

RESEARCH FOR SEX WORK

ISSUE 13

性工作研究



HIV and Sex Work – The view from 2012

Laura María Agustín

Not so long ago a journal issue called *HIV and Sex Work* would almost certainly have focused on epidemiological studies of female prostitutes. More sensitive authors might have said sex workers and acknowledged that men and transgender people also sell sex. They might have stopped calling sex workers vectors of disease and begun calling them a *high-risk group*, and when that term was recognised to be stigmatising they might have switched to talking about *at-risk populations*.

In discussing efforts to diminish the spread of HIV, researchers might have talked about harm reduction, and they might even have invoked the need to 'involve' sex workers in health promotion. But sex workers would rarely have been the protagonists in research, the writers of published critiques or the strategists of campaigns. HIV and AIDS as topics were the terrain of institutions.

This issue of *Research for Sex Work* reflects a small shift. Here *HIV and Sex Work* doesn't mean an array of epidemiologically-oriented studies but

the frame for critiques of and questions about policy, laws and programmes. Articles not written by sex workers themselves base their conclusions on what sex workers say. Here no one tells sex workers how to run their lives.

Research from CSWONF in China shows how policing is a central issue for HIV-prevention. In her speech at the International AIDS Conference Cheryl Overs highlights how technological fixes threaten to push aside sex workers' rights. Brendan Conner exposes how the Global Commission on HIV and the Law erases problems of male sex workers by using epidemiological-style 'populations'. Empower Foundation tell how they were ousted from the Global Fund's HIV programme for sex workers in Thailand when they criticised priorities. Matthew Greenall and Abel Shinana propose research that foregrounds local sex workers' needs. And Tiphaine Besnard shows how stigma against women who sell sex has been behind discriminatory policy since the 19th century.

Audacia Ray and Sarah Elspeth Patterson describe how activists have

brought such critiques into the world of political lobbying through a campaign against the use of condoms as evidence against prostitutes in New York State. The concept of *outreach* takes on new meaning in Ecuador, as sex workers from Asociación '22 de junio' and Colectivo Flor de Azalea educate men about sexual health.

Not all the news is good. Nicoletta Policek's study reveals how HIV-positive women not involved in selling sex refuse to accept sex workers as equals. But even in the more repressive settings described by Kehinde Okanlawon/Ade Iretunde and Winnie Koster/Marije Groot Bruinderink, sex workers resist stigma and subvert discrimination. Diputo Lety tells Elsa Oliveira the story of how one sex worker empowered herself after testing positive for HIV. And although the fragility of African sex-worker networks is noted, this *Research for Sex Work* has no fewer than four contributions from Africa.

Every effort has been made to credit properly the numerous high-quality images that enhance this *Research for Sex Work*. Thanks to everyone who contributed.

2012年： 艾滋病与性工作

Laura María Agustín

如果是在不久前，做一期名为“艾滋病与性工作”的专题，那我们几乎都能肯定这是针对女性卖淫者的流行病学研究。一些更为敏感的作家可能会说，现在人们已经广泛承认，性工作者不只是女性，男性和跨性别人士也会提供性服务。人们可能不再称性工作者为散播疾病的人，而称他们为高危群体，而当这个词被认为带有污名和歧视的时候，性工作者又被归类为易感人群。

在讨论如何降低艾滋病传播时，研究者们可能会讨论减低伤害，他们甚至可能提到要“动员”性工作者参与促进健康的项目。但性工作者很少能够成为研究的主角，他们也很少撰写评论文章公开发表，又或制定运动的策略。一直以来，艾滋病和艾滋病疫情的讨论，都是由研究机构来主导。

《性工作研究》展现了一个小小的转变。在这里，艾滋病与性工作并不意味着任何以流行病学为导向的研究，而是关于政策、法律和项目的评论和质疑。这里的文章并不只是基于性工作者的叙述采写而成。在这里，没有人告诉性工作者他们要如何生活。

中国性工作者机构平台的研究揭示了警察执法是艾滋病防治工作中的一个核心问题。在世界艾滋病大会上，Cheryl Overs 的发言阐述了技术的发展是如何对性工作者的权利产生影响。Brendan Conner 的文章讨论了全球艾滋病和法律委员会是如何通过使用流行病学术语“人群”来进行研究，从而忽略了男性性工作者的问题。赋权基金会则向我们讲述他们参与全球基金性工作者项目的过程，以及如何被迫退出。Matthew Greenall 和 Abel Shinana 提出，开展研究要以当地性工作者的需求为核心。Tiphaine Besnard 介绍了19世纪以来，大众对性工作者的污名化如何影响了歧视性政策的产生。

Audacia Ray 和 Sarah Elspeth Patterson 介绍了他们是如何针对纽约州安全套作为卖淫嫖娼证据的问题而开展倡导运动的。在厄瓜多尔，“外展”有了新的含义，Asociación ‘22 de junio’ 和 Colectivo Flor de Azalea 的性工作者成员针对男性开展性健康教育。

我们听到的并非都是好消息。Nicoletta Policek 的研究展示了不从事性工作的阳性妇女是如何拒绝平等对待性工作者的。但即使是在 Kehinde Okanlawon/Ade Iretunde 和 Winnie Koster/Marije Groot Bruinderink 所描述的更为压制性的环境中，性工作者都没有放弃抵制污名和歧视。Elsa Oliveira 向 Diputo Lety 讲述了在发现自己艾滋病阳性之后，她是如何学习有关信息，让自己过得更好。尽管非洲性工作者网络比较弱，但本期的《性工作研究》有四篇文章来自非洲。

本期《性工作研究》中有很多清晰的照片，我们已经尽最大的努力标出每一张照片的拍摄者。感谢所有为我们提供图片的人。



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Sexual-health outreach with truckers in Sangli, Maharashtra, India, by members of VAMP (Veshya Anyay Mukti Parishad – Sex workers free from injustice), Photo VAMP

印度马哈拉施特拉邦，VAMP（一个关注性工作者公正问题的机构）面向性工作者提供生殖健康外展服务。

Anti-pornography crackdowns

SEX WORK AND HIV IN CHINA

China Sex Worker Organisation Network Forum

In China prostitution is illegal and defined as pornographic pollution of the social and cultural environment. Anti-pornography campaigns aim to get rid of erotica, sex-entertainment establishments and sexual services. Every year the Chinese police carry out crackdowns that make mass sweeps of sex workers. These usually happen during holidays, national conferences or events like the World Expo and the Asian Games.

In April 2010 the Beijing Public Security Bureau announced a Prohibition Office on Sex Work, Gambling and Drugs, and in May they initiated a zero-tolerance inspection of four top-rated sex-entertainment businesses. Public-security departments around the country participated in the following Strict Crackdown Special Initiative, moving against gambling, drugs, prostitution and obscene performances.

With support from the United Nations Population Fund, the China Sex Worker Organisation Network Forum (CSWONF) conducted research to understand how sex workers and owners of businesses viewed the impact on HIV prevention in sex workplaces.

Who We Are

CSWONF is a network initiated by sex-worker organisations in 2009 to support the development of members, improve occupational health for sex workers and promote their equal rights. CSWONF consists of 17 organisations including two in Hong Kong and Taiwan. Twelve of these target female sex workers and five target male or transgender sex workers. Our board, which has nine members, two of them sex workers, makes important decisions by vote. The secretariat, located in Shanghai, coordinates our daily work. Every two years a general assembly select new members for the board. Some network organisations have existed for more than ten years. We are located in ten provinces of China.

Our Research

For our research on the crackdowns we used both qualitative and quantitative methods, collecting 299 questionnaires in 12 cities. The respondents were high-end to middle-end female sex workers, streetwalkers, money boys, transgender sex workers, business owners and peer educators. All interviews and questionnaires were carried out by staff from our member organisations. This was the first large-scale research on sex-worker issues conducted by sex-worker organisations in China.

From the 299 questionnaires collected, 105 respondents were male (35%) and 194 were female (65%).

- 32% of female sex workers were more likely to work at a hair salon or foot-massage house, while 22% worked in the street or rental houses
- 70% of money boys worked at a club
- 73% of transgender sex workers worked in the street or at a rental house
- 60% were 20–29 years old, the youngest was 16 years old, the oldest was 61

We also did 69 interviews with business owners and madams as well as sex workers.

The workplaces we asked about include hotels, clubs, nightclubs, bars, bathhouses, hair salons, foot-massage houses, rental houses, wayside houses and the street.

The research showed that the crackdowns led to the closing of many entertainment businesses. After the 2010 campaign, 62 per cent

Members of CSWONF at IAC 2012 in Washington DC. Left to right: Xiao Bao, from Tianjin Jun Yan, a male sex-worker group; Zheng Huang, director of CSWONF and Lanlan, director of Tianjin Xinai, a female sex-worker group, Photo Hou Ye

中国性工作者机构网络平台的成员参加2012年华盛顿世界艾滋病大会。从左至右：小宝，来自天津俊颜，一个男性性工作者机构；郑煌，中国性工作者机构网络平台秘书长；蓝蓝，天津信爱的负责人，天津信爱是一个关注女性性工作者的机构。

of sex workers surveyed reported their workplaces were forced to shut down. Sixty-three per cent of sex workers surveyed said the number of sex workers had decreased, as well as the number of clients. Female sex workers were most affected, 80 per cent saying that the number of clients per week had decreased.

Among 299 respondents, 135 said that they had experienced crackdowns, 133 through fines, detention and/or violence from public-security officers. Thirty-seven per cent of female sex workers reported violence during the crackdowns, 33 per cent of transgender sex workers and 21 per cent of male sex workers. Of the 79 sex workers who reported violence, 43 had experienced body searches, 31 had been beaten and 22 had been coerced.



A sister was doing it with a boss, and the door of the room was kicked open, and the police caught them in the act. The bosses were brought out, and three cops came in. They threatened us at first... then they made us do a strip dance together, saying that whoever danced best could go. We sisters danced so hard, not wanting to become entangled with them. At last, they decided I was good, and one of them who seemed to be in charge told me to give him a blowjob. Another one wanted anal sex... What could we do?
(Clubhouse sex worker, Gejiu)

They caught about 20 to 30 people this year. Usually people are fined 5000 yuan and detained for 15 days. At least 7 to 10 people were re-educated through labour. They beat us very hard after our arrest. A sister wasn't caught in the act by police but was afraid of re-education through labour and refused to admit to prostitution, so was beaten black and blue on a tiger bench... and fined 2000 yuan. Another sister also wouldn't admit to wrongdoing, so they rolled her limbs with an electric stick and sent her to re-education camp.
(Street worker, Jiaozhou)

The research revealed that the main strategies sex workers used to avoid trouble from the campaign were to work in more hidden locations, change work places more frequently, avoid working in the street and not carry or use condoms. These activities produced high-risk situations for HIV.

In terms of providing health services, community organisations and peer educators are shown to be more effective than government facilities.

The government people never come here. People from the Health Centre (a community-based organisation) come once a month, give us condoms, brochures and magazines. Several peer educators who are also female sex workers come with them and teach our sisters how to use condoms... The centre also provides sex workers with gynecological examinations at a low price.
(Sex worker)

These community services play an important role in HIV prevention, because both owners of sex workplaces and sex workers trust them. But peer educators from community groups said the crackdowns destroyed efforts they had made to reach sex workers.

The police are unreasonable... Even if you don't have a condom, they find other excuses. You had better give us a name card, saying that we are volunteers, then we wouldn't be afraid when the police come. After the crackdown, some new kids left very quickly – who knows whether they have diseases?
(Money boy, Beijing)

Because condoms can be used as evidence of prostitution, workplace owners told sex workers not to bring them to work or use them.

Only those establishments with *guanxi* [personal connections, relationships] can continue their business. Actually, the relationships are bought with money. The information they receive are tips such as not to open the door or not to put condoms in the establishment.
(Owner of a karaoke bar, Gejiu)

Health Impact of Crackdowns

We believe there should be increased coordination between the government health services and Public Security. We would like to see increased advocacy and training at the government level, on issues such as using condoms as evidence of prostitution, anti-pornography campaigns and freedom of information. Sex workers as leaders of HIV prevention should participate in these activities.

I think the strict crackdown just lets sex workers 'disappear' on the surface, but actually many turn to underground work. The strict crackdown's influence on HIV/AIDS prevention is especially severe.
(Zheng Huang, director of CSWONF, Shanghai)

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扫黄

对中国性工作与艾滋病防治的影响

中国性工作机构网络平台

在中国，卖淫是违法的，被认为是污染社会和文化环境的污秽色情的文化垃圾。扫黄是指清理黄色书刊、黄色音像制品及歌舞厅娱乐场所和色情服务。每年中国都会开展针对性工作者的扫黄行动。这些行动通常在节假日期间、重要会议或者活动之前举行，如世博会和亚运会。

2010年4月，北京公安局成立了“查禁黄赌毒办公室”，并且在5月对一些高档娱乐场所以“零容忍”的态势开展集中专项检查行动。在全国公安机关“2010严打整治行动”和“治安系统整治行动”的部署下，各地开始了打击卖淫嫖娼、淫秽表演等犯罪活动为重点的打击黄赌毒黑专项行动。

在联合国人口基金的支持下，中国性工作机构网络平台开展了相关研究，以了解性工作者和业主如何看待扫黄对性工作和艾滋病预防的影响。

关于中国性工作机构网络平台

中国性工作机构网络平台，成立于2009年，是由性工作者组织发起成立的，致力于性工作者的职业健康和平等权利。目前，平台共有17个机构成员，其中包括台湾和香港各1家。这些机构成员中，有服务于女性性工作者的机构12家，有服务于男性或易装性工作者的机构5家。平台的理事会包括9名成员，其中包括女性性工作者2名。理事会的重要决定由成员投票进行。平台秘书处设在上海，负责协调平台的日常工作。每两年平台会召开成员大会，选举新的理事会成员。我们的成员机构分布在全国的十个省份与直辖市，有些机构已经成立超过十年。

关于本研究

本次研究采用定性和定量两种方法开展信息和数据的收集，收集了299份问卷，历时两个半月，覆盖12个城市。被访者为中低档的女性性工作者、站街、MB、跨性别性工作者、业主和同伴教育员。调查中所有的访谈和问卷调查都由平台组织的工作人员承担。这是第一次由性工作者机构开展的大规模调查。

在回收的299份问卷中，男性被访者为105名（35%），女性被访者为194人（65%）。

- 32%的受访女性性工作者在发廊或按摩房工作
- 70%的受访MB在俱乐部工作
- 73%的受访跨性别性工作者在街边或出租屋工作
- 60%的受访性工作者年龄在20—29岁之间，其中年龄最小的16岁，年龄最大的61岁

我们采访了60名业主、妈咪和性工作者。我们采访涉及到的场所包括酒店、夜总会、酒吧、浴池、发廊、洗脚屋、路边店和站街。

研究发现，扫黄导致了很多场所被迫关闭。2010年扫黄后，62%的性工作者认为周边的场所被迫关闭。63%的性工作者认为从事性服务的人数减少了，客人也同样减少了。影响最大的是女性性工作者，有80%认为每周接客数量减少了。

在299名调查者中，有135曾经历过扫黄，133人经历过罚款、拘留和/或警方的暴力。37%的女性性工作者在扫黄中遭受过警方的暴力，跨性别性工作者和男性性工作者的比例分别为33%和21%。其中79人受到警察的盘问，43人遭遇过搜身，31人受到过殴打，22人受到过敲诈勒索。

“有一个姐妹正在和客人做，包厢的门被踢开了，警察正好抓到现行。客人被带出了包厢，进来三个警察，开始是恐吓我们……后来就让我们大家一起跳脱衣舞，说谁跳得好就放了谁。姐妹们卖力地跳，都不想被他们纠缠。最后他们看我比较可以，他们之间有个看起来像头得人说要我给他口交。有一个要肛交……我们有什么办法？”（会所小姐，个旧）

“今年抓了大约有20—30个余人，一般罚款5千，拘留15天。被劳教的有7—10人。抓了被打得很厉害，有的姐姐因妹抓现行，怕劳教，坚持不承认，被打的浑身青紫，上老虎凳……还罚了2千。一个姐姐不招，用电棒滚你的四肢，又被送去劳教。”（站街小姐，胶州）

研究发现，性工作者应对扫黄的主要策略就是“避”，转入更为隐蔽的场所，更频繁地改变工作地点，屈就环境和顾客而不携带或不使用安全套。这样却带来了更大的艾滋病感染风险。

而在提供健康服务方面，社区组织和同伴教育员则比政府更为有效。

“疾控或政府部门没有来过我们这里。健康中心（一个社区组织）每月都来店里一次，给小妹发放安全套、宣传书和爱心专刊。中心的人也有带几个也是做小姐的来教给小妹们学习安全套的使用……健康中心也给我们查体和治疗，价格也很便宜。”（性工作者）

这些社区组织在艾滋病防治中扮演着重要的角色，因为场所的老板和性工作者



Lanlan, director of Tianjin Xinai, a female sex-worker group, says I hope all sex workers are healthy, confident, self-loving and happy! Photo Chen Yanjie

蓝蓝是天津信爱的负责人，这是一个关注女性性工作者的机构。她说，希望所有性工作者能够健康、自信、自爱、快乐！

者都信任他们。但是，同伴教育员表示，扫黄让很多已经形成的防艾小社区遭到了破坏，更难找到干预对象了。

“警察不讲理……你就是没有安全套他也有别的东西可说。你们最好给我一个名片，说我们是志愿者，这样警察来的时候我们也不怕啊。扫黄之后，有些新孩子走的特别快，谁知道有没有病啊？”（MB，北京）

因为安全套会被当作卖淫嫖娼的证据，所以场所老板会告诉性工作者不要携带安全套，或者不要使用安全套。

“只有那些有关系的才能继续运营。其实所谓的有关系还是要用钱去打点。她们得到得信息是不要开门或不要在店里摆安全套。”（卡拉OK老板娘，个旧）

扫黄对公共卫生的影响

卫生部门应加大其与公安部分的协调力度。我们希望加大对政府层面的倡导和培训，包括如“禁止以安全套作为证据”“减少扫黄”，“阳光执法”等。性工作者作为艾滋病预防的领导者也应当参与其中。

“我认为严打只是在表面上让性工作者“消失”，其实不然，许多性工作者转到地下工作。严打对于艾滋病性病预防的影响是特别大的。”（郑煌，平台主任，上海）

关于作者

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Living with HIV

HOW I TREAT MYSELF

Told by Diputo Lety
to Elsa Oliveira

I became infected with HIV as a result of a rape. In 2004, I was coughing and losing a lot of weight, so I decided to go to the Sex Worker Project to get tested for sexually-transmitted infections (STIs). The Sex Worker Project is a health clinic for sex workers run by Wits Reproductive Health and HIV Institute, located in Hillbrow, an inner-city suburb of Johannesburg, South Africa. Since the clinic started in 1997, sex workers have had a safe place to go for health treatments and preventive health exams. It was during this particular visit that I found out that I was HIV-positive. When the nurse at the clinic told me about my status she announced it to me in the hallway, in front of everyone. I felt angry and embarrassed that she did this, and at the time I did not realise that I could report her. Fortunately, my experiences with health-care services have improved after this!

