At the same time, while explaining, he allowed the women to ask questions not only about AIDS but also about other health problems.

The women felt all very sure of themselves for they could get information in their own cultural manner. No problems arose because the doctor was a man.

Main questions

- How can we know if we have AIDS?
- What are the symptoms?
- What is HIV?
- What is the difference between AIDS and syphilis?
- Can one get AIDS through the saliva?
- Which is the most dangerous way of transmitting AIDS?

- Is there any treatment for AIDS?
- Why are the AIDS patients not isolated from other people?
- Are there possibilities of a baby getting AIDS from their mothers during pregnancy?
- Can a blood test really tell us if someone has AIDS or not?
- How long does it take for one to know the result after doing a blood test?
- What is the difference between syphilis and gonorrhoea?
- What is an allergy and how can it be cured?
- Is it dangerous to have more vaginal flow than normal?
- After having an abortion, is it more likely for one to get infected?
- What is better, a caesarean or a normal birth?
- How often should one go to a gynaecologist?
- What is hepatitis B?
- What is the difference between AIDS and hepatitis B?
- Are there more risks for a sex-worker to get hepatitis B?
- What is rheumatism and how can it be cured?

Evaluation

This workshop was meant just for those women working in bars and clubs, Dr. Kwattiwich himself, proposed doing this kind of informative work also for those working in apartments and/or other bars and clubs. This would mean, going to their working place.

Unfortunately, we did not have enough time to do that for other Thai women, but we accepted the idea and realised it later on, with very positive results, with the Latin American women working in apartments.

HEALTH INFORMATION COURSE

May and June, 1994

For: Thais

At: Amnesty for Women

With: a TAMPEP's worker

Thai women who work in Germany in prostitution often have a low education level, this means for TAMPEP that they often know very little about the functions of the body. Because of this and because of our experience in the STD workshop for Thai women we came to the conclusion that it would be better to begin with information about the normal healthy body before beginning to talk about illnesses. So we decided to give information-lessons, one hour every two weeks, in a course that had already been running at Amnesty for Women. In this course, Thai women learnt to read and write the Latin-writing, and there were six women that did sex-work.

Another reason for this decision was that we had already experienced that it would not have been possible to form a regular group for this. One reason is that the Thai women we know do not want to be seen as sex workers; do not want to speak with people from outside

about it. An often heard sentence was: "What have I to know about AIDS? I have sex only with my boyfriend."

There were also women that did not work in prostitution, but that knew from others that we gave health information, without mentioning the job. Nevertheless, during the course, the questions referred always more and more to this subject. It was good that a person from outside the milieu, a TAMPEP member, gave these lessons in the presence of the regular Thai teacher, because the TAMPEP worker being a person from outside, seemed to the women to be very special and reliable what concerns health issues, more so than their regular teacher.

1st lesson: Menstruation and Pregnancy

Because the women were in a German course, we asked them to make two groups and each one should draw a human body, one man and one woman. They had also to prepare small cards with the names of the parts of the body. Then we read them together once, always touching the mentioned part of one owns' body. This caused a relaxed atmosphere, with a lot of laughter about the drawings, about the names of the sex-organs, sometimes about how the words sounded. After this, the TAMPEP member told the students that she was not only a German teacher but also a health-educator. She put materials from *Migration-Santé* on the table (see annex), and the students seemed very interested. They knew immediately that the theme of the lesson would be about menstruation. The teacher asked what they already knew about it. The answers were:

- It has to do with hormones.
- I always get angry before I get it, my husband already knows.
- It hurts.
- I have a terrible pain sometimes.
- I have it only for one day.

The health-trainer explained that nearly every woman gets it, normally at the age of 13, that there are also women that get it at 11 or 18, that all this is quite normal, and that it ends at around 45-50 years. All compared when they got their first menstruation. The next question was: For what does the menstruation serve apart from hurting? Answers:

- I do not know.
- No idea.
- It is old blood that has to leave the body.

The health-trainer explained that it means that every month the female body gets prepared for a baby and explained step by step with the materials the menstruation cycle. The women were very interested to know, which days are fertile. The Thai teacher explained it on the blackboard in a Thai manner.

2nd lesson: Contraception

This lesson was given by the same health-trainer and the Thai teacher. First they answered questions from one woman who was afraid of being pregnant. She asked when the doctor could prove it, when she could use a test from the pharmacy. She told that, she had used the

pill as contraception but that she had stopped it two months ago.

The health trainer showed the pill and the drawings of a spiral from *Migration-Santé* (see annex). All women knew the pill. For the spiral they had some questions about how it works. One woman told her experience. The trainer showed a diaphragm. None of the women or the Thai teacher had seen it before, so she explained it. They also talked about the fact that during menstruation the diaphragm can hold blood for a short time, e.g. during sexual intercourse. The trainer showed the other possibility - a sponge - and explained the trick to put a piece of dental floss around it to get it out easier, but she made very clear that this is not a contraceptive method. Some women used the sponge, but for some it was new. They use to wash themselves well before every client, during menstruation, so that he does not notice anything.

Then the trainer put lots of different types of condoms on the table and a wooden dildo. All the women laugh. She explained that a condom avoids pregnancy but also a lot of illnesses. She said that of course she knew that the women knew how to put on a condom, but that she wanted to quickly repeat the important points: first to have a quick look at the expiry date, especially condoms from automats, to be careful with the nails while opening, not to open it with the teeth, to keep the reservoir between the fingers so that the air goes out and to roll it onto the dildo. She explained it while the women were doing it. The last point was how to take a condom off correctly.

