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Global Network of Sex Work Projects

Promoting Health and Human Rights

Global Findings on Sex Workers' Access to Social Protection and Sexual and Reproductive Health and Rights

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AFRICA

REGIONAL NETWORK: *The African Sex Worker Alliance (ASWA)*

COUNTRY PARTNERS: **Benin:** Association Solidarité | **Democratic Republic of Congo:** Congolese Alliance for Human Rights (ACODHU-ts); RDC – ALESWA; UMANDE; | **Kenya:** Coast Sex Workers Alliance (COSWA), Mombasa; Divas of Changamwe, Mombasa; Kenya Sex Workers Alliance (KESWA); Kisumu Sex Workers Alliance (KISWA), Kisumu; Smart Ladies, Nakuru; SWOP Ambassadors; True Vine Mentors, Machakos | **Malawi:** Community Health Rights Advocacy (CHeRA); Female Sex Workers Association (FSWA) | **Senegal:** And Soppeku; Sigil Jiggen | **South Africa:** Sisonke National Movement (Sisonke) | **Tanzania:** Tanzania Community Empowerment Foundation (TACEF); Women With Dignity (WWD); YWIG | **Uganda:** Organization for Gender Empowerment and Rights Advocacy (OGERA Uganda); Service Workers in Group Foundation (SWIG-UG); Trans Advocacy Initiative Uganda (TAI-UG); Uganda Network of Sex Worker-Led Organisations (UNESO); Women Positive Empowerment Initiative (WOPEIN) | **Zimbabwe:** Pow Wow; South Africa Sex Workers Alliance (SASWA); Space for Marginalised Groups in Diversity in Zimbabwe Trust (SGDZT); Zimbabwe Sex Workers Alliance (ZIMSWA)

ASIA-PACIFIC

REGIONAL NETWORK: *Asia Pacific Network of Sex Workers (APNSW)*

COUNTRY PARTNERS: **Bangladesh:** HIV/AIDS Research and Welfare Centre (HARC) | **Lao PDR:** Association for the Development and Promotion of Women Leadership (ADPWL) | **Mongolia:** Perfect Ladies | **Myanmar:** Aye Myanmar Association (AMA) | **Nepal:** Jagriti Mahila Maha Sangh (JMMS) | **Papua New Guinea:** Friends Frangipani Inc-PNG | **Vietnam:** Vietnam Network of Sex Workers (VNSW)

CENTRAL AND EASTERN EUROPE AND CENTRAL ASIA

REGIONAL NETWORK: *Sex Workers' Rights Advocacy Network (SWAN)*

COUNTRY PARTNERS: **Armenia:** Right Side Human Rights Defender NGO | **Kazakhstan:** Public Association "Amelia" | **Kyrgyzstan:** Tais Plus | **North Macedonia:** Association for Support of Marginalized Sex Workers STAR-STAR Skopje (STAR-STAR) | **Ukraine:** CO "LEGALIFE-UKRAINE"

LATIN AMERICA

REGIONAL NETWORK: *Plataforma Latinoamerica de Personas que Ejercen el Trabajo Sexual (PLAPERTS)*

COUNTRY PARTNERS: **Argentina:** Red por el Reconocimiento del Trabajo Sexual (RRTS ARGENTINA) | **Colombia:** Corporación Calle 7 Colombia; TWIGGY Fundación | **Ecuador:** PLAPERTS Ecuador; Asociación Pro Defensa de la Mujer (ASOPRODEMU) | **El Salvador:** Asociación de Mujeres Trabajadoras Sexuales LIQUIDAMBAR | **Mexico:** Asociación en Pro Apoyo a Servidores (APROASE, A.C.); Colectivo Trans por la Libertad de ser y decidir, A.C.; MoKexteya, A.C. | **Peru:** Asociación Civil de TS "Rosas Mujeres de Lucha – Perú"

Contents

Introduction

Social protection is a fundamental human right enshrined in core international human rights frameworks, as well as numerous regional human rights frameworks. 'Social protection' refers to measures designed to prevent and address situations which negatively affect people's wellbeing, as well as measures which reduce vulnerability and facilitate social and economic stability. Social protection systems also support the realisation of other human rights, such as the right to an adequate standard of living, the right to housing, education, and to the highest attainable standard of health, which includes sexual and reproductive health.