I did not know anything about what it meant to be HIV-positive. I did not know what I needed to do to take care of myself. All I remember was that I felt a lot of fear and that I was reluctant to start anti-retroviral (ARV) treatment. When I look back, I can say that being humiliated in front of people at the clinic did not help me to want to learn more about my treatment options. Initially, I hesitated to start anti-retroviral treatment because I heard from friends that it made people very sick, so instead I took vitamins and tried to eat lots of fruits and vegetables.

In 2008, I became a peer educator with Sisonke Sex Worker Movement, an organisation located in Hillbrow. As a peer educator, I helped educate other sex workers about preventing STIs and HIV and encouraged them to come to Sisonke for support services. Sisonke is a sex-worker led movement that aims to unite and advocate for sex workers and improve their living and working conditions. During this time as a peer educator, I began to learn more about HIV and I realised that my life was not over because of my health status. I learned that I could be healthy and live a long life.



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In 2009, I began ARV treatment. I was ready. Because of the support services of Sisonke, the caring nursing staff at the Sex Worker Project and my work as a peer educator, the stigma of being HIV-positive was replaced by my desire to live a healthy life.

Although my family does not know that I am a sex worker or how I contracted HIV, they are very supportive of me as a woman living with HIV. Both of my parents are hospice workers with people living with HIV, so they understand what it means to be HIV-positive better than a lot of people. They really encourage me to stay healthy and take my ARV treatment. In fact, they call me everyday to remind me to take my ARVs. This kind of support is wonderful, and I feel blessed to have them in my life. I think that it would be much harder if my family were not supportive. When I am not feeling well I go back to my rural home located outside of Pretoria, South Africa, so that I can rest and recuperate, and this makes a big difference in my life. My spirits are high because of their love and encouragement.

As a sex worker, I make sure that I am protected and protect my clients by wearing condoms. After all, *My Body is My Business!* When there are clients that don't want to wear a condom I use a female condom. Many clients do not know about STIs, so when I see that one of them has an STI, I encourage him to go to the clinic to get tested. Sometimes they tell me that they are afraid, and other times they tell me that they don't care about their health. I myself have gone with clients to the clinic so that they can get tested for HIV and STIs. I support them by accompanying them to the clinic because I know from experience that it is not easy to go alone.

I have been taking ARVs for two years now, and while at times the side-effects are hard to deal with, I take them anyway. I know that they are helping me to stay healthy and strong. I continue to eat healthily and make sure that I get enough rest because I know that all of these efforts help me, my body, and my treatment to work more effectively. I continue to educate other sex workers about health and human-rights issues and why it is so important for sex work to be decriminalised. Many sex workers are afraid to get tested because the stigma of being a sex worker is so high and because they are scared that health-care workers may discriminate against them. As a peer educator, a sex worker and a woman living with HIV I have the opportunity to challenge some of the myths of HIV by sharing my personal story and telling others, specifically sex workers, that they should not be afraid to test for HIV and to seek treatment.

It is my hope that my story serves as an example of the ways in which sex workers are supporting one another and uniting. It is my wish that it positively impacts social and political change for sex workers and that more sensitive and non-judgmental health services will be rolled out in South Africa.

About the authors

Elsa Oliveira met Diputo Lety in 2010 during a participatory photo project called *Working the City: Experiences of Migrant Women in Inner-City Johannesburg*. Market Photo Workshop, Sisonke Sex Worker Movement and the African Centre for Migration and Society at Wits University, where Elsa is a researcher, collaborated on this project. Visit workingthecity.wordpress.com

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Note

A slightly different version of this article appeared in *Equal Treatment*, the magazine of the Treatment Action Campaign in June 2011.

与艾滋病毒共存

我如何善待自己



Diputo Lety讲述, Elsa Oliveira整理

因为被强奸，我感染了艾滋病。2004年，我开始剧烈地咳嗽，体重急剧下降。我决定去性工作项目进行性传播疾病检测。性工作项目是由生殖健康和艾滋病研究所下属的为性工作提供健康服务的诊所，坐落在南非约翰内斯堡郊区内城的Hillbrow区。自从1997年诊所成立之后，性工作开始有了一个安全的地方来获得检测和治疗服务。就是这次去诊所检测，我发现我是艾滋病阳性。当时诊所的护士是在走廊里，在所有人面前，告知我的感染状况的。我感到很愤怒，也很窘迫，但当时我不知道我可以对她进行申诉。幸运的是，在这次尴尬的经历之后，我和医疗系统打交道的经验就改善了！

我当时不知道艾滋病阳性意味着什么。我不知道怎么照顾自己。我所记得的是，我感到极端的恐惧，不愿意开始抗病毒治疗。当我回头再看时，我敢说，在众人面前被羞辱，让我根本就不想了解我所面临的治疗选择。起初，我不愿意开始抗病毒药物治疗，因为我听朋友说服药会让人更加不适，所以我开始吃维生素，吃很多蔬菜和水果。

2008年，我成为Sisonke性工作运动的一名同伴教育员。这是一个坐落在Hillbrow的组织。作为一名同伴教育员，我帮助教育其他性工作如何预防艾滋病和性病，并鼓励他们到Sisonke获得这些服务。Sisonke是一个由性工作领导的运动，旨在团结性工作，为性工作者进行倡导，改善他们的生活和工作条件。在当同伴教育员期间，我开始更多地了解艾滋病，我意识到我的生活不会因为感染艾滋病而终止，我可以健康长寿地活着。

2009年，我开始了抗病毒药物治疗。我准备好了。因为Sisonke提供的支持服务，性工作项目的护理人员，以及我所开展的同伴教育工作，感染艾滋病的耻辱感被健康生活的强烈愿望所取代。

尽管我的家人并不知道我是一名性工作，也不知道我是如何感染艾滋病的，但他们对于我作为一名女性感染者，提供了很多支持。我的父母都是救济院的工作人员，所以他们比其他人更加了解感染艾滋病是怎么回事。他们始终鼓励我保持健康，让我开始抗病毒治疗。事实上，他们每天都给我打电话提醒我吃药。这样的支持和鼓励是非常好的，而且我觉得有他们在我的生活里，很幸福。我想如果我的家人不给我提供这些支持，这个过程对

我来说将是非常艰难的。当我觉得不舒服的时候，我就回到位于南非比勒陀利亚的农村老家，这样我就可以休息和休养。这使得我的生活有很大的不同。因为他们的爱和鼓励，我的精神状态很积极。

作为一名性工作，我要使用安全套，以保护我自己，并保护顾客。毕竟，我的身体是我的生意！当有顾客不愿意戴安全套时，我会使用女用安全套。很多客人不了解性病，所以当我看到有人感染了性病时，就会鼓励他去诊所进行检测。有人会告诉我他很害怕，也有人告诉我他不关心自己的健康状况。我会和客人一起去诊所，这样他们就能够获得艾滋病和性病检测。我通过陪伴他们给他们提供支持，因为我从我的经验中知道，自己一个人单独去，是很不容易的。

我已经服用抗病毒药物两年了，尽管有些时候副作用让人很难受，我还是坚持服用。我知道这些药会帮助我保持健康和强壮。我继续保持健康的饮食和足够的休息，因为这些都能让我和我的身体保持好的状态，让治疗更加有效。我继续向其他性工作者宣传健康和人权问题，以及为什么性工作去刑事化这么

重要。很多性工作者很害怕去检测，因为性工作所担负的耻辱如此沉重，他们担心医务人员会歧视他们。作为一名同伴教育员，一名性工作，以及一名女性感染者，我有机会挑战人们对艾滋病的一些误解，通过分享我个人的故事，告诉人们，特别是性工作者，他们不应该害怕艾滋病检测和治理。

我希望我的故事能够让人们了解，性工作者是可以互相支持和团结的。我希望这能够积极地影响社会和政治改变，让南非能够出现更多面向性工作者的、带有文化敏感性、非歧视的医疗服务。

关于作者

2010年，Elsa Oliveira 和 Diputo Lety 在“在这个城市工作：约翰内斯堡内城女性流动工作者的经验”展览中认识。这是一个参与式的影像项目。市场影像工作坊是Sisoke性工作运动和南非金山大学非洲流动人口中心共同合作的项目，Elsa为该项目的研究员。请访问项目网站：workingthecity.wordpress.com。

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注

本文的另一版本发表在2011年6月的《平等治疗》。《平等治疗》是治疗行动运动出版的杂志。



Men at work

MALE SEX WORKERS, HIV AND THE LAW

Brendan Michael Conner

In its recent report on what they called the *epidemic of bad laws* fueling the spread of HIV, the Global Commission on HIV and the Law called for the decriminalisation of sex work, along with sex workers, their family members, clients and managers. The Commission is an independent board of government officials, lawyers and scientists called together by the UN Development Programme and UNAIDS to analyse human rights and law in the context of HIV. The Commission's report, *HIV and the Law: Risks, Rights and Health*, is significant because it directly addresses national governments. Sex workers seeking law reform hope to use the findings of the Commission to argue against harmful national laws and police practices.

While the Commission's recommendations are generally worthy of praise, sex workers are concerned about the lack of detail about how decriminalisation might work. The report also fails to examine the intersections between different groups (called 'populations') that are key to a successful response to HIV.

For male sex workers, the Commission's approach creates two gaps. One concerns laws and police practices that affect male sex workers more than other men who have sex with men (MSM). Recommendation 3.3 on MSM calls for the repeal of anti-sodomy laws, vagrancy and the raid and closure of sex venues, which also affect male sex workers. But no mention is made of the disproportionate impact these laws have on male sex workers, their particular vulnerabilities to HIV transmission or the barriers to treatment they face compared to other MSM. The other gap is in Recommendation 3.2 on sex work, which calls for repeal of anti-prostitution laws but does not address harmful police practices against male sex workers, such as profiling them as pimps or traffickers.



San Francisco/旧金山 2007, Photo Craig Seymour www.craigseymourphotography.com

On Men Who Have Sex with Men

Recommendation 3.3 on MSM is based on the finding that laws punishing MSM contribute significantly to the spread of HIV. Anti-sodomy laws in 78 countries that lead to raids and closures of bars and bathhouses ignore that 'such social institutions are where safe sex was born' (p 48). But the recommendation neglects to specify *which men* among this imaginary community of MSM are most often arrested, harassed and brutalised.

In contrast, the MSM Global Forum has called life as a male sex worker a 'double curse' because we are doubly likely to face stigma, violence and detention at the hands of police. Laws and law enforcement sometimes do punish people based on their status alone (for example, homosexual or HIV-positive), but most laws technically require people to commit a 'guilty act'. It is not surprising that police almost exclusively target the men whose 'guilty acts' are most visible – male sex workers.

The Commission also fails to mention policing that targets male sex

workers as a way of repressing MSM in general, such as 'public nuisance' lawsuits (nuisance means something generally annoying – for example a threat to public health or morality). In common-law countries (like the USA) these are civil (not criminal) actions that fine and close businesses. When the authorities want to get rid of a sex business, a prostitution arrest means the court will automatically decide there was nuisance.

Why Male Sex Workers are Different

The situation of male sex workers is different from other MSM in terms of HIV vulnerabilities and obstacles to getting treatment:

- We are not always able to choose our partners
- We are sometimes offered more money to have unprotected sex
- We need to maintain a variety of safer-sex resources (condoms, lubrication) to be able to take different sex roles with clients with different kinds of bodies



Non-prostitution Laws are also Used against Male Sex Workers

The Commission's Recommendation 3.2 calls for sex work to be fully decriminalised but neglects several other kinds of laws and police practices that tend to criminalise male sex workers. For example, in New York City, where more than half the young people who trade sex identify as male, 21 per cent report that their friends negotiate with customers for them and also share customers with them: a way of pooling resources for mutual protection. Yet these men are now being arrested as pimps and traffickers by the police.

Male sex workers may also be arrested and harassed by police more often than female sex workers, under laws not directly targeting prostitution, such as criminal nuisance, loitering, assault, theft and the use and sale of drugs. In 2008 in New York City, 81 per cent of young men who trade sex were found to have a history of arrest, three times the proportion of young women, and the majority of these crimes were not prostitution-related. This suggests that police may target young men who trade sex with men because they are sex workers, even if the crime charged does not have the word prostitution in its name.

The Next Step Forward

While the separation of key groups into populations can be important for groups whose identity has historically been ignored (such as when transgender people are mis-categorised as MSM), we need more focus on the intersections between groups. To separate us into populations without connecting the dots between us erases our solidarity and may imply that one group is more respectable than the other. Both the NSWP and the MSM Global Forum have said that the liberation of the two groups – MSM and sex workers – is linked. It is time for the Commission to recognise what our communities already know to be true.

About the author

Brendan Michael Conner is a former male sex worker and Editor-in-Chief of *\$pread* magazine. He now works as a law and policy specialist in New York City.

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Note

HIV and the Law: Risks, Rights and Health is available at www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf

- Our condoms may be confiscated as evidence of prostitution
- There are fewer HIV-prevention and -treatment programs for MSM who do not identify as gay (common amongst sex workers)
- We are policed and jailed for prostitution-related crimes
- We are profiled as pimps or traffickers, which exposes us to more kinds of policing

It is widely accepted that criminalisation pushes all sex workers underground, making our work more risky. Merely disclosing we are sex workers to public authorities and police can result in punishment when we are reporting crimes against us – even in countries where sodomy is decriminalised. For instance, the Kenyan group HOYMAS has cited police harassment and doctors' refusal to treat for HIV as impediments to carrying out anti-retroviral and legal-assistance programs. And the Swedish Federation for LGBT Rights reports that male sex workers are often denied access to services because of a widespread assumption that only females need certain kinds of help.