In difference to the condom-workshop with *Zentrale Beratungsstelle* and the workshop in the clubs, most of the women really knew all of this. There was only one or two that were more insecure. Then a conversation arose about situations where condoms broke. Finally, the trainer explained the different types of condoms, thinner and thicker ones, with lubricants and without. The next point was lubricants. Some women used baby-oil, so the trainer told why they should not do that, but should use water based lubricants. She had examples with her, so that the women could test them on their fingers. Nearly all of them wanted to buy them and only two of them already knew KY jelly. Also at this point it was important to mention that lubricants are not contraceptives. At least one woman asked what was good for washing herself. The trainer suggested a ph-neutral washing-lotion that can be used for the vagina, but also for the whole body. She explained that this kind of lotion has the advantage over internal-lotions, in that it does not cause allergies like the other ones so easily. At the end she distributed condoms and leaflets with information about them.

3rd lesson: AIDS

This lesson was given by the same person as the other ones. At the beginning, most of the participants said that they knew already everything about AIDS and that they did not need anymore information about it. The health trainee suggested then, to repeat very quickly, the important items. One of the participants numbered out the ways of transmitting, and soon other questions arose: "Can I get AIDS from the sweat of somebody?", "What about kissing?" and others. The trainee therefore decided to work with two posters from the already mentioned organisation *Migration-Santé*. On one of them there was, very clear and easily understandable, pictures of situations in which one can not get infected, like drinking of someone's cup, using the same toilet, etc. On the other, there were pictures of the different ways of infection. By the questions the participants had, one could see that there were great differences in the level of knowledge between them. The next step was to talk about the fact that one cannot recognize a HIV infected person, despite of her/him be able to transmit it, as well as about the difference between HIV and AIDS. The next point in this lesson was about the test: the advantages and/or difficulties of doing it. The last point was a

summary of what safer sex is and what unsafe sex is. There was a long talk about anal sex, because the group was mixed between women and transsexuals.

The participants said that this lesson brought them much information, but that the problem was that the clients often refuse to use a condom. The trainee and the teacher tried to encourage the participants to make the client use condoms, by playing with him or by saying very clearly: no sex without condom. If both were not possible, the solution would be to trick him. The participants also claimed about the fact that doing anal sex, they had no possibility of controlling the client. To know if he does not take the condom off in the last minute or if he comes out correctly. The whole group thought about possibilities how to control this.

At the end, the participants got the TAMPEP leaflets about AIDS & hepatitis B and the one about condoms & lubricants.

Evaluation

We reached about 25 female and transsexual sex workers. Not everybody attended every workshop, but there were about seven students that got all the information. After every workshop, there was a break of about 15 minutes, before the continuation of the normal German lessons. During these breaks, the participants talked a lot about the topics mentioned in the workshop. After this lesson about AIDS, they even continued to talk about it with the teacher. We know that none of them uses oil-based lubricants anymore. We also noticed that the condom box at *Amnesty for Women* was always quickly emptied. Many of them bought the proposed washing lotions instead of intimate lotions. This all means that they accepted the proposals of the TAMPEP trainee and the Thai teacher. We know that they also passed the information to their colleagues, as the rate of participation in the German course increased. Probably, they got more secure about the possibility of speaking in front of others and with the Thai teacher about the themes that concern themselves and their work. When we asked them, during the AIDS lesson, if they talked with others about how to convince a client to use a condom, about the reasons of using it, or about why a condom can break, the answer was always "no".

TAMPEP enlarged the possibilities inside *Amnesty for Women* to talk also about practical sex-working relevant issues.

This experience showed us that it was a good method to make health prevention in a more general way, not directing it immediately to sex-working. We started all three workshops that way. By the end of each one, we could then talk much more openly about clients and the different sexual practices. Otherwise, it is quite difficult to reach them, because they do not consider themselves as prostitutes but as dancers, although they practice sex-work too.

One of the most important effects was that, through this workshop and her participation on TAMPEP's work in general, the Thai teacher herself learned to talk much more openly about sex-working. Now, she informs every new student, when knowing that she works in prostitution, about the condoms available in Germany, about lubricants and about the local health organisation. She distributes TAMPEP's materials and those from Thailand. She turned up to be a multiplier inside AfW itself.

4

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 needed to know what the possibilities of the different organizations in Hamburg were working with migrants and/or prostitutes' collaborating with us. 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 Hamburgs' organizations working in the prostitution-health care area, to exchange experiences and information.

One more important point was to get information about the situation of transsexuals and transvestites, their way of life and problems from a social and cultural perspective, as we realized that our work in Hamburg would have to deal with 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 people's cultural horizons.

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

AMNESTY FOR WOMEN

Louise-Schröder-Str. 31
22767 Hamburg / Germany
Tel: 040/ 38 4753
Fax: 040/ 38 5758

ZENTRALE BERATUNGSSTELLE

One of the municipal health care services, part of the Health Department of Hamburg. It is directed especially for female, transsexuals and male sex workers. That was the place which we recommended to all who wanted any medical help, AIDS or other STD tests. The services offered by this organisation are free of charge and anonymous. The *Zentrale Beratungsstelle* had been already aware of the situation of migrant prostitutes, as they have several interpreters as cultural mediators and have now a Brazilian gynaecologist. Their contacts with women are also done through streetwork.

Zentrale Beratungsstelle für Sexuell Übertragbare Krankheiten

Max-Brauer-Allee 152
22765 Hamburg / Germany
Tel: 040/ 3807 2194
Fax: 040/ 3807 644

STRICHPUNKT

Another public health care service for sex workers in Hamburg, mostly for those who are drug users. Their coordinator, Dr. Helga Neugebauer, was very interested about TAMPEP, in its' methodology and in its searching for new ways of giving information about AIDS and STD.

StrichPunkt

Brennerstr. 81
20099 Hamburg / Germany
Tel: 040/ 2488 4177

KAFFEEKLAPPE

A meeting and counselling point for prostitutes, financed by the church, the Diakonisches Werk. As it is very near the prostitution area we were working with - the Große Freiheit - we were able to use their rooms for many of our activities.

KaffeeKlappe

Seilerstr. 34
20359 Hamburg / Germany
Tel: 040/ 31 6495

BERATUNGSSTELLE FÜR TRANSSEXUELLE

The first official counselling organization for transsexuals in Germany. It is financed by the Hamburg Health Department and began their work in Januaray 1994. From that time on we have had some information exchange.