Globally, sex workers remain overwhelmingly excluded from national social protection systems, in violation of their fundamental human rights. Failure to recognise sex work as work, in addition to criminalisation, stigma, and discrimination, compound sex workers' exclusion and foster economic insecurity. These barriers are multiplied for sex workers facing intersectional forms of oppression, based on migrant status, gender identity, sexual orientation, ethnicity, HIV status, drug use, and/or prior involvement with the criminal justice system.

Although the right to social protection has been enshrined for decades, the need to secure sex workers' access to social protection has only gained attention in recent years. In particular, the COVID-19 pandemic played a decisive role in exposing the structural, social, and economic barriers that restrict sex workers' access to social protection and exacerbate vulnerability.[1] During the pandemic, many sex workers were unable to access government support due to criminalisation and the lack of recognition of sex work as work.

The devastating impacts of this exclusion highlighted the need to increase advocacy to ensure that sex workers are not left behind in future pandemics and other times of need.

1 NSWP, 2021, "COVID-19 and Sex Workers/Sex Worker-led Organisations."

Little research has been conducted surrounding sex workers' access to social protection benefits outside of the COVID-19 pandemic. In order to fill this gap, NSWP and the Sex Worker Networks Consortium (SWNC), supported by the Robert Carr Fund, undertook a three-year project to conduct community-led research on sex workers' access to social protection benefits, as well as sexual and reproductive health and rights (SRHR) services. This paper presents the findings from this research, highlighting barriers faced by sex workers across four regions and their lived experiences accessing social protection and SRHR services. In doing so, this paper provides a basis for future advocacy efforts and initiatives addressing sex workers' social protection and SRHR needs. Lastly, based on these findings, this paper offers practical recommendations for promoting the rights and wellbeing of sex workers.

Human and Labour Rights Frameworks

The right to social protection is enshrined in numerous international human rights frameworks, including the United Nations Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and many others. The right to social protection is also enshrined within numerous regional human rights instruments and frameworks. More information surrounding specific articles and provisions on social protection, as well as advocacy strategies for engaging with international treaty bodies, can be found in NSWP's Smart Sex Worker's Guide to Social Protection.[2]

Lastly, the right to social protection is closely interconnected with labour rights, as many forms of social protection are defined within international and national labour laws. The International Labour Organization (ILO) has adopted numerous conventions which affirm the right to social protection as part of a labour rights framework and clarify states' duty to provide and maintain social security standards, promote equality of treatment, and offer benefits to employees and their families.

Although the ILO has not called for the decriminalisation of sex work, they have specifically acknowledged sex workers as being part of "informal economies."[3] Therefore, ILO guidance which covers the breadth of formal and informal workers also applies to sex workers.

2 NSWP, 2022, "The Smart Sex Worker's Guide to Social Protection."

3 International Labour Organization, 2010, "Fifth item on the agenda: HIV/AIDS and the world of work – Report of the Committee on HIV/AIDS."

Methodology

Study Design

This research employed a participatory, mixed-methods approach using a standardised questionnaire jointly developed by sex worker-led networks in the SWNC. The questionnaire included a mixture of open- and closed-ended questions designed to generate qualitative and quantitative data. This questionnaire, along with trainings on social protection and SRHR, were presented at regional workshops held between August and October 2022 by four regional sex worker-led networks: APNSW, ASWA, PLAPERTS, and SWAN. National sex worker leaders, trained at these regional workshops, subsequently conducted national trainings within their countries to prepare community researchers to conduct research at the national level.

This project represents an important milestone in sex worker-led research, in which the design, development, implementation, and monitoring and evaluation were solely undertaken by sex worker-led networks and organisations. It serves as a testament to sex workers' drive and capacity to conduct comprehensive, empirical research, as well as to their expertise in generating critical insights aimed at promoting the rights and wellbeing of their communities.

The significance of this study cannot be understated, both in terms of its contributions to community empowerment, and to the body of research on social protection.