男性

性工作者、艾滋病和法律

Brendan Michael Conner

全球艾滋病和法律委员会最近发布了一份报告，该报告主要关注“坏法导致艾滋病传播”的问题。在这份报告中，委员会呼吁对性工作、性工作者及其家庭成员、顾客和管理者去罪化。全球艾滋病和法律委员会是联合国发展计划署和联合国艾滋病规划署召集成立的，由独立的政府官员、律师和科学家组成，致力于在艾滋病的背景下分析人权和法律问题。委员会的报告《艾滋病和法律：风险、权利和健康》直指国家政府，其重要性不容忽视。性工作者们正在寻求法律改革，该报告能够为他们所用，彰显有害的国家法律和执法行为。

总体而言，委员会的建议是值得赞扬的。但报告中缺乏对去罪化的详细建议，性工作者担心这会使报告的效果大打折扣。该报告也未对不同群体之间的交叉人群进行检视，而这正是有效应对艾滋病的關鍵。

对于男性性工作者而言，委员会的报告有两方面不足。一是未提及法律和政策实践对男性性工作者的影响要比一般的男男性行为者要大得多。建议3.3主要针对男男性行为者，呼吁撤除反鸡奸法、流浪和搜查及关闭性工作场所的法律，这也影响到男性性工作者。但报告没有提到这些法律对男性性工作者所造成的更为严重的影响，以及与一般男男性行为者相比，男性性工作者面临更大的艾滋病传播风险，或在获得治疗方面所面临的障碍。二是建议3.2，主要关于性工作，建议撤消反对卖淫的法律，但并没有提到针对男性性工作者的有害的执法行为，如把他们当作皮条客或人口贩卖者。

关于男男性工作者

建议3.3的根据，是研究发现惩罚男男性工作者的法律显著导致艾滋病传播。78个国家中的反鸡奸法导致了搜查和酒吧、浴池的关闭，却忽略了“这些场所正是安全性行为的诞生地”（p48）。但该建议却没有指出，在所谓的男男性行为者社群中，哪些人最常被逮捕、骚扰和摧残。

实际上，MSMs全球论坛将男性性工作者的生活称为“双重诅咒”，因为我们更可能面临加倍的污名、暴力和逮捕。有时法律和执法行为的标准是人们的身份，基于某种身份就施以惩罚（如同性恋或者



IMAGE BRI HERMANSON FOR SEX WORKERS PROJECT, NEW YORK CITY

艾滋病阳性），但大部分的法律要求人们要有“犯罪行为”才进行惩戒。所以当警察几乎全都针对那些“犯罪行为”最明显的男性，也就是男性性工作者时，我们并不感到惊奇。

委员会也没有提及，针对男性性工作者的警察执法行为，如“滋扰公众”（滋扰指让人不舒服、难受等，如对公共卫生和道德的威胁），实际上是为了抑制男男性行为者整个社群。在普通法国家（如美国），这些是民事（非刑事）行为，会遭到罚款和关闭性工作场所。如果当局想消除性产业，那么性工作者被拘捕意味着法律自动认为他们滋扰公众。

为什么男性性工作者如此不同

在面对艾滋病时的脆弱性和获得治疗的障碍方面，男性性工作者和一般的男男性行为者的情况是不同的：

- 我们并不总是能够选择伴侣；
- 我们有时会付更多钱来获得无保护的性行为；
- 我们需要获得安全性行为的资源（安全套、润滑剂），以便能够用身体的不同部位、扮演不同的角色来为客人提供服务；
- 安全套可能会被作为卖淫的证据；
- 对于那些不被认为是同性恋的男男性行为者（这在男性性工作者当中很常见）来说，提供艾滋病预防和治疗服务的项目很少；
- 我们会因为与卖淫相关的犯罪被关押和审讯；
- 我们会被当作皮条客和人口拐卖者，因而会面临更多指控。

刑事化导致性工作者转入地下，使得我们的工作更加危险。这个事实已经得到了广泛的承认。即使是在鸡姘已经

被去罪化的国家，如果我们在面临危险时向警察报告，仅仅是披露我们的性工作者身份就会导致惩罚。

例如，肯尼亚的一个组织HOYMAS声称警察的骚扰和医生拒绝提供治疗，使得抗病毒治疗和法律援助项目无法有效开展。瑞典LGBT权利联合会报告称，男性性工作者常常被剥夺获得服务的权利，因为人们以为只有女性才需要帮助。

非卖淫法律也加诸于男性性工作者

委员会的建议3.2要求对性工作完全去罪化，但忽略了其他的法律和执法行为也可能针对男性性工作者。例如，在纽约市，参与性交易的青年人中有超过一半为男性，其中21%的人报告说他们通过朋友来帮助与客人进行谈判，也和朋友相互介绍客人：这是集中资源、互相保护的一种方式。但他们会被警察当作皮条客和人口贩卖者而逮捕。

男性性工作者也可能比女性性工作者更多遭受警察逮捕或骚扰，基于那些不直接针对卖淫的法律，如刑事骚扰、游荡、打架斗殴、盗窃，毒品使用和贩卖等。在纽约，2008年中81%的青年男性性交易者有过逮捕记录，这是青年女性的三倍，而大部分被逮捕的罪名与卖淫无关。这表明，警察针对青年男性性交易者是因为他们是性工作者，即使所指控的罪名中并没有包括卖淫。

下一步

尽管把重点人群进行分类，能够让我们找到那些常常被忽略的人群（如跨性别人士被错误地划分在男男性行为者中），但我们也需要更多地关注不同群体之间的交叉人群。将人群进行分类，而不考虑人群之间的共同点，会伤害我们之间的团结协作，也可能会错误传达这样的信息：即一些人群比另外一些人群更值得尊重。全球性工作者项目网络和MSM全球论坛称，这两个群体——男男性工作者和性工作者，是有所区别又相互联系的。是时候应当让委员会承认社区的知识和经验。

关于作者

Brendan Michael Conner曾是一名男性性工作者，曾担任《\$pread》杂志的主编。目前他住在纽约，是法律和政策方面的专家。

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注

《艾滋病和法律：危险、权利和健康》：www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf

Blaming disease on female sex workers

A LONG HISTORY

Tiphaine Besnard

Sex work has been part of my personal and intellectual life for nearly five years. As a Master's student I studied 19th-century medical and psychiatric ideas about female prostitutes in France, and a year ago I started doing sociological interviews for a doctorate. My knowledge of sex work also comes from my own experience as a sex worker for the past three years and my activism with STRASS, the French sex-worker union founded in 2009.

From my reading I realised that medical and psychiatric notions have been central to how people think about female sex workers, both in the 19th century and today. Medical ideas about the dangers of sexual contagion in public spaces in France were already abundant when AIDS appeared. The model of prevention we hear about now is similar to the one that linked moral concepts of sexuality with health in the 19th century.

19th-Century Knowledge

At that time, medical knowledge was very homogeneous, all coming from educated men of the privileged classes. These doctors' medical principles actually reveal their fantasies and stereotypes about women, the working classes and sexuality. They warned men, especially bourgeois men who read medical treatises (formal published texts), against the dangers of extramarital sex, commercial sex and sex outside their own social class. These medical men believed in a supposedly obvious link between immorality and disease, both mental and physical. They presented female prostitutes as a threat to the population while ignoring the very real dangers these women were exposed to.

During the last five years I have been disturbed by the fact that in France most people still take for granted that sex work is a high-risk activity in terms of

HIV. After studying 19th-century medical history on French prostitution, I realised that ideas about syphilis were like those about HIV today.

Pseudo-scientific Ideas

In spite of numerous studies that have proven that sex work and sex workers do not cause AIDS, the public mind is still filled with pseudo-scientific ideas about dangerous prostitutes' bodies. The public is still afraid of moral contagion from paid sex and still links immorality and disease. It is common, for instance, to hear, even from the medical community, that the more sexual partners you have (in particular, strangers and people who pay), the more you are likely to get sick. The assumption seems to be that monogamous sexual relationships and fidelity are the safest sex practices.

For those who believe homosexuality is a sin, the fact that the first cases of HIV were detected in homosexuals made the disease seem like a punishment for immorality. Stereotypes about homosexuals revived old beliefs equating disease and immorality, and the link between HIV infection and 'abnormal' sexual practices was reinforced in the public mind. Even if no epidemiological studies in France have demonstrated the prevalence of HIV in sex workers, pseudo-scientific notions about the risk of contamination by prostitutes began to circulate in the late 1980s. It is striking also that the risk of contagion has always been presented as a threat to men, especially in relation to female street sex workers, who seem to symbolise sickness, depravity and danger.

How People Talk about Disease

My doctoral work studies the social representation of sex work in contemporary Paris and Montreal, Quebec, which means the system of values and ideas people express when they talk about it. I am just at the beginning of this work, and most of my reading has been legal and academic, especially French. But the fieldwork I am doing now is in Montreal. I started by interviewing ten people in Montreal whom I found through advertisements I placed on Internet classified websites, asking for anyone interested in helping me study social representations of sexuality.

I advertised in order to meet people at random, and, although I did not specify that my special interest was prostitution, two of the men who agreed to talk to me had been clients of sex workers. Both of these mentioned *les rumeurs* (rumours) about female street prostitutes, who were supposed to be *moins protégées* (less protected) and *dégoûtantes* (disgusting), while escorts were supposed to be *vraiment surveillées* (really watched and controlled) by owners of clubs or pimps and therefore 'cleaner'.

When I arrived in Montreal in May 2012, the *Conseil du statut de la femme du Québec* (the Women's Council of Quebec) had just published its 2012 report on prostitution, which said it is necessary to stop considering prostitutes as criminals but also to abolish the sex industry. Since the provincial government uses the Conseil's reports to conduct policy, I wanted to interview two women from the Conseil, the director and the author of the report. I wanted to know why they spend so much time trying to abolish sex work, why they believe in abolitionism and where they got their knowledge about sex work. Both of them said that female street sex workers are *vraies épaves* (true wrecks), victims of violence and disease. The other six persons I interviewed

(one trans person, three men and two women) were very diverse in their lifestyles and ideas about sexuality, but all of them had negative perceptions of street sex workers that came from the media – from television in particular.

Sex-worker Activism

Protecting the public from syphilis and AIDS has always been the excuse for forbidding sex work in both France and Quebec. I was a spokeswoman for STRASS in 2011 when the media were reporting about proposals to reopen brothels in France, where they have been forbidden since 1946. I tried to explain to journalists how sex workers are discriminated against by the traditional obligations of brothel work

Henri de Toulouse-Lautrec, *Medical Inspection at the Rue des Moulins Brothel, 1894/*
在一个妓院进行医疗检查, 1894年



(mandatory testing for diseases and registration as prostitutes), but all that appeared much less important to them than the idea of Public Health. They are willing to sacrifice a whole community for the supposed benefit of other members of the population, just as they were in the 19th century.

In France and Quebec, as in most places in the world, sex workers actively promote HIV prevention by requiring clients to use condoms and knowing more about safe-sex practices than the general population. Many sex-worker organisations, such as Stella (a group founded in 1995 in Montreal) are run by current or former sex workers. These organizations say *We are not the problem. We are part of the solution.*

Since the 19th century, moral stereotypes about prostitution have remained much the same. The new abolitionism, an international movement influential in both France and Canada, sees AIDS as one of the multiple bad consequences of prostitution. Improving the working and health conditions of sex workers is considered less important than making the sex industry disappear. These politics tend to worsen working conditions for sex workers and to put women in danger of contagion, rather than protecting them.

About the author

Tiphaine Besnard's book *Les Prostituées à la Salpêtrière*, published in 2010 by l'Harmattan, describes medical and psychiatric ideas about female prostitutes in Paris at the end of the 19th century.

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将疾病的传播归咎于性工作者

一段漫长的历史

Tiphaine Besnard

过去五年来，性工作一直是我个人生活和精神生活的一部分。作为一名硕士研究生，我研究19世纪法国的医学界和精神界对性工作者的看法。一年前，我开始准备博士论文，进行了一些社会学采访。而我自己对于性工作的认知，则来自于我自己在过去的三年中从事性工作的经验，以及参与STRASS的活动。STRASS是法国的一个性工作者工会，成立于2009年。

从我的阅读中，我发现无论是在19世纪还是今天，人们如何看待性工作者主要受医学和精神学概念的影响。艾滋病出现的时候，在法国已经出现了很多关于性途径传播疾病风险的医学看法。我们今天所听到的预防的模式，和19世纪把性和健康联系在一起的道德观念很类似。

19世纪的认知

当时，人们掌握的医学知识大多来自受教育的特权阶级，所以这些信息都是非常类似的。医生们所实践的医疗准则实际上体现了他们对女性、工人阶级和性的想像和刻板印象。他们提醒男性们，特别

是那些能够阅读医学论文（正式出版物）的中产阶级男性，通奸、商业性行为和本社会阶层之外的性是危险的，是不被允许的。这些医生相信，精神上 and 身体上的不道德，与疾病之间存在这明确的联系。他们认为妓女是对人民的威胁，同时忽略这些女性可能面临的真正危险。

在法国，大多数人仍然认为性工作是艾滋病高风险的行为。在过去的五年中，这使我深受困扰。在研究了法国19世纪关于卖淫的医学史之后，我意识到，当时对梅毒的看法和我们今天对艾滋病的看法其实是相似的。

伪科学的思想

尽管很多研究已经证明，性工作和性工作者并不会导致艾滋病，但公众仍然被伪科学的认知所蒙蔽，认为妓女的身体很危险。公众仍然害怕商业性服务传播疾病，把不道德和疾病联系在一起。例如，你经常会从一般人，有时甚至是医生那里听说，你有越多的性伴侣（特别是陌生人或是需要付钱买性的人），那你就越可能生病。这个假设认为，一夫一妻和忠诚的性关系是最安全的性行为。

第一例艾滋病在同性恋人群中发生的事实，让那些认为同性恋是一种罪过的人，更加相信艾滋病是对不道德行为的惩罚。对同性恋的刻板印象，使得这种古老的、认为不道德行为导致疾病的旧有观念重新复苏。因而感染艾滋病和“不正常”性行为的关系，在公众的观念中得到了加强。尽管在法国并没有任何流行病学的研究证明性工作者的高艾滋病风险，但20世纪80年代后期关于卖淫传播疾病的伪科学概念传播开来。令人惊讶的是，人们只讨论疾病传播对男性产生的威胁，而完全忽略对女性性工作者的影响。这些女性似乎象征着疾病、堕落和危险。

人们如何谈论疾病

我的博士后研究是关于当代巴黎、蒙特利尔和魁北克性工作的社会代表性。社会代表性指的是人们在谈论性工作时所意味着的价值和理念。我刚开始这项研究，我阅读的大部分是法律和学术文献，而且主要是法语的文献。但我现在所开展的田野调查在蒙特利尔。我在分类网站上发布广告，招募那些愿意帮助我研究性行为的具有社会代表性的人。

Richard Tennant Cooper, *Syphilis*, 1912, Wellcome Library/CC/梅毒, 1912年



我通过发布广告来招募被访者，因为我希望我的采访对象是随机的。尽管我并没有具体说明我的兴趣是研究卖淫，但有两个被访者曾是性工作者的客人。这两人在谈到街头妓女的时候显示出他们有自己的认识，更少听信谣言。人们通常认为街头性工作者是缺乏保护的和恶心的，而伴游由于被俱乐部的业主或者皮条客监视和控制着，所以会比街头妓女会更“干净”一些。

当我于2012年5月到达蒙特利尔时，魁北克的妇女委员会刚刚发布了2012年的卖淫调查报告。该报告称我们有必要考虑不要再将妓女当作罪犯来对待，但同时也要求取消性产业。由于省级政府根据委员会的报告来制定政策，因此我希望采访委员会的两名女性工作人员，即主任及该报告的作者。我想知道她们为什么花费那么多时间来试图取消性行业，为什么她们相信废除主义，以及她们从哪里获得关于性工作的知识。她们说，街头性工作者是沦落的女性，暴力和疾病的受害者。我采访了另外6个人（一名跨性别人士，三名男性和两名女性），他们自己本身的生活方式以及关于性行为的看法都很不同。但一致的是，他们都对街头性工作者持负面的看法。他们对性工作的认知主要来源于媒体，特别是电视。

性工作者运动

在法国和魁北克，人们以保护公众免于艾滋病和梅毒为由禁止性工作。在法国，妓院自1946年起就被禁止。2011年，媒体开始报道在法国重开妓院的提案。我从那时起开始担任STRASS的发言人。我试图向记者解释性工作者是如何被传统的妓院管理所歧视（强制检测和登记在册）。但跟公共卫生的立场相比，妓女的权利无足轻重。这些女性愿意为人们臆想的公共利益而牺牲整个社区，就像她们在19世纪时一样。

和世界大部分地方一样，法国和魁北克的性工作者比一般的民众更积极地促进艾滋病预防。他们要求客人使用安全套，向客人传播性安全知识。很多性工作者组织，如斯特拉（1995年在蒙特利尔成立的组织）由正在或曾经从事性工作的人运行。这些组织呼吁：我们不是问题的根源，我们是解决问题的人。

自19世纪以来，人们关于卖淫的道德认知和刻板印象仍然大致相同。新的废除主义是一个世界性的运动，在法国和加拿大都很有影响力。该运动认为艾滋病是卖淫造成的众多不良后果之一。与取消性行业相比，改善性工作者的工作和健康状况显得无足轻重。这往往会使用性工作者的工作条件更加恶化，使他们暴露在疾病感染的风险中，而不是使他们获得保护。

关于作者

Tiphaine Besnard的新书《妇女救济院》2010年由L'Harmattan出版社出版。该书描述了19世纪末期巴黎医学和精神病学对妓女群体的认知。

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Working with the Global Fund to Fight AIDS, Tuberculosis and Malaria

Empower Foundation Thailand

In 2009 Empower was excited to be invited by the Global Fund to Fight AIDS, Tuberculosis and Malaria to help design a new HIV-prevention programme for female sex workers in Thailand. We were proud to be part of a new initiative to improve sex workers' chances of being safe from HIV. We hoped increased resources would allow us to strengthen the skills and capacities of our leaders and develop our community's knowledge. We also hoped to be able to share the decades of experience and lessons learned from both our successes and failures with non-sex-worker partner organisations, both government and non-government, in Thailand. This new Global Fund HIV Programme for Female Sex Workers

was managed by Planned Parenthood Association of Thailand.