Beratungsstelle für Transsexuelle

Spaldingstr. 1B
20097 Hamburg / Germany
Tel: 040/ 23 1771

HWG

A self organized sex workers' group. Like all organizations, HWG also claimed about the lack of good and effective information material for migrant prostitutes.

HWG

Karlsruher Str. 5
60329 Frankfurt a.M. / Germany
Tel: 069/ 25 2742
Fax: 069/ 25 0331

Other organisations

GERMANY**AGISRA**

Kasseler Str. 1A
60486 Frankfurt
Tel: 069/ 77 77 55
Fax: 069/ 77 77 57
- Organization against trafficking of women

DEUTSCHE AIDS HILFE

Postfach 610 149
10921 Berlin
Tel: 030/ 690 0870
Fax: 030/ 690 08742

THE NETHERLANDS**SOA STICHTING**

Postbus 9074
3506 GB Utrecht

FRANCE**Migration Santé**

23, rue du Louvre
75001 Paris
Tel: 4233 2474
Fax: 4233 2973

UNITED KINGDOM

TALK
P.O. Box 49
AL1 4AX St. Albans
Tel: 0727/ 85 3869
Fax: 0727/ 84 6852

AUSTRALIA

SQWISI
P.O.Box 5689
West End
Queensland 4101
- Organization for health prevention among sex-workers

SWOP
P.O.Box 1453
Darlinghurst NSW 2010
Tel: 02/ 212 2600
Fax: 02/ 212 3978
- Sex-workers outreach project

Streetwize Comics Production
3 Queen St.
Glebe 2037
Tel: 02/ 552 3499

THAILAND

EMPOWER
9/12 Soi Pipat
Silom Road
P.O.Box 1065
Bangkok 10504
- Organization for sex-workers

Khun Rangsim Limpisawas
Foundation for Women
P.O.Box 47
Bangkoknoi
Bangkok 10700

PHILIPPINES

GABRIELA

35, Scout Delgado St.
Quezon City
P.O.Box 4386
Manila 2800

Kanlungan Centre Foundation

77 K, 10th cor. K-J St.
Kamias
Quezon City

Third World Movement against Exploitation of Women

Good Shepard Convent
41 Rajah Matanda, Project 4
Quezon City
Manila 1109

Commission on Filipino Overseas

2nd Floor, FEMS Tower
1289 Zobel Roxas Ave.
1004 Manila

BRAZIL

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 cities in Brazil. They do general prevention work through information materials, newspaper and streetwork.

GAPA/RJ

Rua Conde de Bonfim, 377/sala 04
20520-051 Rio de Janeiro/RJ
Tel. & Fax: 021/ 571 4141

GEMPAC/Grupo de Mulheres Prostitutas da Área Central (*Group of the Prostitute Women of the Central Area*), in Belém, the capital of the State of Pará, the most important prostitutes' organization in Brazil. It was founded and is coordinated by Maria de Lourdes Barreto, an ex-prostitute. They do AIDS/STD prevention and give information about the working and living conditions in Europe.

GEMPAC

Rua São Pedro
Jardim da Liberdade, quadra 05, casa 5
Bairro do Benguí
66000 Belém / PA
Tel: 091/ 222 5706 & 224 4472

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

APES

Rua Curitiba, 773
49065-250 Aracajú / SE
Tel: 079/ 221 1808

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 and are a prostitutes' rights movement.

APROCE

Rua Jovita Feitosa, 492
60455-411 Fortaleza / CE
Tel: 085/ 243 7118

AGP/Associação Gaúcha de Prostitutas (*Prostitute's Association 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 health prevention work and prostitutes' rights.

AGP

Rua Luiz Afonso, 234
Cidade Baixa
90050-310 Porto Alegre / RS

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, working on women's rights and the denunciation of all types of violence against women.

Coletivo Mulher Vida

Travessa João Alfredo, 33
Carmo
53020-461 Olinda / PE
Tel. & Fax: 081/ 439 1848

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, a sociologist, ex-prostitute. As a true representative of sex-workers in the Brazilian social and political situation 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.

DAVIDA

Rua Santos Rodrigues, 103
Estácio
20250-430 Rio de Janeiro / RJ
Tel: 021/ 273 4624

Damas do Rio/Associação das Damas da Vida do Rio de Janeiro (*Ladies of Life's Association of Rio de Janeiro*), an independent prostitutes' organization coordinated by a sex-worker.

Damas do Rio

See DAVIDA

APERJ/Associação das Prostitutas do Estado do Rio de Janeiro (*Prostitutes's Association of Rio de Janeiro*), is restricted to the oldest and poorest red-light area in the city centre. It is coordinated by an ex-prostitute.

APERJ

Rua Miguel de Frias, 71B
Estácio
20211-190 Rio de Janeiro / RJ

Tel: 021/ 502 1894

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-work, they have an important project called Health and Prostitution, through which they do a big amount of AIDS prevention streetwork in various places of the city. They also support a project for Aids prevention among transsexuals called Astral.

ISER

Ladeira da Glória, 98
22211-120 Rio de Janeiro / RJ
Tel: 021/ 265 5747
Fax: 021/ 205 4796

Projeto PEGAÇÃO/NOSS, an 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.

NOSS

Rua Visconde de Pirajá, 127/201
Ipanema
22410-001 Rio de Janeiro / RJ
Tel. & Fax: 021/ 227 5944

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.

ABIA

Rua Sete de Setembro, 48/12o andar
20050-000 Rio de Janeiro / RJ
Tel: 021/ 224 1654
Fax: 021/ 224 3114

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

Grupo pela Vidda

See 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.