Empower is the oldest and strongest sex-worker organisation in Southeast Asia. Our main goal is to promote the human rights of sex workers and provide a space for its community to own, organise and assert their rights to education, health, access to justice and political participation. More than 50,000 sex workers have been part of Empower since it was founded by a group of sex workers and women's rights activists in 1984.

Empower has won the Thai award for Best Human Rights Organisation in 2006, the UNDP Red Ribbon Award in 2008 and the Freedom to Create Prize in 2009. We have been recognised for our expertise in HIV – invited to

Empower women help Planned Parenthood Thailand employees sent to take back condoms and other equipment from a sex-worker drop-in centre. Photo Empower

赋权基金会的工作人员帮助计划生育协会从个性工作者活动中心取回安全套和其他设备。





contribute to National Aids Planning and holding the chair position of the Local Organising Committee for the 2013 Asia-Pacific AIDS Conference. We are frequently contacted for guidance and input by bodies such as UNAIDS, the World Health Organisation, UNDP and UNFPA.

Despite this history of expertise and recognition, we were dropped from the Global Fund project after nearly two years of successful participation.

How the Programme Works

Each of the nine organisations within the project were given the same model to work with. Empower and one other group were the only organisations that had previous experience working with sex workers; the others were new to the field, including the manager, Planned Parenthood. We were supposed to create drop-in centres, run outreach, provide community HIV education and promote counseling and testing for sexually-transmitted infections and HIV among female sex workers. Empower already had well-established drop-in centres for sex workers in five provinces. Under the project we employed 35 sex workers as leaders and opened a further six drop-in centres in new provinces. Sex-worker leaders managed the centres and ran the outreach and other activities. These leaders recruited a further 300 sex workers as community educators and support people for the project.

Global Fund projects are evaluated every three months, and Empower passed every evaluation between October 2009 and July 2011.

Our Concerns

Throughout we voiced our concerns regarding the Global Fund's policy on HIV testing, which increasingly uses the number of sex workers having voluntary counseling and testing (VCT) to indicate the success of a project. But when participating organisations are afraid they will not meet quotas, this indicator may not reflect true *voluntary* counseling or testing. We know of sex workers who have been coerced or even forced to take the test.

We were also critical that there was no provision made for sex workers who test HIV-positive. Since a positive HIV result was seen as the end of *prevention*, not the beginning of treatment, the programme provided these sex workers with no access to treatment or care: they had lost their values as indicators.

We think the Global Fund over-emphasises administrative tasks such as record-keeping and written reports, encouraging other participating groups to favour hiring people who have administrative skills as project staff. Sex workers' skills come to be seen as less valuable than those of a bookkeeper, so sex workers are unlikely to be hired as leaders and managers. We saw that sex workers were only hired in the most temporary and lowly-paid roles, if at all, by other participating groups. Stigma and suspicion towards sex workers were also strong at the management level, so sex workers were continually checked up on and forced to prove they had done their work. Many sex workers lost spirit with the whole programme and walked away.

Dropped!

In October 2011 Empower was notified by Planned Parenthood that although we had passed the financial-management evaluation and succeeded with nearly all our indicators, we were being dropped from the programme. Three hundred of our sex-worker outreach workers and 35 sex-worker staff all lost their jobs overnight, and four of our centres were forced to close permanently. The reasons given included:

- Empower had hired 'low quality' staff with 'no qualifications' (meaning sex workers).
- Empower had provided HIV counseling to hundreds of sex workers (well above the required quota for counseling), but too few had gone on to take the HIV test, so we had failed to meet the required quota for testing.
- Empower had failed to 'create harmony' amongst participating groups because we raised concerns about stigma and discrimination in Thai Public Health services (administrator of the Global Fund programme).

What We Learned from this Experience

We would like to offer the Global Fund suggestions for improvements so that sex workers can be supported to be healthy and safe, including from HIV.

- The Global Fund needs to take urgent steps to remove HIV testing as an indicator of project success, because it can be manipulated by coercing participants to take the test.
- The Global Fund needs to ensure that projects will provide continuing access to treatment and care for participating sex workers, not simply diagnosis, so that HIV-positive people are not disqualified.
- The Global Fund needs to develop standards and practices that reflect the value of community and sex worker-led projects rather than prioritising administrative skills.
- The structure and relationships between management and participating groups need urgent review with special attention paid to the balance of power and potential for abuse of power, so that participants are not suddenly dropped without warning.
- A complaints process should be part of Global Fund programming, so that participants can raise problems early and not be suddenly removed without any possibility of negotiation.

We have thought long and hard about what happened to us and hope other groups working on HIV prevention through the Global Fund can learn from our experience.

About the author

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Sex workers in Phnom Penh, Cambodia, 2007, Photo APNSW

柬埔寨金边的性工作者, 2007年



与全球基金合作的经验

泰国赋权基金会

2009年，泰国赋权基金会非常荣幸地接到全球抗击艾滋病、结核和疟疾基金的邀请，帮助设计一个新针对向泰国女性性工作者的艾滋病预防项目。能够参与到这个新的项目推动性工作者的艾滋病预防，我们感到很自豪。我们希望，这些增加的资源能够增强社区领袖的能力和知识。我们也希望能够和非性工作者合作方、政府和非政府机构，一同分享我们这几十年来成功和失败。这个面向性工作者的新的全球基金艾滋病预防项目由泰国计划生育协会进行管理。

赋权基金会是东南亚成立时间最早、也是最活跃的性工作者机构。我们的主要目标是促进性工作者的人权，并推动社区来实践、组织和维护自己的教育权、健康权、诉权和政治参与。赋权基金会于1984年由一群性工作者和女性权利活动家成立。迄今为止，已经有5万多名性工作者参与到我们的项目中。

2006年，赋权基金会获得了泰国最佳人权组织奖；2008年获得联合国开发署的红丝带奖，2009年的自由创造奖。我们在艾滋病领域的丰富经验得到了广泛的承认：赋权基金会被邀请参与制定国家艾滋病计划，并在2013年亚太艾滋病大会的地方组织委员会中担任主席一职。一些国际机构经常向我们征询意见，如联合国艾滋病规划署、世界卫生组织、联合国开发署，以及联合国人口基金会。

尽管我们在艾滋病领域有着丰富的知识和经验，也获获得了大家的承认，但在成功参与全球基金项目两年之后，我们被迫退出。

项目的开展

参与这个全球基金项目有9个组织，都按照同样的方式开展工作。赋权基金会和另外一个组织是项目中唯一有性工作者经验的；其他组织都是刚开始涉足性工作领域，包括项目的管理方，计划生育委员会。项目支持我们建立社区服务中心，进行外展，在女性性工作者中开展社区艾滋病教育和推动性传播疾病的检测和咨询。在这个项目开始之前，赋权基金会就已经在五个省建有完善的、面向性工作者的社区服务中心和服务。在全球基金项目的支持下，我们雇佣了35名性工作者作为领导者，并在另外一个省新建了一个活动中心。这些中心由性工作者进行领导和管理，开展外展和其他活动。这些行工作领导者又招募了300名性工作者，作为社区教育员和项目的资源人。

全球基金项目每三个月评估一次，赋权基金会在2009年至2011年7月通过了每一次评估。

我们的担忧

我们对全球基金艾滋病检测的政策感到忧虑，该政策用性工作者进行自愿咨询和检测（VCT）的数量来衡量一个项目的是否成功。由于机构会担心无法完成任务，这些指标就可能无法反映真实的自愿咨询或检测的情况。我们了解到，一些性工作者被迫或被要求去进行检测。

而性工作者被检测出阳性之后，并没有相应的后续服务跟进。对此我们也提出质疑。在这个艾滋病预防项目中，由于检测结果呈阳性被看作是预防工作的结束，而不是治疗的开始，因此这个项目并没有为检测为阳性的性工作者提供治疗或关怀：因为对于预防来讲，他们失去了作为指标的价值。

同时，我们也认为全球基金过分强调行政管理，如保存记录和书面报告，这使得组织倾向于招聘具有管理技能的人作为项目工作人员。而与财务人员相比，性工作者的经验则显得不那么重要，所以性工作者不太可能被雇佣为领导者和管理者。我们看到，性工作者被招聘在那些暂时的、低薪的职位，如果这些项目中有性工作者的话。在管理层中对性工作者的污名和怀疑也是很严重的，所以性工作者不断被检查，被迫证明他们完成了自己的工作。很多性工作者对整个项目失去信心并决定离开。

退出！

2011年10月，赋权基金会按计划生育协会告知，尽管我们通过了财务和管理评估，并几乎完成了所有的指标，但我们仍然要退出该项目。300名性工作外展人员和35个性工作者员工在一夜之间失去了他们的工作，4个活动中心被迫永久关闭。理由包括：

- 赋权基金雇佣了“低质量”的“不够资格”的员工（即性工作者）。
- 赋权基金会为数百名性工作者提供艾滋病咨询（远高于所要求的指标），但只有很少人进行艾滋病检测，所以我们没有完成检测的指标。
- 作为项目参与方，赋权基金会未能“创造和谐”，因为我们提出了泰国公共卫生服务（为全球基金的管理方）中存在的污名和歧视问题。



Planned Parenthood Thailand vehicle loaded with condoms and equipment removed from a sex-worker drop-in centre after Empower was dropped from the programme, Photo Empower

赋权基金会退出项目后，泰国计划生育协会的车从一个性工作者活动中心运走安全套和设备

我们从项目当中学到什么

我们希望为全球基金提供建议，改善他们的项目，使性工作者能够获得支持、健康和安全，免于艾滋病。

- 全球基金需要采取紧急措施撤消将艾滋病检测作为衡量项目的指标，因为这可能会导致强制检测。
- 全球基金需要保证项目能够为性工作者提供持续的治疗和关怀，而不只是诊断，以使艾滋病阳性患者能够获得治疗。
- 全球基金需要制定标准和实践，把社区参与和性工作者主导作为项目的核心价值，而不是强调项目的管理能力。
- 管理方和项目组织之间的架构和关系应当进行重新考量和审视，要特别关注权力的平衡以及可能的权力滥用，避免参与组织在未知情的情况下突然被撤出。
- 应当在全球基金项目中建立投诉机制。让参与机构可以尽早把问题提出来，而不是突然被迫撤出而没有任何谈判的余地。

被迫退出项目之后，我们思考了很久，试图找出原因。我们希望其他从事全球基金艾滋病预防工作的组织可以从我们的经验中有所受益。

关于赋权基金会

<http://www.empowerfoundation.org>
联系: badgirls@empowerfoundation.org

Sexual-health outreach in Machala, Ecuador

厄瓜多尔马查拉， 生殖健康外展教育

Photos from Machala, Ecuador, where sex workers founded the Asociación Trabajadoras Autónomas '22 de junio' de El Oro in 1982. Colectivo Flor de Azalea is another association of sex workers in the region.

厄瓜多尔马查拉，性工作者们在1982年成立 Asociación '22 de junio'（性工作者工会）。Colectivo Flor de Azalea是该地区的另一个性工作者机构。

KARINA BRAVO



HIV outreach by a sex worker from Colectivo Flor de Azalea at a Machala brothel.

Colectivo Flor de Azalea 的外展人员在马查拉的一家妓院开展艾滋病宣传。

ROSA MANZO



ROSA MANZO



More than 1500 police officers attended classes given by Colectivo Flor de Azalea on HIV and discrimination against sex workers, 2010–2011.

2010年至2011年，超过1500名警察参加了由Colectivo Flor de Azalea组织的艾滋病和禁止歧视性工作者培训。



Colectivo Flor de Azalea and Asociación '22 de junio' march on World AIDS Day 2011.

2011年世界艾滋病日, Colectivo Flor de Azalea 和 Asociación '22 de junio' 两个机构的游行。



Sexual health outreach by Colectivo Flor de Azalea to workers on a banana plantation and frequent brothel customers, who are at high risk of infection.

Colectivo Flor de Azalea 的外展人员在一个橡胶种植园对顾客进行性健康教育。顾客是艾滋病和性病的高危人群。

ASOCIACIÓN '22 DE JUNIO'



Sex worker from Asociación '22 de junio' demonstrates the female condom to brothel customers on International Women's Day, 8 March 2012.

2012年3月8日国际妇女节, Asociación '22 de junio' 的工作人员顾客展示女用安全套。



Sex workers with safe-sex t-shirts.

穿着带有安全性行为标识T恤的性工作者。

ROSA MANZO

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Promoting sex worker-led research in Namibia

Matthew Greenall and Abel Shinana

In late 2011 we (Matt Greenall, a consultant, and Abel Shinana, a sex-worker leader) tried out a new approach to research on HIV and sex work in Namibia, to test three ideas. First, we believed that to be effective HIV programming must understand and address the specific contexts affecting sex workers. Second, we thought that simply asking sex workers questions about HIV is not the best starting point. Third, we believed that sex workers themselves are in the best position to describe their own social contexts. We also wanted to show that research can be about more than extracting information and delivering it to donors and policymakers. We involved sex workers themselves in the research so they could use the process and the findings in their own communities.

Teamwork in Community Research

With support from the UN Population Fund and UNAIDS, we assembled a team of 17 sex workers from five different towns in Namibia. We selected the team from members of sex-worker associations or HIV-education projects. Many of the 17 were HIV-positive, and all felt AIDS was a major issue in their lives.

When we started to discuss how to talk to sex workers about AIDS, the team decided that the best way would be to talk about broader issues. The team decided to focus on three points: how sex workers are treated in the community and by authorities, safety at work and health. We worked together to develop guidelines for topics to discuss with sex workers and a plan for conducting the research in each town. We practiced how to facilitate and document discussions. The team then held 29 focus groups attended by 212 sex workers in the five towns. Afterwards we got together to interpret, critique and draw conclusions from each others' work.

Themes from Our Research

Sex workers in all five towns identified violence – rape, beatings and extortion by law enforcement, security workers and clients – as one of their main problems and main fears. Moreover they complained that the police abuse their power and do not respond to sex

workers' complaints: This is not surprising given the quasi-illegal status of sex work in Namibia.

The police will never help unless... they can have sex with us first. Then they promise that they will help us later.

(Sex worker in Oshikango)

But the profiles of sex workers varied in each town, with big differences in age, gender identities and proportions of migrants from other countries. In discussing health care, participants often identified specific clinics or health-care workers that were friendlier or less friendly to sex workers. Participants were well informed about treatments for sexually-transmitted infections (STIs) and HIV and knew when cases were not being treated appropriately. Participants also talked about the limited impact that HIV and vocational training or 'rehabilitation' programmes had on their lives. They described these programmes as being judgemental and ineffective at providing alternatives to sex work.

Sex workers got rehabilitated by the Ministry of Health but most of them went back to sex work after the training.

(Sex worker in Windhoek)

Participants in the focus groups made practical suggestions on what could be done about the problems they faced. They recommended working with the local authorities to influence how law-enforcement officers were behaving. For instance, in one town sex workers had begun a dialogue with members of the local council in order to increase their awareness about the issues. Many study participants said that sex workers should gather information on violence and on discrimination by health-care workers. Our research project illustrated how sex workers already organise themselves to respond to problems, although they seldom receive any political or financial support to do so, whether from AIDS programmes, the government or human-rights organisations.

How Our Research is Different

Research on HIV and sex work often attempts to describe how sex workers are affected, how this can be linked to their knowledge about HIV, how often



Abel Shinana, Photo Tomas Zapata

they use condoms and whether they use services for HIV testing and STI treatment. These studies aim to produce data that represent the overall situation in a whole city or a whole country and often aim to describe trends over time. This approach assumes that sex workers are an easily identifiable and non-mobile group that can be counted and monitored. Methods in these studies make assumptions about how and why sex workers have sex and rely on self-reported data from sex workers about their attitudes and safe-sex behaviours. Such studies can give a broad picture but are not practically useful to local sex-worker groups or service providers, because they do not describe the specifics of local contexts, such as where and why violence occurs, or which health-care workers provide good quality and respectful services to sex workers. They examine sex work solely through the lens of HIV.

The approach we used is less about getting generalisable data for a whole country and more about supporting local groups of sex workers to identify problems affecting them and solutions in their own neighbourhoods and towns. We are convinced that if programmes designed to support sex workers are really going to be helpful, it is essential that the abstract, generalised pictures given by national HIV studies are complemented by more detailed information about local factors that communities can act on directly.

Our aim was to show that programming can take a more qualitative, nuanced approach, focused on specific local factors that affect sex workers. Our approach was justified by the results. As well as documenting the realities of sex workers in the five towns involved, the team showed that sex workers can take the lead in

research. After the team presented their findings to a national meeting on sex work and HIV in Windhoek in November 2011, the donors agreed to provide further funding to sex-worker-led organisations, particularly to systematically monitor and document problems related to violence and access to health care. Members of the research team also met with the UN Special Rapporteur on Human Rights and Poverty Reduction, who responded positively to their arguments for the decriminalisation of prostitution in Namibia.

The bigger question is whether initiatives like these can influence and therefore improve existing large-scale HIV programmes. Will we convince these programmes to reorient their approaches? Three members of the team of 17 facilitators died within six months after our research project ended, which shows how fragile the community of sex-worker leaders is in Namibia. This article is dedicated to them: Abel, Annetty and Priscillar.

About the authors

Matthew Greenall is a public-health consultant. Abel Shinana was the coordinator of the African Sex Worker Alliance Namibia. They worked together to design, facilitate and write up the work described in this article. Contact: mgreenall@gmail.com for the full report on this research

Abel Shinana of African Sex Worker Alliance and Anna Jonker plan how to conduct the assessment in her home town, Kalkrand. Photo Tomas Zapata

来自非洲性工作者联盟的Abel Shinana和Anna Jonker, 讨论如何在他们的家乡开展评估工作。



在纳米比亚推动由性工作者主导的研究

Matthew Greenall 和 Abel Shinana

2011年底, 我们(Matt Greenall 是一名顾问, Abel Shinana是一名性工作活动家) 尝试用一种新的方法来研究纳米比亚的艾滋病问题和性工作者, 并检验三个假设。我们认为: 第一, 有效的艾滋病项目必须要理解性工作者所处的特殊环境, 解决他们所面临的问题; 第二, 仅仅向性工作者提艾滋病并不是最好的切入方式; 第三, 性工作者最了解自己的社会处境。我们也希望证明, 研究并不只是收集信息提供给资助方和政策制定者。我们让性工作者参与研究的过程, 这样他们可以在自己的社区中充分利用这项研究以及研究的结果来发挥作用。

社区研究中的团队协作

在联合国人口基金会和联合国艾滋病规划署的支持下, 我们在纳米比亚建立了一个由17名性工作者组成的工作小

组, 成员来自五个不同的镇。我们从性工作者组织或艾滋病项目中挑选小组成员。在这17人中, 很多人是艾滋病感染者, 他们认为艾滋病是他们生活中的一个重要问题。

我们开始商量如何与性工作者讨论艾滋病问题, 工作小组认为, 最好的方式是谈论更宽泛的问题, 以此作为切入。他们决定主要关注三个问题: 政府和社区如何对待性工作者, 职业安全和健康问题。我们一起设计访谈题目和访谈规则, 并制定了每个镇的研究计划。我们练习如何主持和记录讨论。工作小组在五个镇举办了29个小组讨论, 共有212名性工作者参加。然后我们一起对这些工作进行了回顾、思考和评估。

研究的主题

五个镇的性工作者认为, 来自执法者、安保人员和顾客暴力, 如强奸、殴打和勒索, 是他们面临的主要问题之一。此外, 他们称警察滥用权力, 对性工作者的报案不予处理——考虑到在纳米比亚性工作者的非法地位, 这并不让人感到惊奇。

警察绝对不会帮忙……除非他们先和我们发生性关系。然后他们就会承诺说以后会帮助我们。”

(一名来自Oshikango的性工作者)

但是每个镇的性工作者都有不同的背景, 他们的年龄、性别身份和国籍有很大差异。在讨论到看病的问题时, 被访者往往提到哪个具体的诊所或医护人员对性工作者友好或者不友好。这些被访者对性病和艾滋病及其治疗有充分的了解, 所以如果医生没有对他们提供适当的治疗, 他们自己会知道。参加者还提到, 所谓的职业培训或“康复”项目对他们生活产生的影响非常有限。他们说这些项目带有偏见, 根本无法让他们脱离性行业。

“卫生部对性工作者开展康复培训, 但大部分性工作者在培训后又回到了性行业。”

(一名来自Windhoek的性工作者)

被访者就艾滋病项目提出了切实的建议。他们建议与地方政府一起合作, 改变执法人员的行为。例如在一个镇, 性工作者开始与地方议员议会进行对话, 以提高议员们对一些问题的认识和

了解。他们说性工作者应当收集关于医护人员暴力和歧视的信息。我们的研究表明，性工作者们已经知道如何组织起来，解决自己所面临的问题。但他们往往很少能够获得来自艾滋病项目、政府，或者是其他人权机构的政治或经济支持。

我们的研究有何不同

关于艾滋病和性工作的研究通常试图描述性工作者如何受艾滋病的影响，性工作者的艾滋病知识、安全套使用、艾滋病检测和性病治疗服务的使用状况。这些研究试图获得代表整个城市或国家情况的数据，以描述疫情或问题的发展趋势。这种方法假设性工作者是一个很容易识别的、不流动的群体，可以对这一人群进行计算和观察。这些研究也试图描述性工作者性行为的原因及方式，并且主要依靠性工作者对自己的态度和安全性行为的描述。这些研究能够为我们提供一个整体的图景，但实际上并不能为性工作者组织或服务提供方所用。因为这些研究不讨论地方的具体情况，如为什么发生暴力，在哪里发生，或哪个医护人员提供友好的尊重性工作者的服务。他们只从艾滋病的视角来观察性工作者。

我们的研究并不是为了收集展示国家整体状况的数据，而是支持地方性工作者发现他们在社区和城镇中所面临的问题，寻找解决的方法。我们认为，如果希望所开展的项目能够真正为性工作者提供帮助和支持，那就要在了解国家整体情况的基础之上，更加详细地了解影响地方社区的因素。

我们的目标是要表明，项目设计可以采取一种更加定性的、细致的方法，关注影响性工作者的具体因素。我们的研究结果证实了研究方法的有效性。除了记录五个镇的性工作者状况，我们所成立的工作小组还说明了性工作者可以在研究中起领导作用。2011年11月，小组在一个国家层面的性工作和艾滋病会议上展示了研究结果，特别是我们如何系统性地监督和记录暴力和医疗问题。小组成员也与联合国健康权特别报告员和贫困问题特别报告员进行会面，他们都对纳米比亚性工作者去罪化的倡议给予了积极的回应。

而另外一个更大的问题，是这样研究是否能影响和改进已有的艾滋病防治项目。我们是否能够说服这些项目调整来他们的方法？在这个17人的工作小组中，有3人在研究项目结束6个月之内相继去世，这显示了纳米比亚的性工作领导者是多么地脆弱。本文献给：Abel、Annety 和 Priscillar。

关于作者

Matthew Greenall是一名公共卫生顾问。Abel Shinana是非洲纳米比亚性工作者联盟的协调员。他们一起设计和开展了本文所介绍的研究。

如欲获得本项研究的报告，请联系：
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The tide can not be turned without us

Cheryl Overs

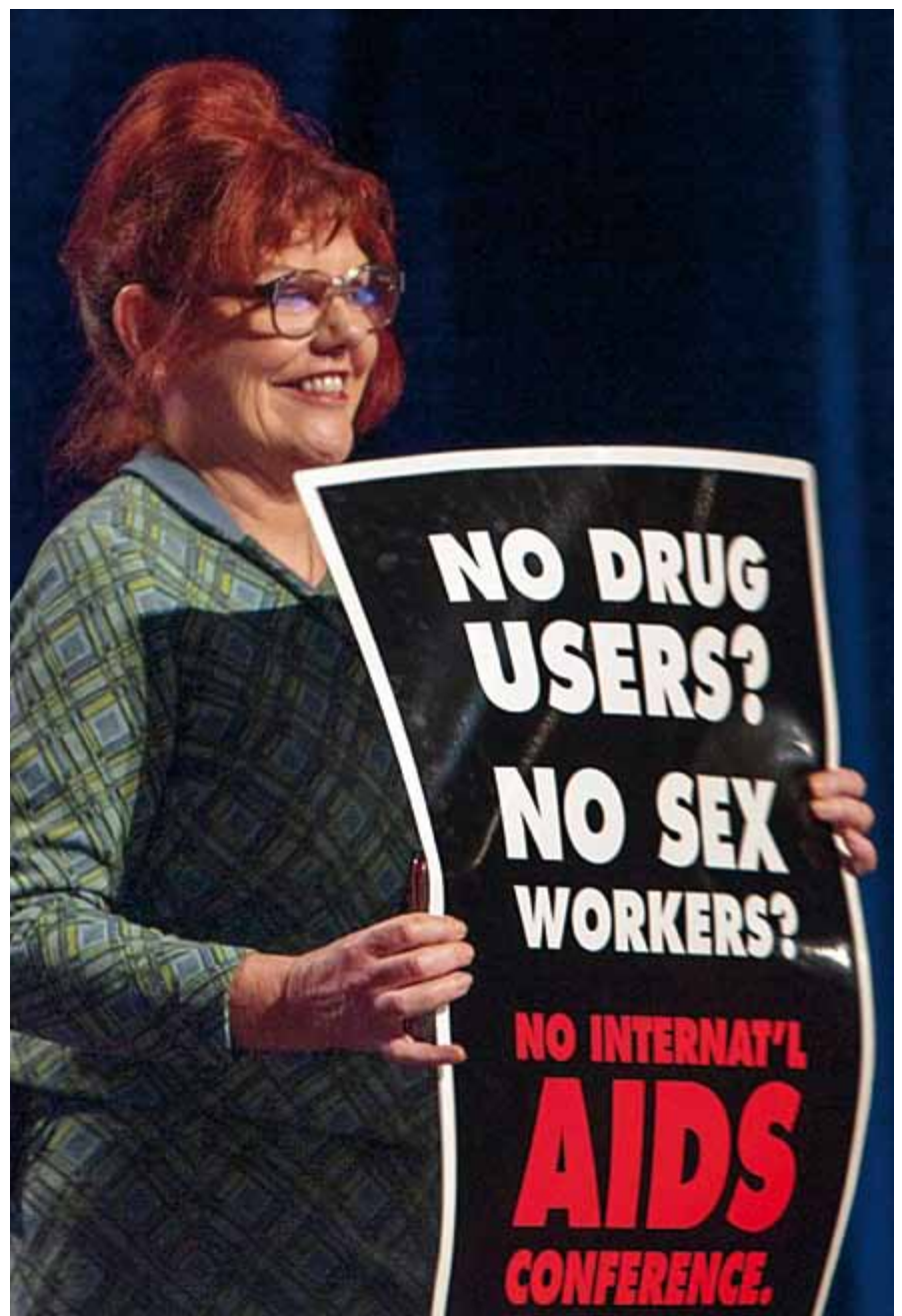
The following is a brief summary of points made in a plenary presentation at the International AIDS Conference held in Washington DC in July 2012.

For sex workers, AIDS 2012 is very different from previous International AIDS Conferences, because of US immigration law that prohibits sex

workers from entering the US and the Sex Workers' Freedom Festival in Kolkata it created. The publicity about sex workers' rights generated worldwide and the support within the HIV community are historic.

The conference is also historic because it takes place at the dawn of the new era of prevention. Recent scientific developments in anti-retroviral-based microbicides, pre-exposure prophylaxis and HIV treatment as prevention have been

Cheryl Overs at IAC 2012, © IAS/Steve Shapiro/作者参加2012年世界艾滋病大会



rightly described by Michel Sidibe of UNAIDS as 'game-changing'. The optimism about them at the conference is palpable. The message is clear: these products can end the global HIV pandemic.

But alongside that hope there is tension between those who want to shift resources away from education and community responses to biomedical approaches and those who are concerned that scientific advances may be wasted when people are denied access to services or cannot access them safely. Although these new medications and technologies are touted as female-controlled, some of us question whether any product or medicine can change power balances, including between sex workers and clients.

The risks to sex workers of all genders will be enormous if condoms are replaced in commercial sex by HIV-prevention methods that are only partially effective: they do not protect against unwanted pregnancies or sexually transmitted infections, which now include incurable gonorrhea.

It is good to talk about an extra tool in the prevention toolkit, but the fact that sex workers will still have to get clients to use condoms raises serious concerns. Sex workers know their clients, and they know there will be increased demand for sex without a condom. Clients in Internet chat rooms are already talking about the 'liberation from rubber' that the 'pill for HIV' will bring. Sex workers also understand that they work in an industry where market forces and workplace practices determine what happens – not negotiations between individuals. They also know that just as it was for the 'old' HIV-prevention methods, the cost and responsibility for using the new methods will fall on them, not on their clients.

When peer educators hear about new prevention technologies, they immediately realise that they will have to learn and share new and very complex information, including with clients, who have consistently proven to be a hard-to-teach population. HIV testing is more important than ever, because anti-retrovirals (ARVs), as either treatment or prevention, can only be used by people who already know their own HIV status.

But for sex workers, taking the HIV test continues to carry potential for discrimination, violence, lack of access to treatment and loss of livelihood. Instant HIV tests may be seen as a solution by some, but the possibility of on-the-spot testing of sex workers on the street, in the brothel or in the police station raises predictable threats to



Sex workers 'rocked the boat' at IAC 2012 in Washington to protest the exclusion of sex workers and drug users. Photo PJ Starr

2012年华盛顿世界艾滋病大会，性工作者们抗议美国限制性工作者和吸毒者入境，使得他们无法参加此次大会。

both human rights and public health. Sex workers cannot expect confidential HIV test results, especially if they are tested at work or while under arrest or some other kind of pressure. Results showing workers are HIV-positive can and do lead to criminal prosecutions, and positive results are often shared with brothel owners, authorities and even the public. It is therefore not unreasonable to worry that HIV testing and medical prevention could be thrust on sex workers or that health services would be provided only to sex workers who agree to take the test.

Law and policy will be key factors in the success or failure of new prevention technologies. Much has been written about the human-rights abuses caused by 'raids and rescues' and the impact of anti-trafficking laws on sex workers. But even without actual raids and arrests, criminal law shapes the sex industry. The HIV industry is very fond of talking about the need for a legal framework that enables female sex workers to be found by 'prevention services'. But this is folly while the law treats large numbers of sex workers as non-people and creates inherently dangerous workplaces that cannot be made safe by any pill, gadget or service. The main point I want to add to the discussion of law is:

We don't need a legal framework that aims to get prevention services to sex workers in dangerous places. We need law that gets commercial sex out of dangerous places and into safe ones.

For decades sex workers have been saying that the way to do that is to make sex work fully legal and govern it with the same mix of labour regulations and criminal law that applies to other workers and businesses. The inventor of the term sex work, Carol Leigh, is here at the conference, which is a great reminder that the change of language from prostitute to sex worker illuminated the path to the solution: accepting sex work as work. Recently the Global Commission on HIV and the Law agreed, calling for full decriminalisation of sex work, including sex businesses. The International Labour Organisation has at this conference affirmed its support for sex workers' labour rights.

I am convinced that this is the moment to take the discussion on sex workers' rights forward, to put the oppressive and often irrelevant model of public health behind us and to move forward with a strong labour-rights agenda that carries the potential not just to reduce HIV but to make sex work safe in every way.

About the author

Cheryl Overs was a founder of the Scarlet Alliance (Australia) and the NSWP. She is currently a researcher in the medical faculty of Monash University in Australia.