Disque AIDS Mulher

Av. Brigadeiro Trompowsky, s/no
Hospital Universitário Clementino Fraga Filho
Cidade Universitária / Ilha do Fundão
21941-590 Rio de Janeiro / RJ
Tel: 021/ 290 5544 & 280 5810

CEMINA/Centro de Projetos da Mulher (*Centre for Women's Projects*), a NGO

concerned with women rights, social and political problems.

CEMINA

Rua Barão do Flamengo, 22/804

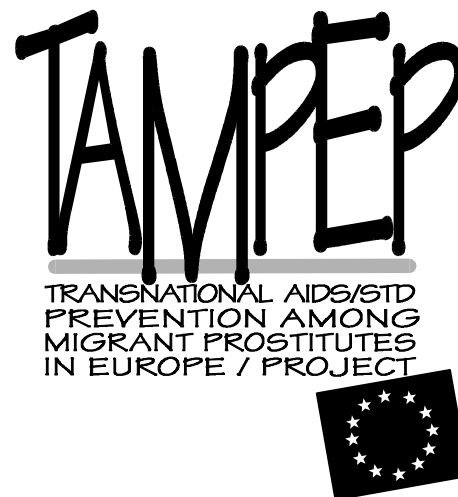
22210-080 Rio de Janeiro / RJ

Tel: 021/ 286 6829

Fax: 021/ 556 3383

Materials used

- Cartoon Safe Sex; SOA Stichting; Utrecht 1990 / The Netherlands
- Cassete Safe Sex; SOA Stichting; Amsterdam 1990 / The Netherlands
- Information Sexuelle / Contraception; Migrations Santé; Paris 1990 / France
- Maladies Sexuellement Transmissibles; Migrations Santé; Paris 1990 / France
- SIDA; Migrations Santé; Paris 1990 / France
- Thai Comic; A Streetwise Comic Production; Glebe 1992 / Australia
- Talc: Teaching-AIDS at Low Cost; St. Albans / United Kingdom
- Chez moi: toujours avec... Aide Suisse Contre le SIDA, 1989 / Switzerland
- Fala, mulher da vida; ISER, Rio de Janeiro 1990 / Brazil



ITALY

TAMPEP 1

MANUAL

September 1993 – August 1994

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Pordenone, August 1994
Pia Covre, Carla Corso

1

Introduction

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, per force, 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: 72% of AIDS diagnoses in Europe were reported in three Mediterranean countries (France, Spain and Italy).

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*, an organisation founded and run by active sex workers, was selected to be the TAMPEP project partner within Italy.

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.

Legal discrimination and social stigmatization have limited the access of prostitutes to care services with obviously negative consequences on their personal health status and their work related condition.

The diffuse prejudice which would indicate sex workers as the primary cause of sexually transmitted diseases and epidemics has been the pretext with which social and legal controls have been imposed on this category and those suspected of engaging in prostitution. Today, this pretext is being used with increasing frequency as a means of tightening controls against women and men immigrating illegally from developing countries; the health status of the collective is considered a justifiable pretext for expelling migrants in search of an improved quality of life.

The HIV/AIDS epidemic has reinforced ancient prejudices, despite a number of research projects conducted in various Western countries which indicate that sex work is not, in itself, risk behaviour. In fact, professional sex workers, with a valid work ethic and not conditioned by exploitation or coercion, have been among the most adamant proponents of condom use and can be instrumental in illustrating safer sexual practices and HIV prevention techniques to their clients.

Sex workers cannot be held responsible for the general health conditions prevalent in any given society. All sexually active members of a community must be held to be responsible for their health and that of their partners. It is true, however, that many clients have utilised their economic power in attempts to coerce sex workers into unsafe sexual practices. In particular those more vulnerable to financial enticements or subject to blackmail, such as migrant prostitutes, have been the most frequent targets of such irresponsible attempts to impact negatively on the negotiation strategies of sex workers.

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

Methodology

Although a common methodology had been established as a common denominator between the TAMPEP partners operating within the single Member States, in the Italian context it was possible to apply this methodology only to the activities implemented in Torino. Thus, although various Italian cities were involved in the TAMPEP project, only in Torino was it possible to conduct an evaluation and an analysis in line with the established methodological construct.

In synthesis, it can be said that the primary difficulty in applying the full methodological principles is related to the working condition of the migrant sex workers who represented the designated TAMPEP target group. In as much as the majority of immigrant prostitutes in Italy occupy the lowest rung of the sex work industry, they are mostly to be found working on the street. Frequently the migrant prostitutes do not work in the same city in which they reside and, in any case, they represent an extremely mobile population. These factors made contact, especially follow-up contact, much more difficult within Italy than in Germany or The Netherlands.

In Torino, it was possible to conduct in-depth interviews with only 24 sex workers, all of Nigerian origin. These interviews, whose purpose was the collection of information on living and working conditions, were conducted prior to activating specific TAMPEP services and were very useful in adapting the services to the needs of the target group.

It was possible to conduct follow-up interviews with only 10 of the 24 Nigerian sex workers. This second cycle of interviews was administered eight months after the initial round. During this period, the women had actively participated in the training sessions promoted through TAMPEP. The purpose of the follow-up was to monitor change in sexual behaviour, working conditions and the degree to which the women felt empowered to negotiate safer sex with their clients.

In the other Italian cities which were included in the sphere of action of TAMPEP, it was possible to collect data and information on Latin American and Eastern European sex workers through interviews and contacts with individuals active within the sex work industry and professional socio-sanitary personnel. During the activities promoted by TAMPEP, contact was made with at least 500 women. Of these, several were contacted only once while in 30% of the cases it was possible to make contact three or more times.

During the distribution of condoms and brochures with health information written in their native languages, TAMPEP workers were able to disseminate information on the health services which had been analysed and met TAMPEP criteria for being user-friendly and accessible even to those sex workers without legal documents. Written materials including the addresses of these health centres were widely distributed.