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Note

Powerpoint of Overs's full IAC presentation: <http://pag.aids2012.org/session.aspx?s=677#2>

没有我们，艾滋病疫情无法扭转

Cheryl Overs

2012年7月，在华盛顿召开世界艾滋病大会。以下是我在大会开幕式上发言的摘要。

对于性工作者来说，2012年的世界艾滋病大会和之前的大会非常不同。因为美国的移民法禁止性工作者入境，因此活动家们转而在加尔各答开展“性工作者自由节”。世界范围内关于性工作者权利的公开讨论，以及艾滋病社区对我们的支持，是前所未有的。

这次会议是历史性的，也因为在它召开之时，新预防时代的曙光即将来临。以抗病毒为基础的杀菌剂、暴露前预防，以及将治疗作为预防等科学技术的新发展，被联合国艾滋病规划署的迈克尔·西迪贝形象地称为“改变了游戏规则”。会议上的乐观情绪显而易见。所传达的信息非常明确：这些产品可以结束全球的艾滋病时代。

但是伴随着这些希望，同时也有紧张的情绪。一些人希望把资源从教育和社区应对转而投向生物医学。而另一些人则担心如果被拒绝获得服务，或者不能安全地获得服务，人们就无法从科学的发展中受益。尽管这些新的药物和技术被吹捧为由女性进行控制，但有人质疑是否有任何产品能够改变已有的权力的架构，包括在性工作者和顾客之间。

如果安全套被替换成只会部分有效的艾滋病预防方式，那么对所有性别的性工作者的影响将是巨大的：这些艾滋病预防方法并不能防止意外怀孕或性传播疾病，包括现在早就可以治愈的淋病。

更多的预防工具出现，让人们有更多选择，这是好事。但性工作者仍然需要说服顾客使用安全套的事实让人感到担忧。性工作者了解他们的顾客，而且他们知道，对无保护性行为的需求会增加。在网络聊天室里，人们已经在讨论“艾滋病药丸”（指新的艾滋病预防技术）将带来“从橡胶中解放出来”（指安全套）。性工作者也明白，在他们所处的产业，深受到市场力量和工作场所规则的影响，个人之间的谈判并不能决定游戏规则。性工作者也知道，和“旧”的艾滋病预防方法一样，使用这些新方法的费用和责任都要落在他们身上，而非顾客。

当同伴教育员听到新的预防技术，他们立刻意识到，他们将不得不学习和分享这些崭新的复杂的信息，特别是针对顾客群体。顾客一直被证明是一个很难覆盖的人群。艾滋病检测比以往任何时候都更重要，因为抗病毒药物治疗，无论是作为治疗或是预防，都只能被那些已经知道自己艾滋病感染状况的人所使用。

但对于性工作者来说，进行艾滋病检测，仍然要冒着歧视、暴力、缺乏治疗和失去生计的风险。即使艾滋病检测可能被一些人看作是解决问题的方案，但在街头、妓院



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或者警察局对性工作者进行现场检测，我们能够预见到这样做可能带来的人权和公共卫生威胁。性工作者无法奢望获得保密的艾滋病检测结果，特别是如果他们是在工作场所或者被逮捕时，或在某些压力之下进行艾滋病检测。一些研究结果表明，艾滋病阳性的性工作者可能遭到刑事指控，而阳性的检测结果通常会被告知妓院老板、当局、甚至是公众。因此，我们的担心是不无道理的：艾滋病检测和医疗预防的责任往往会加诸于性工作者身上，或者医疗服务只会提供给那些愿意接受检测的性工作者。

新预防技术是成功或失败，法律和政策将会是关键因素。关于“搜查和拯救”行动所引起的人权侵害，以及反人口贩卖法对性工作者的影响，已经有很多论述。但就算没有突然搜查和逮捕，刑事法律也塑造着性行业。在艾滋病领域人们很喜欢讨论让“预防服务提供者”能够找到性工作者。但是这是愚蠢的，如果法律针对大量的性工作者，不把他们当做人，导致工作场所内部变得很危险，那么任何药丸、工具或服务都不能使这些场所变得安全。我关于法律的主要观点是：

我们并不需要一个能够让性工作者在危险的地方获得预防服务的法律框架。我们需要的法律，是能够把性产业从危险的地方拉出来，安置到安全的地方去。

几十年来，性工作者一直在说，要达到这个目的，就要让性工作完全合法，用劳动法规和适用于其他劳动者的刑事法规来管理性行业。发明性工作一词的人，卡萝·蕾，也在这个会议上。从卖淫到性工作，用词的改变提醒着我们解决问题的方法就在眼前：承认性工作是工作。最近，全球艾滋病和法律委员会呼吁性工作的完全去刑事化。国际劳工组织也在这个会议上重申其对性工作者劳动权利的支持。

我相信，是时候推动关于性工作者权利的讨论进一步往前。把惩罚性的公共卫生模式抛在脑后，关注劳工权利。我们不只是要降低艾滋病毒的传播，而是要让性工作在任何一个地方都安全。

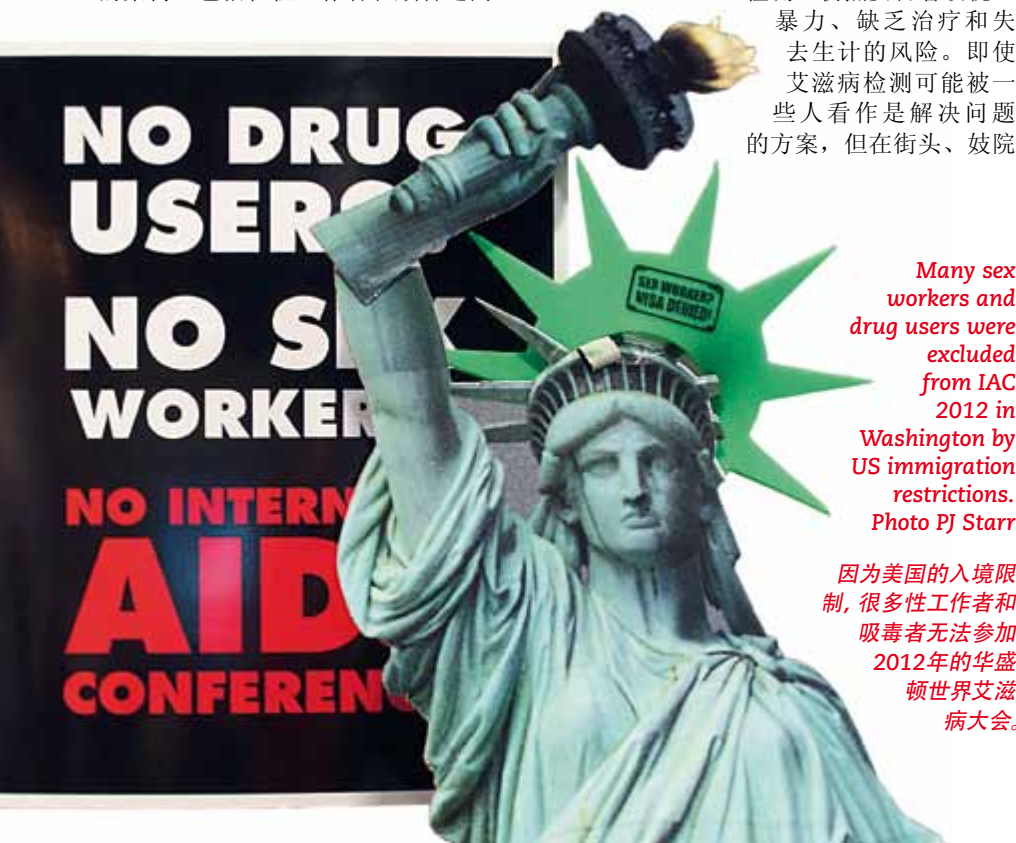
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注

在世界艾滋病大会上的发言全文（幻灯片）：
<http://pag.aids2012.org/session.aspx?s=677#2>



Gay parties and male sex workers in Nigeria

Kehinde Okanlawon and Ade Iretunde

Living as a male sex worker in Nigeria is a big challenge, since both same-sex activity and sex work are criminalised and socially condemned. In Nigeria, HIV affects men who have sex with men (MSM) four times as much as other men and condom use is low. Male sex workers are numerous, but their needs for prevention and treatment are under-researched and poorly addressed in national HIV programming. Knowing that health workers are often homophobic and discriminate against male sex workers discourages men from disclosing their sexual orientation or even visiting HIV-prevention and testing services.

While male sex workers and other MSM are seriously marginalised and socially excluded in Nigeria, they secretly organise parties which provide a source of hope. These parties are always interesting places to be, where some male sex workers dress like women and refer to themselves as Beyoncé, Shakira, Rihanna and other divas, while others freely dance and act like women. At these parties, men feel secure and comfortable to celebrate and express passions and gratifications about their sexuality, while they also network and meet new friends, potential sex partners and clients. There is a cordial relationship between male sex workers and other MSM at these parties, many referring to each other as *my sister*. One sex worker said *Gay parties help us forget our sorrows, depression, HIV and other problems, and we think about our future*.

Some sex workers also use these parties to reach out with HIV messages and services. Ade Iretunde was a male sex worker in South West Nigeria who was passionate about it. He would inform me about any party coming up so I could attend to talk about HIV issues and provide condoms and lubricants. Ade became a peer educator a few months before he died of an HIV-related illness and always expressed concerns about challenges he and other peers faced in accessing HIV services.

Ade invited me to a gay party organised by a sex-worker friend in Ibadan, a large city, in February 2012. Men came from cities across South West Nigeria. At this party, Ade and I recruited 28 men to talk with us after the party;

they averaged 26 years old. We asked about their experiences of stigma and discrimination from health workers and strategies they take to fight HIV.

How Health Workers Discriminate

Most participants reported they felt stigmatised after disclosing their sexual orientation and/or sex work status to health workers.

A doctor did an HIV test for me and told me I was positive. He then said we are the ones spreading HIV and that God will destroy us as He destroyed Sodom and Gomorrah.

A doctor was nice to me when I told her I'm a gay sex worker because I report STDs regularly. But when she finished treating me, she shouted Go and sin no more, if you come again with an STD, I won't attend to you. I'd rather travel to Ibadan to see doctors who treat me well.

I was humiliated in a hospital one day in front of doctors when I disclosed that I had tears from anal sex. They started laughing. I'd rather die than go there again.

A few mentioned being treated better by doctors in MSM-friendly centres in big cities like Ibadan and Lagos. Among those who still visit hospitals, most of our participants said they now refuse to disclose their sexual orientation and sex-work status.

I had an infection on my penis and went to hospital. When the doctor asked me how I got an STD, I lied and said I got it from unprotected sex with a woman. I couldn't say that I fucked a man for money. The doctor would send me away.

On the day I was told I had HIV, my doctor asked me about my sexual partners. I had to lie and say they are girls. I couldn't tell her I'm a gay sex worker and that I got HIV from a man.

These comments show how male sex workers internalise stigma. Since they do not tell the truth about their sexual activities, data collected by health workers from them may be interpreted to mean that the HIV epidemic is driven by heterosexual behaviour. At the same time, the needs of MSM, including male sex workers, are neglected.



Using Medications

While some male sex workers still visit health centres, many consult traditional healers who treat them better and do not discriminate against them if they have anal infections. Some of the men told us they put herbal mixtures of garlic and pawpaw leaves in their rectums before and after unprotected anal sex with clients to try to prevent HIV. Some say they take antibiotics before and after sex as well.

Most participants have heard of rectal microbicides produced by pharmaceutical companies and say they would be willing to pay up to seven times the price of a male condom for them if they became available commercially. The development of rectal microbicides without unpleasant side-effects could make a significant difference in the spread of HIV among male sex workers and other MSM.

Parties are safe spaces where male sex workers can be reached with gay-oriented HIV services. It is exciting that some male sex workers help themselves through organising parties where they request HIV services from social workers. MSM-friendly services are urgently needed in smaller towns and cities across South West Nigeria. Apart from Ade Iretunde, a number of other male sex workers in the Nigerian gay community have died of similar causes in the past year, revealing a population with urgent unmet health needs.

About the authors

Kehinde Okanlawon is Project Coordinator of Human Rights Education and Counseling Project for Sexual Minorities with House of Rainbow, and volunteers to provide HIV education and services for male sex workers and other MSM in Nigeria. Ade Iretunde was a gay sex worker and peer educator.

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尼日利亚的同性恋聚会及男性性工作者

Kehinde Okanlawon 和 Ade Iretunde

作为一名男性性工作者，在尼日利亚生活面临很大的挑战。因为同性活动和性工作者均被刑事化，并且还受到社会的谴责。在尼日利亚，男男性行为者面临的艾滋病风险是一般男性的四倍，而且安全套使用率很低。尽管男性性工作者是个很大的人群，但人们对这一群体的艾滋病预防和诊疗需求仍不太明了，也没有能够在国家艾滋病项目中有针对性地解决。要知道，医护人员常常是恐同的，他们歧视男性性工作者，导致男男性行为者不愿意透露自己的性取向，甚至不愿意获得艾滋病预防和检测服务。

尽管受到社会排斥和被严重地边缘化，尼日利亚的男性性工作者和男男性行为者秘密地组织聚会，为同伴提供支持与希望。这些聚会通常非常有趣，一些男性性工作者会打扮成像女人，称自己是碧昂斯或蕾哈娜，还有人像女人一样自由自在地跳舞。在这些聚会中，人们对自己的性别和身份感到安全和舒适，同时他们也能相互联系，认识新朋友，寻找潜在的性伙伴和顾客。在这些聚会中，男性性工作者和男男性行为者之间有很亲密的关系，很多人称对方为姐妹。一名性工作者说，同性恋爱聚会帮助我们忘记痛苦、哀伤、艾滋病和其他问题，我们能相互扶持。

一些性工作者也通过这些聚会来介绍艾滋病信息和提供服务。Ade是尼日利亚西南部的一名男性性工作者，他对艾滋

病防治工作抱有很高的热情。他会告诉我什么时候有聚会，然后我可以参加并介绍艾滋病知识，提供安全套和润滑剂。Ade经常提到男同人群获得艾滋病服务所面临的障碍。在死于艾滋病并发症的几个月前，Ade成为了一名同伴教育员。

2012年2月，一个在伊巴丹的性工作朋友组织了一次聚会，Ade邀请我去参加。伊巴丹是一个很大的城市。参加这次聚会的人来自尼日利亚西南部。在这个聚会中，Ade和我招募了28名男性在聚会结束后和我们谈话。他们的平均年龄为26岁。我们主要询问医护人员歧视的情况，以及如何预防艾滋病。

来自医护人员的歧视

大多数被访者称，他们向医护人员透露自己的性取向和/或性工作者身份之后，受到了医护人员的歧视。

一个医生给我进行了艾滋病检测，然后他说我是艾滋病阳性。他说，我们是传播艾滋病毒的人，上帝会摧毁我们，就像上帝摧毁索多玛和蛾摩拉（这是两座对同性性行为持开放态度的城市）一样。”

“有一次，我告诉一名医生我是同性恋，我还是性工作者。她听的时候对我还是很友好的。但是当我做完检查，她就对我吼道：滚，不要再犯罪！如果你下次再来的时候还有性病，我就不会再给你治。我宁愿跑远一点到伊巴丹去看医生，那里的工作人员对我们还友好一点。”

“我曾经被医生羞辱。当时我去看病，我告诉医生我在肛交的时候很痛，都掉泪了。这些医生笑我。我宁愿死也不去那了。”

有几个被访者提到，在一些大城市的男同诊所，如伊巴丹和拉各斯，医生对他们的态度要好些。大部分人不愿意去医院看病，而剩下的小部分愿意去医院的人，则称他们不会透露他们的性取向和性工作者身份。

“有次我的阴茎感染了。我去医院看。医生问我怎么会得性病？我就撒谎，说因为我和女人做，但没有采取保护措施。我不能告诉他我为了赚钱去搞男人。”



“我感染了艾滋病毒，医生询问我性伴的情况。我必须说谎，我说我的女朋友可能有问题。我不能告诉她我是个男同性恋，还是一个性工作者，我从另一个男人身上感染了艾滋病毒。”

这些个案表明，男性性工作者把污名内化了。由于他们不愿意透露性取向和性活动，因此医护人员获得了错误的的数据，并且会错误地认为艾滋病疫情是由异性传播所致。与此同时，男男性行为者的需求，包括男性性工作者的需求，都被忽视了。

药物的使用

尽管有少数人会去诊所看病，但很多人则选择传统疗法。因为这些治疗师对他们态度更好，不会歧视他们。一些被访者告诉我们，他们在性交前后把用大蒜和木瓜叶制成的草药涂在直肠上，以预防艾滋病。还有一些人说在性交前后服用抗生素。

大多数被访者都听说过医药公司发明的直肠杀菌剂，如果市场上这样的产品，他们愿意支付比男用安全套高7倍的价格来购买。因此，直肠杀菌剂的生产和应用，将会有效地预防男性性工作者和男男性行为者的艾滋病传播。

这些聚会是很好的艾滋病防治场所，能够覆盖到平时隐藏很深的男性性工作者人群。一些男性性工作者组织这样的聚会来帮助自己的同伴，为他们提供有针对性的艾滋病服务，我们深受鼓舞。在尼日利亚的西南部，急需这些针对男男性行为者的友好服务。除了Ade，男同社区也有其他人死于艾滋病，这表明这一人群的健康服务需求尚未得到满足。

关于作者

Kehinde Okanlawon是彩虹之家性少数人群人权教育和咨询项目的协调员，他志愿为尼日利亚男性性工作者和其他男男行为者提供艾滋病教育和服

务。Ade Iretunde是一名男同性恋工作者和同伴教育员。
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No Condoms as Evidence

A SEX-WORKER CAMPAIGN IN NEW YORK

Audacia Ray and Sarah Elspeth Patterson

Sex workers and allies have known for years that in places where prostitution is a crime, police will take condoms from sex workers to use them as evidence, particularly against street workers. In the state of New York, a bill is currently being considered by the state legislature that would make it illegal for police to use condoms this way. Since 2009, a coalition of sex workers and allies in HIV prevention and harm reduction have been campaigning to gain support for a bill known as *No Condoms as Evidence*. The PROS Network (Providers and Resources Offering Services to sex workers) includes organisers, service providers, advocates and media makers, as well as sex workers. We are both members of this network, Sarah as Community Organiser for the Sex Workers Outreach Project New York City and Audacia as Director of the Red Umbrella Project.