5

Nigerian sex workers in Torino

Activities

An interesting preliminary to the outreach activities conducted in the field was the construction of a network of health and social services which could be accessed by migrant sex workers. This network served as a practical tool in as much as it facilitated referrals to appropriate agencies. The social stigma attached to prostitution and sex workers is often so strong that it precludes many of those active in the sex industry from discussing in-depth with medics those health concerns which might be even remotely linked to their activities as sex workers. In the case of migrant sex workers, this problem is compounded both by linguistic difficulties and the fears associated by a frequently illegal social status.

TAMPEP was able to contact 28 health services (including family planning clinics, HIV screening centres, STD clinics, etc.). Of these, 27 answered affirmatively to our requests for collaboration. 4 other health services were included in our referral list after TAMPEP activities had been initiated. Additionally, 30 social and legal services (NGOs, volunteer groups, etc.) were contacted and agreed to be involved for eventual referrals.

It should be underlined that the Nigerian sex workers invariably responded in a positive fashion upon learning that there was a possibility for them to access health care despite their often illegal status. TAMPEP workers are currently evaluating, in coordination with the health services, the impact of our activities on client intake.

In Torino, the drop-in centre and field station was activated as a "filter" for referrals to appropriate agencies providing specific answers to the needs which the sex workers presented. 40 women accessed the field station for reasons linked to specific health needs and were assisted through referrals during the first 7 months of activity. Of these forty,

- 24 requested access to abortion services and obtained this with the assistance of TAMPEP workers.

- 11 requested access to HIV-antibody screening.

- 6 requested care of vaginal infections.

- 4 reported generic illness and asked for care.

- 2 requested access to contraceptives (the pill) and were referred to the family planning clinic.

Other women requested referrals for social motives:

8 hoped to find a different sort of job.

6 hoped to find better housing.

5 requested legal assistance.

other were interested in the possibility of accessing Italian language courses; obtaining a driver's license; etc.

TAMPEP workers were assiduous in attempting to match up the requests with adequate referrals to appropriate agencies. It should also be underlined that TAMPEP workers were called 11 times to assist migrant sex workers admitted to various hospitals.

The responses of the health and social services were varied. Some were accessible and functional; others gave perfunctory responses of a low standard and quality. This negative impact was frequently due to a veiled discriminatory attitude on the part of nursing personnel.

It should be underlined that shortly after it began collaborating with TAMPEP, I.S.I. - 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 - decided to hire a cultural mediator to better serve its target population. This post was offered to one of the mediators working in the field station.

Consideration should be given to the fact that the Nigerian sex workers reported little contact with medical services. To the contrary, many reported relying on self-administered pharmaceutical treatments. Only two of the women interviewed had ever made contact with an Italian hospital for health care. All of the respondents reported using pain-killers and antibiotics (inappropriately it should be added). One of the women reported having filled a trunk full of pharmaceuticals on her departure from Nigeria and of having sold these on the black market in Italy.

Problems linked to maternity, contraception and abortion were those most highly regarded by the women interviewed. Several credence and beliefs accounted for a significant resistance to condom use: particularly wide-spread was the conviction that fertility levels were linked to continued contact with sperm and that sterility would ensue should this contact be interrupted for long periods. During the workshops, it became evident that the target group were scarcely informed regarding all contraceptive methods. Many of the women reported having made recourse to clandestine abortion practices at elevated costs and high danger to themselves. One of the services most requested of TAMPEP regarded the provision of information on possibilities for accessing appropriate abortion services. TAMPEP workers accompanied 24 women to abortion clinics during the months since the project was activated.

Most of the women reported working even during their menstrual period. Many also registered high fears linked to the possibility of becoming sterile as a result of sexually transmitted diseases and this fear was used in the strategies attempting to promote condom use. Among those women interviewed, the entire group with the exception of one individual reported an inability to consistently impose condom use among their clients. The women who reported having encountered little resistance to condom use among her clients had been in Italy only a six months and the cultural mediator who conducted the interview was under the impression that she had lied.

Materials

The materials analysed by the team, in conjunction with the sex workers, did not seem to meet the needs of the women for reasons linked to style and, especially, because they were inappropriate to the Italian context. It therefore became necessary to modify the existing materials or to produce new ones. In any case, all materials distributed were updated and Italian references were included (as well as the list of accessible health services).

The entire process of analysing the written materials and commenting on them led to an extremely participatory approach which stimulated the sex workers to explore various themes and satisfy existing curiosities, in particular regarding sexuality and AIDS.

It was interesting to note that the sex workers participating in the analysis of the materials continually attempted to identify those educational tools which would be most appropriate to their colleagues. One of their suggestions which particularly ignited enthusiasm regarded the possibility of staging a theatrical presentation on AIDS.

In as much as the audio-cassettes which mixed informational messages with music were judged with particular favour, it was decided to reproduce these in the three dominant languages of the target group (Bini, Ibo and Pidgin English).

6

South American sex workers in Milano

Social relations and networks

The possibilities for creating and maintaining non-work related relations for immigrant sex workers are extremely limited. Generally, immigrant sex workers tend to congregate with other men and women from similar professional and personal backgrounds (sex workers from the same ethnic and cultural background). In many cases, living conditions are of poor quality and habitations are characterized by squalid hygienic conditions and extremely high rents. It is frequent that sex workers will tend to seek living quarters in the same buildings or neighbourhoods as their colleagues of the same nationality. Unfortunately, very few words are necessary to describe the typical day of an immigrant sex worker: sleep as little as possible, visits to local markets where a disproportionate amount of money is spent on cheap junk, and many working hours, usually from the first hours of the afternoon to the end of the night.

Working conditions

The information obtained regards primarily those immigrant sex workers who are active in the street scene, although there were some references to those who frequent the night clubs and offer their services in that context.

Work areas are the "property" of a select number of pimps: Group A, who cede limited areas to a larger group of lower level pimps, Group B, who manages a distinct territory and a number of sex workers. The sex workers pay a median rent of 50.000 Italian lira a day for the possibility of using their apportioned sector of the sidewalk or street. This becomes 100.000 Italian lira if the sex worker intends to occupy the space both afternoon and evening. In general, female sex workers are forced to pay this fee even during those days in which she is menstruating as the pimps want to maximise on their earning potential.