Though the bill has not yet passed, we have had success in gaining the support of the general public, the media, public-health institutions and elected officials. To document the use of condoms as evidence in New York state, the PROS Network released the report *Public Health Crisis: The Impact of Using Condoms as Evidence of Prostitution in New York City* in April 2012. Human Rights Watch and the Open Society Foundation have also published reports on places around the world where this same problem is known.

In 2010, PROS collaborated with the New York City Department of Health to survey 63 sex workers about the impact on public health of the use of condoms as evidence. The Department of Health initially refused to release the study publicly, perhaps because the results cast a very negative light on health officials and the police. Human Rights Watch filed a request to see the report under the Freedom of Information Law, and in 2012 an edited version was finally released to us. But after the failed collaboration with the Department of Health, PROS had launched our own study in 2011. We surveyed 65 people, including sex workers, people using harm-reduction services and outreach workers.

We found that the threat that condoms can be used as evidence discourages their use by people in New

York City who are most vulnerable to HIV and other sexually-transmitted infections. The Department of Health distributes 37.2 million free condoms a year. However, the PROS study found that the New York City Police Department confiscates many condoms, especially from people who spend a lot of time in public spaces, from people of colour and from transgender women.

Our study found

- Approximately half of respondents involved in the sex trade reported that police had taken, damaged or destroyed their condoms.
- 67% of respondents reported that police destroyed condoms to harass sex workers, even if they did not make an arrest.
- Nearly half of respondents involved in the sex trade reported that they had at least once not carried condoms for fear of the police.
- This fear was strongest among transgender women and gender-non-conforming people, 75% of whom said that fear of police had caused them not to carry condoms.

Despite the small sample size of 65 people, our study showed that we were serious about presenting evidence-based arguments. Several newspapers, including the *New York Times* and *El Diario*, published editorials saying the state legislature should pass our bill.

Although allied organisations had supported us before 2011, we increased our success during the 2011–2012 legislative session because we reached out beyond the sex-worker community. We collaborated with LGBTQ youth groups concerned about the police trend to stop and search them for drugs or weapons, with HIV service providers concerned about the criminalisation of HIV and with harm-reduction groups opposing the use by police of syringes as evidence of drug use. Instead of trying to tell these groups how we wanted to present our messages, we learned from their activist perspectives.

We also built capacity through advocacy trainings conducted by PROS Network member Red Umbrella Project, a sex worker-led organisation that does media, storytelling and trainings. These trainings gave sex workers and allies a

chance to learn about how city and state governments work, to prepare for their meetings with legislators and to practice telling their stories.

At our lobbying day in Albany, we divided the advocates into teams, with at least one sex worker in each group. After previously scheduling meetings, the teams met with legislators and assembly people to gain support for the bill. We also hosted a press conference at the state capitol. Since this was the first time sex workers led a lobby day for our issues in New York state, it was a historic event for our community.

The bill did not reach the voting stage during the 2011–2012 session, but we learned a great deal from the process of advocating for it. We saw that our emphasis on larger issues of public health made it possible for the general public and legislators to understand our lives. Some legislators told us they might vote for the bill in future but would not advocate for it publicly for fear of appearing to support prostitution. To get the bill passed, we might have to compromise on the text. For example, several legislators recommended that condoms be permitted as evidence in cases against sex traffickers.

Our coalition has begun to discuss advocacy strategies for the next legislative session in January 2013, when there will be a new draft of the bill. We look forward to creating new strategies to move the bill forward, strengthening our coalition and looking for new allies.

About the authors

Learn more about the work of Audacia, Sarah and the rest of the PROS Network at www.nocondomsasevidence.org

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Other reports on condoms as evidence

Sex Workers at Risk, from Human Rights Watch at www.hrw.org/reports/2012/07/19/sex-workers-risk

Criminalizing Condoms, from Open Society Foundations at www.soros.org/reports/criminalizing-condoms



禁止把安全套作为证据

纽约的性工作者运动

Audacia Ray 和 Sarah Elspeth Patterson

多年来，性工作者及其盟友都很清楚地知道，在卖淫是非法的地方，警察会把安全套作为卖淫的证据，特别是针对街头性工作者。在纽约州，立法机关正在讨论一项法案。如果该法案获得通过，警察把安全套作为卖淫的证据将是违法的。2009年以来，一个联盟一直在为这项名为《禁止把安全套作为证据》的法案争取支持。这个联盟由性工作者及其在艾滋病防治和减低伤害领域的同盟组成。Pros联盟（全称为“为性工作者提供服务和资源”）包括提供服务的组织、活动家、媒体工作者，以及性工作者。我们都是这个网络的成员，其中Sarah是纽约市性工作者外展项目的社区组织者，Audacia是红雨伞项目的主任。

虽然这项法案尚未获得通过，但我们已经成功获得了公众、媒体、公共卫生机构和民选官员的支持。为了记录纽约市把安全套作为证据的情况，Pros联盟2012年4月发布了报告《公共卫生危机：纽约市把安全套作为卖淫证据的影响》。人权观察和开放社会基金会也相继发布报告，介绍了世界上其他城市的情况。

2010年，Pros联盟和纽约市卫生署合作，研究安全套作为证据对公共卫生领域所产生的影响。我们采访了63名性工作者。可能是由于研究结果对卫生官员和警察不利，卫生署最初拒绝公开发布这份报

告。人权观察根据《信息公开法》提出申请，要求公开这份报告。2012年，报告的修改版本最终发布了。与卫生署这次失败的合作之后，Pros联盟在2011年开始了我们自己的研究。我们调查了65个人，包括性工作者、获得减低伤害服务的人，以及外展人员。

我们发现，纽约市把安全套作为证据，降低了一部分人使用安全套的意愿。而这部分人则是最容易受艾滋病和性传播疾病影响的人群。卫生署每年免费发放37200个安全套。但Pros联盟的研究发现，纽约市警察署没收了很多安全套，特别是在公共场所，针对有色人种和跨性别人士。

我们的研究发现：

- 大约有一半接受采访的性工作者称曾被警察没收、损坏或撕毁安全套。
- 即使警察没有逮捕性工作者，67%的受访者称警察通过损坏安全套来骚扰性工作者。
- 几乎有一半的受访者称他们至少有一次因为害怕警察而没有携带安全套。
- 75%接受采访的跨性别女性以及未确定性别者称，因为害怕警察而不敢携带安全套。这部分人群对警察的恐惧非常强烈。

尽管我们的样本量很少，只有65人，但我们所有的论点都是以证据为基础的。包括《纽约时报》和《每日新闻报》在内的一些媒体，发表社论对我们表示支持，称议会应当通过我们的法案。

尽管在2011年之前我们就获得了很多联盟组织的支持，但在2011-2012年的立法会议中我们更为成功，因为我们争取到了性工作者社区之外的支持。我们与关注

同性恋、双性恋和跨性别人士的青年团体合作，因为警察会在大街上对他们喊停，进行搜身查找毒品或者武器；我们和提供艾滋病服务的组织合作，因为艾滋病的刑事化会影响他们工作的开展；我们也和减低伤害组织合作，他们反对把针具作为毒品使用的证据。我们并不是把我们的观点强加给这些组织，而是从他们的运动中学习他们的经验。

我们也通Pros联盟的成员组织红雨伞项目开展倡导培训，提高我们的能力。红雨伞项目是一个由性工作者领导的机构，其工作主要是培训性工作者如何应对媒体和讲述自己的故事。这些培训让性工作者及其同盟有机会学习州政府和市政府的运作模式，帮助他们准备和立法会议员的会面，清晰地表达自己的观点。

在奥尔巴尼的游说日，我们将活动家们划分成几个小组，每个小组至少有一名性工作者。每个小组和立法者及有关人员会面，争取他们对法案的支持。我们还在州议会大厦举办了一个新闻发布会。在纽约州，这是第一次由性工作者来主导游说日，是我们社区一个历史性的事件。

该法案在2011-2012年的会议期间并没有进入投票阶段，但从《禁止把安全套作为证据》这一法案的倡导运动中学到了很多。我们看到，在倡导过程中强调对一个更大议题的影响，如公共卫生，能够让一般公众和立法者理解我们的生活。一些立法者告诉我们，他们未来可能会对该法案进行投票支持，但不会公开帮助我们游说，因为他们担心被理解成支持卖淫。为了使该法案获得支持，我们可能还需要进行妥协。例如，几名立法会议员建议，在一些情况下允许安全套作为证据，如性拐卖。

我们的联盟已经开始讨论2013年1月立法会的倡导战略，到时会有一个新的法案草稿出来。我们期待着制定新策略来推动法案的通过，加强我们的联盟并寻找新的盟友。

关于作者

您可以访问以下网站了解Audacia、Sarah，以及PROS联盟成员的工作：

www.nocondomsasevidence.org

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关于该议题的其他报告

人权观察，《处于危险当中的性工作者》：
www.hrw.org/reports/2012/07/19/sex-workers-risk
开放社会研究所，《安全套刑事化》：
www.soros.org/reports/criminalizing-condoms



Two advocates prepare their talking points for a meeting with legislators in Albany. Photo Audacia Ray

美国奥尔巴尼，两名活动家在准备与立法会议员的会面。

'The space which is not mine'

SEX WORKERS LIVING WITH HIV/AIDS IN VENICE AND EDINBURGH

Nicoletta Policek

Despite great achievements by sex workers' collectives and support organisations to make sex workers' voices heard, those living with HIV/AIDS continue to experience stigma and discrimination. This is my conclusion after observing the outdoor sex industry in Italy and Scotland since 1992 as an HIV/AIDS activist and academic.

The data I discuss here comes from open-ended interviews with 282 women involved in outdoor sex markets in Edinburgh and 102 women in Venice conducted between 1992 and 2010. Edinburgh and Venice are quite different in many ways, but they have a similar approach to regulating the outdoor sex industry: they fine outdoor sex workers for soliciting their clients, and they fine clients for approaching sex workers on the street.

The women I interviewed in both countries ranged from 18 to 52 years old, the average age 25 in Edinburgh and 22 in Venice. In Edinburgh the majority of women (201) were British nationals, and 79 were from Eastern Europe, Sub-Saharan Africa and North Africa. In Venice only seven were Italian nationals, and all the rest were from Eastern Europe, Sub-Saharan Africa, North Africa and Latin America. It is interesting to notice how countries of origins of outdoor sex workers I met are indicative of migration policies and trends in both countries.

Focus on Places

My study deals with the spaces where sex workers work and live: the place of work (the street), the place called home and the place of care (hospital or HIV clinic). When discussing their

place of work, sex workers had similar experiences in both countries. In both cities outdoor sex workers conduct their business in industrial areas far removed from the city centre. They overwhelmingly said working conditions have deteriorated. In Edinburgh, a non-harassment zone that had offered relative safety was closed in 2001, contributing to an environment in which violence against sex workers is now tolerated. In Venice, the policing of undocumented migrants became a priority after the Bossi-Fini law regulating migration was passed in 2002.

When discussing the place called home, nearly all women in Venice stated that housing was a real problem because affordable places are almost impossible to find. Most women were either homeless or lived in vans illegally parked near their place of work. Women in Edinburgh could get housing subsidies to pay their rent. Child care for women in both countries was a major problem.

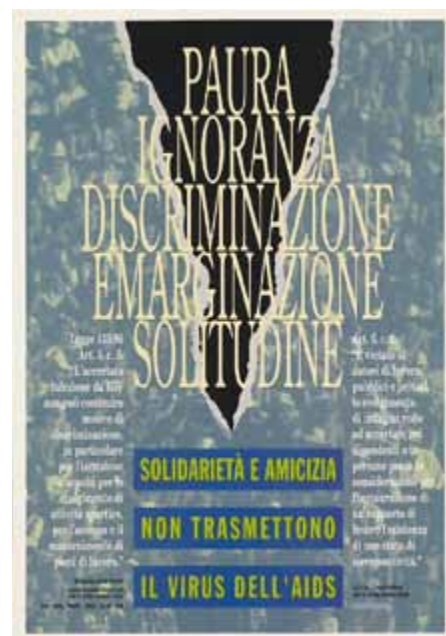
The Place of Care for Sex Workers Living with HIV/AIDS

Fourteen per cent of sex workers I interviewed in Scotland and 38 per cent in Italy are living with HIV/AIDS. I asked them to talk about their experience of the HIV clinic, where I had assumed they would feel most welcome. I was wrong. For example, Tracy, a sex worker in Edinburgh, described, about the HIV clinic she regularly attends, what it feels like

not to be welcomed, to feel that we should not be here, as workers, as positive women, as human beings. This is a place which is not mine.

Maria, who comes from the West of Scotland and worked outdoors in Liverpool before coming to Edinburgh, echoed Tracy's feelings of isolation when she said

Other positive women do not want prostitutes here at the hospital, at the support group... I think it is sad as we are all sharing the same virus, the same effects on our body, we take the same medications and we share the same fear about our future.



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Tanya, a sex worker from Romania who moved to Italy to work several years ago, said she was open about her intravenous drug use with other HIV-positive women but found it difficult to attend a local support group for women living with HIV/AIDS because

They ignore me and often say it is because I prostitute myself that I have HIV. They say it was my choice. It's true, I always reply, my choice is to work, but it was not my choice to have HIV, to become ill, to feel tired.

Silvana, who has lived and worked near Venice all her life, pointed to a clear disparity between the way both health-care workers and women living with HIV/AIDS relate to HIV-positive sex workers:

Positive women here at the hospital have always treated me like a piece of shit, and it doesn't matter how many times I have talked about how I feel about it with the nurses and my doctor, nothing seems to change except that they tend to group sex workers in the same slot of appointments so that we do not get abused by other positive women.

Sex workers in Venice and in Edinburgh unanimously reported that they felt supported and welcomed by the medical staff at HIV clinics they regularly attend but said HIV-positive women not involved in the sex industry were often judgemental and patronising. It was depressing to realise that other women living with HIV/AIDS contribute to perpetuating stigma against sex workers by blaming them for spreading the virus. Living with HIV/AIDS is a lifelong battle even when access to treatment and health care are of a high standard, as in both Italy and Scotland. But sex workers in outdoor markets are discriminated against and penalised simply for being sex workers.