The climatic conditions, for those immigrant sex workers used to tropical weather, are terrible. The pungent cold of Northern Italian evenings increases the prevalence of illness. The inability of the sex workers to access proper health care and a rudimentary understanding of medicine are factors which determine a frequent and continuous abuse of pharmaceuticals. In addition, many of the sex workers make recourse to strong alcoholic beverages in the hope of protecting themselves against the cold or the demands of their work.

While the number of immigrant sex workers who are not under the control of pimps is extremely low, there are some cases reported. These sex workers tend to present a fairly high level of personal emancipation with a discreet quality of life. Considerable amounts of money tend to be spent on status symbols, such as automobiles, furs, jewellery, and investments in real estate located in their countries of origin. These elements seem to reinforce the belief that by neutralising the mechanisms of exploitation which dominate the sex industry, it might be possible to raise the awareness levels of the sex workers and arrive at a more widespread participation in responsible decision-making regarding personal behaviour and choices.

Health, well-being and illness

The overview regarding these three aspects is relatively confusing. Our starting point must be necessarily the diverse value systems which inform any understanding of the perceptions which individuals from diverse cultural backgrounds attribute to the concepts of well-being, life (both length and quality and purpose), illness and death. A number of the situations described by our contacts seem to follow a similar itinerary: the departure from Brazil coincides with a departure from difficult socio-economic conditions. Frequently, episodes of extreme violence were reported as the motivation which led the Brazilian sex workers, in particular the transsexual “*viados*”, to leave their country of origin. Their arrival in Italy, on the other hand, coincides with a frequent introduction into the sex industry with the objective of earning sufficient capital to return to their country of origin, to provide for their family nucleus in Brazil and to obtain financial security. There is a frequent tendency, as well, to invest one's earnings into Brazilian real estate.

Well-being is frequently understood exclusively only in terms of economic well-being. When one's primary life goal - or the goal which tends to characterise a substantial period of one's life - is the obtainment of financial well-being, other values tend to pass automatically into a lesser scale of importance.

One's body, one's health and the safeguarding of physical integrity are often perceived as accessories and not as essential attributes useful in self-definition. Of course, such a vision has deep socio-cultural roots which determine a different relation with the concepts of illness and death. In practical terms, such a vision influences the capacity of the individual to perform an objective risk assessment which would increase the potential for behaviour change which could impact on the possibilities for acquisition of HIV/AIDS and other STDs.

More to the point, there seems to be little differentiation among the target group between HIV infection and other sexually transmitted diseases. It is also difficult to evaluate the prevalence of condom use and the capacities for effective negotiation. Previous experiences, confirmed by the cultural mediator, tend to highlight the responsibilities of clients in the utilisation of condoms; it should be stressed that clients tend to particularly resistant to negotiating condom use and are frequently engaged in economic bartering as a means of inducing the abandonment of safer sex negotiations.

There were numerous cases reported of immigrant sex workers who were aware of a positive status. Because of its high case load of people with HIV and AIDS and the relative disorganisation of the socio-sanitary services, a good deal of the issues related to the epidemic is evaded. Volunteer organisations and the private sector attempt to compensate for the lack of effective services, but are not always successful in meeting the needs of the population.

The majority of migrants who decide to ascertain their seropositive status have only one contact with the public health departments, which is precisely the contact necessary to take a blood sample and give a result. Very few hospitals or health departments offer adequate pre or post test counselling and none of these are really attentive to the need for contextualising the information and counselling in appropriate cultural terms. Obviously, this lack of services renders it even more difficult for those who receive a positive test result to analyse, accept and integrate this information into their daily lives and to translate their awareness into appropriate behaviour change. If in addition we add the linguistic difficulties, the limited knowledge of alternative health services, the bureaucratic obstacles imposed on those who are illegal residents and inadequate educational campaigns regarding the HIV/AIDS epidemic, and then it becomes possible to appreciate the complexity of the needs of immigrant sex workers who are HIV positive.

The immigrant sex workers who were contacted uniformly reported that a positive seropositive status did not constitute a fundamental factor motivating behaviour change or a modification of the individual's life style.

Because of the impossibility for illegal immigrants to access the national health system, the contact with public services generally tends to occur during advanced phases of illness. Immigrants tend to access therapy only in periods of acute opportunistic infections, when the hospitals are legally required to offer assistance regardless of the legal status of the patient.

Two factors tend to noticeably worsen this already dramatic situation:

The impossibility of accessing public hospital or care services unless one is in extremely serious conditions.

The fear linked to repatriation or legal retaliation blocks many clandestine immigrants from making use of any form of public assistance in as much as there is a wide-spread belief among immigrants that contact with such agencies necessarily implies contact with law enforcement officers (and consequent controls on the status of their visas, green cards, etc.).

The diffidence which immigrants express towards the majority of public institutions or services - seen as functional measures of control and repression - is often projected onto non-governmental organisations and public agencies which do not put into place any mechanisms whatsoever for controlling the legal status of those who access them.

Of course, the nature of work which characterises those involved in the sex industry makes the position of migrants in this area especially vulnerable. The pressure and blackmail to which migrant sex workers are subjected is significantly higher than that exercised on other illegal aliens.

Our contacts reported episodes of rape, sexual violence and sexual favours used as bribes for obtaining clemency. Other incidents, especially serious in terms of conducting campaigns for the prevention of HIV/AIDS and other STDs, involved law enforcement agents who - during routine controls - either sequestered or rendered ineffective condoms in possession of the sex workers. Such behaviour is to be condemned: it represents an implicitly negative judgement on the person in whose possession the condoms were found, it represents a moral judgement on the professional activity of the sex worker, and it represents a forceful disincentive to condom use as hygienic barrier between sex worker and client. Such interventions are simply obtuse and seem to imply that, where immigrant sex

workers are concerned, violence is the only means of communication which can be utilised with any effect.

In conclusion, our research into the living and working conditions of the Brazilian (and, in some respects, of most migrant) sex workers present in Milano has forced us to understand that HIV/AIDS prevention is simply not a major priority for the target group at hand. The extent of other problems linked to daily survival render it difficult for the sex workers in question to attribute the highest importance to public health concerns and, often, to their own health concerns. It was decided, nevertheless, to attempt at the very least an initial distribution of leaflets in various languages which addressed the issues related to HIV/AIDS, STDs and opportunities for accessing free and anonymous health controls.

Eastern European sex workers in Bologna and Verona

One of the objectives which TAMPEP had established as of primary importance in the Italian context was the necessity of raising awareness on the needs of migrant sex workers among representatives of public and private agencies dealing with HIV/AIDS and immigration generally. It was hoped that one concrete result of such an action would be the establishment of a network of institutional and nongovernmental agencies which would represent a base for further work in the area during successive phases of TAMPEP activities.

In this respect, Bologna was an ideal location to experiment with the possibilities of networking in as much as the city was already in the fortunate position of having a series of specific initiatives which targeted immigrants generally and women immigrants specifically. Additionally, the diffuse prevalence of HIV infection among various sectors of the population within the province of Bologna had given rise to a series of nongovernmental agencies which were responsible for prevention campaigns and support systems for those affected by the virus.

Bologna has traditionally been the centre of left-wing politics in Italy and the city municipality has, since the post-war period, been dominated by exponents of liberal social policies. Thus, it was possible for TAMPEP project leaders to find more access to both private and statutory services. One of the *Comitato's* allies, in fact, was a transsexual sex worker who had actually served as a municipal council member for a period.

As part of its remit to raise awareness on the needs of migrant sex workers, TAMPEP decided to focus on work with an organisation funded by the municipality of Bologna which dealt with situations of violence, *domestic and otherwise, and marginalisation involving women*. The agency, *Casa della Donna* (Women's House), was instrumental in helping TAMPEP project leaders access information regarding the situation of female migrants from ex-Yugoslavia.

The *Casa della Donna* deals primarily with situations of physical violence and its focus is on battered women. Their principal activities are offering psychological and legal support to women who want to press charges against their aggressors; hosting the women on the premises of their centre should they not have any opportunities for alternative housing.

The *Casa della Donna*, prior to their contact with TAMPEP, had no specific interventions targeted towards female sex workers.

Some prostitutes were referred to the *Casa della Donna* through the Caritas (an ecclesiastical organisation) in as much as this religious agency had no facilities for hosting them. Other referrals were made through law enforcement agencies subsequent to raids and controls when contact was made with sex workers who expressed a desire to free themselves from their exploiters. Infrequently, it is the sex workers themselves who approach the police offices accompanied by friends or sympathetic clients asking for assistance or because they have been physically beaten and/or are threatened with violence.

All the women referred are very young (some are legal minors). Some of these women accepted to come to Italy to practice prostitution, some were already engaged in this profession in their country of origin. The younger ones, however, were unaware of the implications of their departure for Italy. One fifteen year old recounted passing more than a month before understanding fully the dynamics in which she was involved: the young girl had been told to get in the car of prospective clients and to ask for 50.000 Italian lira; as soon as the client started putting his hands on her, the young girls would start to cry and would be discarded (although she reported that several clients were moved to pity her and decided to part with a few lira as a token of sympathy). Approximately 30% of the women referred, in particular those coming from the war zones, reported being sold by their families for an average price of 2.5 million Lira.

The men who control this sector of the sex industry are Slavs or Albanian who avail themselves of the complicity of Gypsy caravans. The women are introduced into Italy hidden in the trailers of such caravans and, until they are properly conditioned, are forced to live and sleep in isolation. Periodically, the women are subjected to extremes of violence: they are frequently kept chained within the trailers and freed only for their work shifts. They are repeatedly beaten and raped until the level of trauma neutralises any thought of possible freedom: the women concentrate the majority of their energy on enacting strategies which will limit the damage to which they are subjected; the possibility of freedom becomes itself a damaging thought which impacts on the maintenance of survival strategies.

Those few who do attempt to break away or obtain some greater measure of freedom are usually motivated by a pregnancy or a debilitated physical state which no longer permits them to work. Only very rarely do these women feel the security or confidence necessary to charge their exploiters with any legal measures.

After making contact with social workers, the women are generally subjected routine physical examinations to determine the extent of physical damage. If they accept, pregnant women are offered the possibility to abort; generally, however, these women are reluctant to take advantage of this possibility. Many of those referred thus far have reported that they were impregnated by their exploiter with whom they hope, paradoxically, to one day return home and to whom they would like to get married. Others have referred being impregnated by an Italian boyfriend/client who has promised to marry them (some such weddings have been reported).

None of the women tested for HIV antibodies had a positive result. More frequently, they report gynaecological problems, such as vaginitis, with minor long term implications. These results tend to confirm their self-reported consistent condom use. The women reported not using condoms only with their occasional boyfriends or with their exploiters (it is difficult to insist on condom use if you are being raped by a man intent on exhibiting control, domination and power).

The average educational level is low to average, although it should be underlined that none of the women contacted were completely illiterate.

These women were generally hosted by the *Casa della Donna* for relatively brief periods (30 to 40 days) until they are physically reconstituted. Subsequently, the women are accompanied to Zagreb by one of the social workers where they are then hosted by an analogous agency which is in charge with facilitating contact with the family and with assisting the woman throughout her pregnancy. Frequently, however, the *women do not stay for any prolonged period in the Croatian equivalent of the Casa della Donna*: many simply disappear without leaving any trace.