About the author

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“这不是我的地方”

威尼斯和爱丁堡的阳性性工作者

Nicoletta Policek

近年来，尽管性工作者组织和支持机构努力发出性工作者的声音，获得了巨大的成就，但感染艾滋病的性工作者却仍然承受污名和歧视。这是我作为一名艾滋病活动家和学者，自1992年以来观察意大利和英格兰的街头性产业所得出的结论。

本文所使用的数据，来源于1992至2010年期间我所做的调查。我对爱丁堡和威尼斯的街头性交易市场进行了研究，通过开放式访谈的方式在这两个城市分别采访了282名和102名女性性工作者。爱丁堡和威尼斯在很多方面有显著的差异，但他们在规范街头性交易方面有一个类似的做法：那就是对招客的街头性工作者进行罚款，对在街上招嫖的客人也罚款。

我采访的这些女性年龄在18-52岁之间。在爱丁堡，被访者平均年龄是25岁，威尼斯被访者的平均年龄则为22岁。爱丁堡的大部分被访者（201人）是英国国籍，另外79人来自东欧、非洲撒哈拉以南地区和北非。而威尼斯的被访者只有7人是意大利籍，其他的人来自东

欧、非洲撒哈拉以南地区、北非和拉丁美洲。有一点很有意思，我发现这些街头性工作者的国籍，是这两个国家移民政策和趋势的风向标。

研究的关注重点

我的研究关注性工作者工作和生活的场域：工作地点（街头）、被称为家的地方、以及获得关怀的地方（医院或艾滋病诊所）。当问到工作地点时，这两个国家性工作者的经验是类似的。在这两个城市，街头性工作者开展工作的地方是远离城市中心的工业区。他们一致声称工作条件恶化得很厉害。在爱丁堡，原来有一个不受干扰的地区能够提供相对安全的工作环境，但该地区却在2001年被关闭了。现在的环境则纵容对性工作者的暴力。在威尼斯，2002年通过管理利民的“波西-菲尼法”之后，警务工作的首要任务是规范没有身份的流动人口。

当我问到被称为家的地方时，几乎100%的威尼斯被访者女性都说房子很成问题，因为她们几乎不可能找到能够负担得起的地方。大多数妇女无家可归，或者住在离工作场所很近的违章停靠的货车里。在爱丁堡，女性能够获得住房补贴来支付租金。对儿童的照料在这两个国家都是一个主要问题。

阳性性工作者的关怀

在我所采访的性工作者中，14%的英格兰被访者和38%的意大利被访者是艾滋病病毒感染者。我让她们谈谈艾滋病诊所的经验，我以为她们在那里会受到欢迎，但是我错了。Tracy是爱丁堡的一名性工作者，她向我讲述自己是如何不受欢迎的。她被转介到一家后来经常去的艾滋病诊所，但诊所给她的感觉是：

“她不应该去那里；作为一名阳性妇女，作为一个人，她是不受欢迎的。她说，这不是我的地方。”

在这样一个本应该给所有感染者提供同样关怀的地方，那些不是从事性工作的女性感染者，在他们自己和性工作者之间划了一条清晰的界线。Maria来自英格兰西部，她在来爱丁堡之前，在利物浦的街头工作。她对Tracy描述的隔离感同身受：

“这些女性感染者并不希望妓女出现的这个医院里，在这个支持小组里……我觉得这很可悲，因为我们体内有着同样的病毒，这些病毒对我们的身体产生同样的影响，我们服用同样的药物，而且我们对未来有着同样的恐惧。”

Tanya是一名几年前从罗马尼亚移居到意大利的性工作者，她对自己静脉注射的事实并不隐讳。但她发现很难参与到女性感染者的支持小组里，因为：

“他们不理我，他们经常说我是因为卖淫而感染了艾滋病。他们说这是我自己选择的。我总是回答说，是的，这是事实。但我选择的是我从事的工作，感染艾滋病、生病和衰弱，不是我自己选择的。”

Silvana一直在威尼斯附近生活和工作，她指出医护人员和一般的女性感染者是如何对待阳性性工作者的：

“这个医院的女性感染者总是把我当作一块狗屎。而且无论我跟护士和医生提了多少次我的意见，都不管用，没有任何改变，除了他们把性工作者安排在一起看病，以免我们被别的女性欺负。”

威尼斯和爱丁堡的性工作者一致反映，他们常去的艾滋病诊所的医护人员对他们很欢迎和支持。但是不从事性工作的女性感染者常常居高临下和戴着有色眼镜。我们看到，不从事性工作者的女性感染者们把疾病的传播归咎于性工作者，加重了性工作者面临的污名和耻辱。感染艾滋病是一场一辈子的战役。尽管在意大利和苏格兰有高水平的治疗和医疗关怀，但在街头性工作者仅仅因为他们是性工作者，就受到歧视和惩罚。

Scienziartambiente, Ex-Convento di San Francesco, Pordenone, Italy, 2009,
Photo Elena Tubaro/前圣弗朗西斯修道院, Pordenone, 意大利, 2009年



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Female-condom use in Zimbabwe, Cameroon and Nigeria

Winnie Koster and
Marije Groot Bruinderink

The female condom is now my weapon for my work. I will at least keep myself protected and live longer so that I may provide for the children that were left behind for me to look after. (Juliet, a sex worker from Harare).

Juliet, who is living with HIV, has a strong motivation for using female condoms to protect her against re-infection with HIV. Consistent condom use is an effective method to protect against sexual transmission of HIV, and, according to its promoters, the female condom gives women more control over protecting themselves than the male condom. But it has not been clear whether female sex workers, like other women, are always able to control the use of female condoms or whether they like using them.

We held three group discussions with sex workers who had used female condoms in Zimbabwe, Cameroon and Nigeria. These discussions were part of a bigger study of female condoms in which men also participated.

How We Found Our Participants

We asked local researchers from research institutes to work with local organisations to find sex workers to participate. These researchers facilitated the group discussions in local languages and translated for us.

- In Harare, the capital of Zimbabwe, a network for people living with HIV found ten female sex workers for a discussion group. Most of them were single or widowed between 23 and 51 years old. We had a two-hour-long lively discussion under a tree outside the compound of the clinic that supplies anti-retroviral medicines.
- In Yaoundé, the capital of Cameroon, ten sex workers between 16 and 45 years old participated, found for us by a women's group. We held the discussion in their office.
- In Lagos, Nigeria's biggest city, an organisation involved in education about contraceptives asked sex workers at a brothel to talk to us. There were five women, between 20 and 40 years old.

We explained our objectives in holding these discussions, assured them of anonymity and privacy, and they signed consent forms to be part of the study. Ethical approval for the whole study had been granted by national health research-ethics committees.

Using the Female Condom

Most of our participants now regularly use female condoms for protection against HIV and other sexually-transmitted infections. In all three countries the women prefer using female condoms over male because they believe they are more effective. All have experienced male condoms breaking; female condoms make them feel safer. They believe female condoms prevent bruising to the vagina. And female condoms allow sex work during menstruation, since they remain effective and prevent men coming in contact with menstrual blood, which is a taboo. However, the participants felt they could not rely on condoms to prevent pregnancy consistently (because some clients would refuse to use them), so they use other methods for contraception: pills, injections and intrauterine devices.

Two sex workers mentioned experiencing more sexual pleasure when using the female condom, while others said they have sex for money, not for pleasure.

Some participants complained that the female condom's inner ring hurts or said it is awkward to insert or difficult to keep in place when sex is energetic. In Nigeria and Cameroon participants saw as disadvantage that the female condom is about four times the price of male condom, while in Zimbabwe condoms are free in public clinics and through organisations for people living with HIV.

Who is in Control?

Although many participants said they felt more in control when using the female condom compared to the male, all said it is hard to convince clients to use any condom at all. All our Zimbabwean and most Cameroonian participants work from bars or on the streets, where sex usually has to be quick and often done in an inconvenient place where inserting the female condom takes too much time.

To overcome this problem, some Zimbabwean participants said they insert the female condom before they go out and leave it in during sex with several different clients. Multiple usages mean the women are protected but the men are at risk of contracting HIV from semen left by other men. We also learned that rumours about female condom re-use by sex workers were going around in all three countries, possibly discouraging clients from accepting it.

Some participants from Cameroon insert the female condom secretly after clients have refused to use any condom. They explained that many men do not notice they are using it, especially when they are eager for a quick round of sex and/or are drunk. (If inserted some time before sex the female condom takes on the temperature and shape of the vagina, so there is less chance a man notices it.)

The Nigerian brothel workers' experiences were different, because men visiting brothels know condoms are required and are planning to spend more time having sex. The Nigerian women motivate clients to use the female condom by talking about sexual pleasure. On the other hand, participants said that with positions other than the missionary the female condom easily gets dislocated.

Although we only talked with 25 sex workers and the findings cannot be over-generalised, we believe our results are important because they indicate the conditions under which some sex workers may use female condoms to protect themselves against HIV and sexually-transmitted infections and so have an alternative to the male condom.

About the authors

Winnie Koster is a medical anthropologist who conducts applied research in sexual and reproductive health, mainly in African countries. Marije Groot Bruinderink has an MSc in development economics and has been involved in research in Sub-Saharan Africa, Latin America and Southeast Asia. They thank the UAFC Joint Programme for funding the study and the staff of Development Data, ACMS and SFH for facilitating the fieldwork.

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津巴布韦、喀麦隆和尼日利亚：女用安全套的使用情况

Winny Koster 和 Marije Groot Bruinderink

“现在，女用安全套是我工作的武器。我至少可以保护我自己，让我活得久一些，这样可以照顾几个可怜的孩子。”（朱利叶，一名来自哈拉雷的性工作者）

朱利叶是一名艾滋病感染者，她有很强的动力使用女用安全套，避免自己再次受到艾滋病感染。坚持使用安全套是避免通过性途径感染艾滋病毒的有效方法。而且，据女用安全套的推广者称，与男用安全套相比，女用安全套能赋予女性更多的控制权。但我们目前还不清楚，女性性工作者是否像其他女性一样，能够控制女性安全套的使用，抑或她们是否喜欢使用女用安全套。

我们在津巴布韦、喀麦隆和尼日利亚组织了三次小组讨论，参加者是那些曾经使用过女用安全套的性工作者。这些讨论只是我们女用安全套研究项目的一部分，在这个研究项目中也有男性参与。

Focus-group participants
in Yaoundé, Cameroon,
Photo Winny Koster

参加喀麦隆雅温得小组讨论的成员

我们如何找到参加者

我们要求当地的研究机构与地方组织一起合作，去寻找能够参加讨论的性工作者。小组讨论由这些研究者用当地的语言主持，然后翻译给我们。

- 在津巴布韦的首都哈拉雷，一个艾滋病感染者网络找到了10名女性性工作者。这10人组成了一个讨论小组。她们的年龄介于23至51岁之间，大多数是单身或丧偶。我们在提供抗病毒药物治疗的诊所外的一棵树下，进行两个小时的热烈讨论。
- 在喀麦隆首都雅温得，一个女性团体帮我们找到了10名年龄介于16至45岁之间的性工作者。我们在该组织的办公室进行了这次讨论。
- 在尼日利亚最大的城市拉各斯，当地一个开展避孕教育的组织帮我们联系到了一个妓院，我们和妓院里的性工作者进行了交谈。共有五名女性，年龄在20到40岁之间。

我们介绍了这次讨论的目的，保证会保护参加者的隐私并进行匿名处理。然后她们签署了知情同意书，同意参加这次研究。本研究通过了这三个国家卫生研究伦理委员会的伦理审查。

女用安全套的使用

大部分参加讨论的女性经常使用女用安全套来预防艾滋病毒和其他性传染疾病。在这三个国家中，那些倾向于使用女用安全套而不是男用安全套的人，是因为她们相信女用安全套更为有效。她们都经历过男用安全套破裂的情况；女用安全套让她们感到更安全。她们认为女用安全套能防止阴道被摩擦损伤。而且女用安全套让她们能够在经期仍然从事性工作，因为女用安全套在经期能有效使用，并能防止男性接触到经血。但她们认为，不能只依靠安全套来避孕（因为一些顾客拒绝使用安全套），因此她们也会使用其他的避孕方式：如避孕药、注射和宫内节育器。

有两名性工作者提到，女用安全套让她们有更多快感，而其他则说性是她们挣钱的方式，不是为了愉悦。

一些参加者抱怨说女用安全套的内环让人感觉疼痛，也有人说很难把女用安全套放进去，还有人说性交的时候女用安全套很难固定住。尼日利亚和喀麦隆的参加者称，女用安全套的价格是男用安全套的四倍，这是很不利的。而在津巴布韦，通过公共诊所和艾滋病感染者组织，人们能够获得免费的安全套。





控制权掌握在谁手里？

很多人反映，与男用安全套相比，女用安全套让她们有更多的控制感。但所有人都表示，说服顾客使用安全套是件很难的事情。所有来自津巴布韦的参加者和大部分来自喀麦隆的参与者在酒吧或者街头工作。在这些场所，性交易要求快速，而且常常发生在不方便或不舒适的场所。而戴上女用安全套很麻烦，要花费很多时间。

一些津巴布韦的参加者说，为了解决这个问题，她们在出门之前就戴上女用安全套，然后接连为几个客人提供服务。女用安全套的重复使用，意味着女性能够获得保护，但男性有可能由于接触前一个人留下的精液而感染艾滋病。我们也听到，在这三个国家里，顾客听到性工作者会重复使用女用安全套的流言，因此不愿意使用它。

一些来自喀麦隆的参加者称，她们在顾客拒绝使用任何安全套之后，悄悄地把女用安全套戴上。她们说很多男性并没有意识到他们在使用女用安全套，特别是当他们欲望提别强烈，或者喝醉的时候。

（如果在插入前一段时间戴上女用安全套，它就会形成与阴道类似的温度和形状，因此男性很少有机会能够发现。）

而在尼日利亚妓院工作的性工作者则有不同的经验。因为去妓院的男性本身就已经知道他们会被要求使用安全套，而且去妓院意味着他们会花上更多的时间。性工作者通过告诉顾客女用安全套所带来的快感，来鼓励男性使用女用安全套。另一方面，她们也反映说除了传统的男上女下姿势，女用安全套很容易异位。

尽管我们只访问了25名性工作者，但不能代表所有人的情况，但我们认为我们的研究结果是很重要的。因为我们的研究说明了在什么情况下女性性工作者可能会使用女性安全套来保护自己免受艾滋病和性传播疾病的威胁，而在什么情况下则会选择男用安全套。

关于作者

Winnie Koster 是一名医学人类学家，主要在非洲开展性和生殖健康领域的应用研究。Marije Groot Bruinderink拥有发展经济学的硕士学位，参与了在撒哈拉以南非洲、拉丁美洲和东南亚等地开展的研究。作者感谢UAFC（女用安全套普遍可及）合作项目为本研究提供资助，感谢数据发展中心、ACMS及SFH协助开展田野调查。

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Sexual-health outreach, Machala, Ecuador, by Rosa Manzo

Research for Sex Work acknowledges that depictions of sex workers, people living with HIV, gay, lesbian or transgender people and other stigmatised persons may be a sensitive issue. All contributors have been asked to send only images of people who have given their consent to be photographed. Readers should not infer anything about the sexuality, HIV status or occupation of anyone depicted in this publication.

Research for Sex Work is a publication intended for sex workers, activists, health workers, researchers, NGO staff and policymakers. It is published annually by the Global Network of Sex Work Projects (NSWP) and is governed by an Editorial Board consisting of sex workers, staff of support organisations and researchers. The views expressed do not necessarily reflect those of the publisher or the donors.

The first seven issues of Research for Sex Work were published by VU University Medical Centre in the Netherlands. Since 2004, the resource has been published by the NSWP. Research for Sex Work explores a different theme in each edition. Previous issues focused on peer education (1998), appropriate health services (1999), empowerment (2000), violence (2001), migration/mobility (2002), human rights (2003), ethics in health care and research (2004), law enforcement (2005), money (2006), sex workers' rights (2008), pleasure (2009) and violence (2010). All issues can be downloaded from www.nswp.org/research-sex-work.

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Yo uso condón (I use condoms).
Ángela Villón Bustamante of Perú at the Sex Worker Freedom Festival in Kolkata, India, July 2012, Photo Luca Stevenson, Sex Worker Open University

Yo uso condón (我使用安全套)。2012年7月，来自秘鲁的Ángela Villón Bustamante参加在印度加答各尔举办的性工作者自由节





Global Network of Sex Work Projects

Promoting Health and Human Rights

Mission and Vision

The Global Network of Sex Work Projects (NSWP) advocates for the health and human rights of sex workers. We work to uphold the voices of sex workers globally and to connect regional networks advocating for the rights of female, male and transgender sex workers. NSWP is a membership organisation consisting of more than 140 networks and groups across five regions: Africa, Asia and the Pacific, Europe, Latin America and North America and the Caribbean.

In collaboration with our members NSWP develops and shares resources for sex workers to advocate for universal access to health and human rights. The NSWP also brings sex workers from every region to the table at international policy forums, demanding that sex workers' issues be taken into account, especially with regard to decisions that impact on the health and human rights of sex workers.

NSWP was first conceived as an informal alliance in 1990 by a group of sex-worker-rights activists working within sex work projects around the world and was registered in the UK as a not-for-profit organisation in 2008.

NSWP Priorities

- Oppose the criminalisation and other legal oppression of sex work and support its recognition as work;
- Critique the trafficking paradigm that conflates representations of sex work, migration and mobility;
- Advocate for universal access to health services, including primary health care, HIV, sexual and reproductive health services;
- Speak out about violence against sex workers, including violence from police, institutions, clients and intimate partners, while debunking the myth that sex work is inherently gender-based violence;
- Oppose human-rights abuses, including coercive programming, mandatory testing, raids and forced rehabilitation;
- Challenge stigma and discrimination against sex workers, their families and partners and others involved in commercial sex;
- Advocate for the economic empowerment and social inclusion of sex workers as sex workers.

Membership and Governance

NSWP members are regional sex worker-led organisations and networks from all five global regions. Member organisations are from diverse cultures, and they have different backgrounds and organisational histories. Some are sex workers' groups, some are small non-governmental organisations (NGOs), some are projects within government organisations or international NGOs. Almost all work on health issues. Some provide services, some focus on advocacy and mobilising to reduce vulnerability and some address the human-rights issues that affect sex workers. Some member organisations work with all genders and some with only men, transgender people or women. A number of member organisations work with the children of sex workers.

The NSWP is governed by a Board of 11 members, two nominated regional representatives from each of the five regions and a President elected by the global membership. Our commitment to meaningful participation and sex workers' leadership is demonstrated by ensuring that the positions of Global Coordinator and President of the Board are held by sex workers.

NSWP's Global Coordinator and Secretariat are based in Edinburgh, Scotland, and supported by policy officers working as consultants in their own countries. NSWP has five official languages: Chinese, English, French, Russian and Spanish, though member organisations speak many more languages.

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