One impression which has circulated, in this regard, is that many of the women utilise these agencies as a means for freeing themselves from their exploiters and gaining re-entry into the country of origin. It seems that a number of these women then attempt to return to Italy to prostitute themselves free of any control from pimps (thus maximising their income). Others, return to Italy in an attempt to find some alternative form of improving their economic condition. Social workers report cases of Slav women who adamantly deny involvement in prostitution, but are betrayed by colleagues and friends encountered on the street. It may be presumed that those women who opt to stay in their country of origin after being repatriated will tend to attempt full integration into their communities and will hope to forget the traumatic experience to which they were subjected in Italy.

The sex workers in contact with the *Casa della Donna* obviously represented a minority of those actually present in the territory. In addition, the nature of their contact does not necessarily represent the general experience of migrant sex workers: in fact, the Eastern European women who went to the *Casa della Donna* did so because of specific needs linked to their unwillingness or inability to deal with the conditions in which they found themselves.

TAMPEP was able to come into contact with other Eastern European sex workers through various activities conducted in Verona. The women contacted in Verona were all active sex workers who were interviewed on the streets where they worked. The contacts took place during the distribution of prevention materials and information. It was apparent that some of those contacted were not offering correct information regarding their national origins. Some reported being Bosnian, but when confronted with our mediator they were unable to make any specific cultural or linguistic references. It seems possible that the sex workers presume a national origin from a war zone may impress interviewers more as a justification of their profession or, in any case, it may be that the workers hope, in this way, to elicit more sympathy from those who they feel may actually be law enforcement officials.

One aspect which should be taken account 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.

Very little interaction was noted between the Eastern European and sex workers from other regions of the world. The physical venues in which their activities take place tend to be fairly isolated from, for example, the venues where African or Latin American sex workers congregate. And, most apparently, the type of control which is exercised over the Eastern European women is much higher, thus impacting on the real possibilities for extended involvement or contact.

8

Eastern European and Latin American sex workers in Pordenone

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. 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.

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 a woman (a former sex worker who has been legally residing in Italy for decades), 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.

Some information regarding the Romanian sex workers was obtained through communications with the before mentioned woman and two young male Romanians (22 and 23 years of age) who had translated TAMPEP materials into their language. From their reports, it seems that the Romanians working in the clubs do not identify themselves as sex workers or prostitutes even though their professional activities include engaging in sex with clients. As this issue had arisen at various points during TAMPEP activities, it was decided to omit any reference to "prostitution" from the text of the leaflets to be distributed among these women. This element has implications regarding behaviour change and motivations in as much as it implies that there is a scarce sense of professionalism regarding that portion of the business concerning sexual activities with clients. Also, 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".

The Romanian men recounted that prophylactics were virtually unknown until recently among large segments of the population and that information and debate revolving around AIDS related issues had begun only recently (within the past two years). Interestingly, these men were extremely interested in the contents of the leaflets they were to translate and, rather shyly, they began a series of questions regarding AIDS, STDs and condom use which led TAMPEP workers to illustrate these contents at quite some length. Even more interestingly, while the Romanian men were quite insistent about having copies of the brochures in their language, they refused our offers of providing them with free condoms.

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 and one private) and a multidisciplinary clinic 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 these

services, although it should be noted that 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.

Self-reports from the proprietors of the night clubs contacted in Pordenone indicate that all of the women working there are furnished with appropriate legal documents which entitles them to access medical care. The majority of those from Latin America are of Venezuelan, Columbian, or Dominican origin. Their levels of education are low and their working hours go from ten in the evening until 5 in the morning. Their paid sexual activity takes place within the nightclubs, which are appropriately (not) illuminated and furnished with couches and screens of various natures. At times, the sex workers accept appointments with clients during afternoon hours (outside of their regular working schedule).

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 represent 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.

9

Conclusions

We could certainly affirm that the information distributed to a limited number of sex workers quickly circulated among a much wider number of immigrants involved in prostitution. The increase in demand for health care registered by many of the agencies involved in the TAMPEP network seems to confirm this impression. In addition, a similar confirmation was gained during an outreach intervention which TAMPEP workers conducted in Genova (150 kilometres from Torino). In this case, Nigerian sex workers who did not reside in Torino and who did not have previous contact with TAMPEP workers reported familiarity with the project and some its materials (notably the illustrated "Augusta's Way") through word of mouth with other Nigerian colleagues who regularly travelled the distance from Torino to Genova for work purposes.

Considering the great mobility of the target group, a group which frequently changes working sites and - primarily because of their illegal status - country of residence, there exists a distinct possibility for utilising transnational networking and several of the women have actually obtained information regarding accessible health services in other countries to which they attend to migrate.

As opposed to the sex workers from Eastern Europe and South America, who generally are "moved" from country to country through an organised racket, the African women seemed more motivated to change country of residence for individual reasons which frequently linked to attempts to secure better working conditions and higher income. The role of traffickers and pimps who control a good deal of the migrant sex workers from Eastern Europe and South America makes any type of in-depth intervention with this population extremely difficult. Unfortunately, and precisely because of their precarious conditions, it is these women who would benefit most from TAMPEPs interventions.

Several factors impact in an overwhelmingly negative sense on the quality of life of migrant sex workers:

- Their illegal status as clandestine migrants.

- The coercive nature of the sex work in which many are engaged unwillingly.

- The impossibility of achieving social integration in the communities where they are residing.

In conclusion, an analysis of the initial data collected, the information gathered through the field station and the follow-up interviews it seems that:

An increased awareness of one's body is a necessary prerequisite to empowering the women and enabling them to address problems related to health issues, contraception and sexuality.

Sexually transmitted diseases and AIDS must be perceived as real problems and project workers must challenge stereotypes which might impact on prevention and care strategies.

The credibility of TAMPEP workers and the general approach and structure of the project instil higher levels of trust which facilitate successful referral to appropriate agencies providing adequate treatment programs.

The information acquired through TAMPEP interventions are successively spread by word of mouth among a large number of sex workers not directly in contact with the project.

Resistance to condom usage among the women was reduced and follow-up interviews evidenced a higher capacity for successful negotiation with clients.

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...and all peer educators...