Recruitment and Participant Information

Due to the difficult-to-reach nature of many sex worker communities, participants were recruited by national sex worker-led organisations using convenience sampling methods. Each national organisation was responsible for recruiting approximately 50 sex worker participants via their networks, with the final number of participants ranging between 40 and 100 per country. Attention was paid to ensuring a geographical diversity of participants within each country, including participants from both urban and rural areas.

In total, this study included 1411 participants from 27 countries across the regions of Africa, Asia-Pacific, Central and Eastern Europe and Central Asia (CEECA), and Latin America. Participants represented a wide range of gender identities, including cisgender female, male, trans, and gender diverse. Participants were included who were migrants, part of the LGBTQI+ community, who used drugs, were living with HIV, and had histories of incarceration.

Data Collection and Analysis

Data was collected by trained community researchers using the standardised questionnaire developed by the SWNC and translated into local languages. Each country developed a national report based on their findings. These national reports were used by each regional network to develop a regional report synthesising and analysing regional findings. Finally, all data from the project, including national data, national reports, and regional reports, were collated by NSWP. Raw quantitative data were thoroughly reviewed and cleaned by NSWP to ensure consistency and accuracy. Qualitative data were analysed thematically to observe differences and similarities across regions, as well as to identify common challenges and experiences at the global level. Insights from both quantitative and qualitative data have formed the basis of this global report and recommendations.

Limitations

Several key limitations must be acknowledged within this study. Firstly, due to the purposive convenience sampling method, sampling bias may occur, limiting the representativeness of results. In addition, geographic coverage was limited to 27 countries across four regions, excluding the region of North America and the Caribbean. With an average of 52 participants per country, the sample size may also be considered limited. Lastly, resource and time constraints in training community members may have in some cases affected data collection and national report quality.

In spite of these limitations, however, this research represents an important milestone in participatory, sex worker-led research. It can provide a basis not only for designing future advocacy strategies and initiatives, but for informing further research on social protection with meaningful participation from sex worker communities.

Results

Awareness of Social Protection Measures

Although the term "social protection" is not universally known amongst sex worker communities, the majority of participants (62%) in this research reported having received information on social protection measures available within their country. Meanwhile, 27% reported not having received information, while 11% were unsure whether they had received information, indicating a significant gap in awareness of entitlements. In addition, participants' awareness of social protection varied significantly by region, from as high as 81% in Central and Eastern Europe and Central Asia (CEECA), to as low as 33% in Asia-Pacific. (Fig. 1)

Participants reported receiving information on social protection from various sources, including friends and family, sex worker-led organisations, other non-governmental organisations, coworkers, and government agencies. (Fig. 2)

Notably, across the three regions which inquired about sources of information on social protection, sex worker-led organisations emerged as the leading source of information on social protection.[4]

FIG. 1: *Receipt of information on social protection, by region*

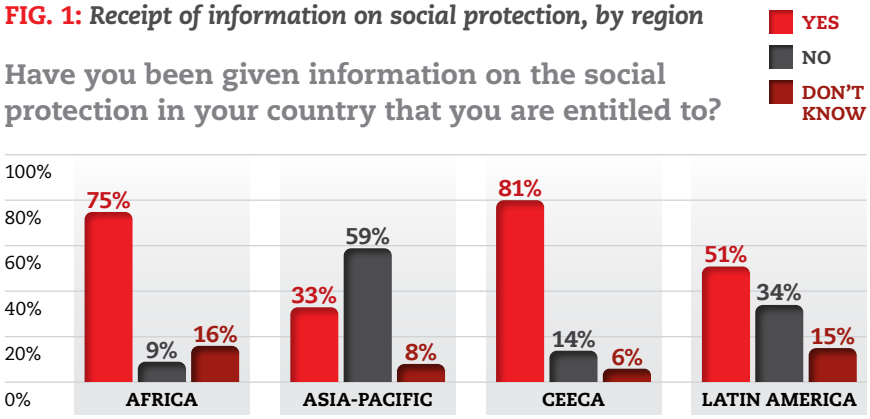
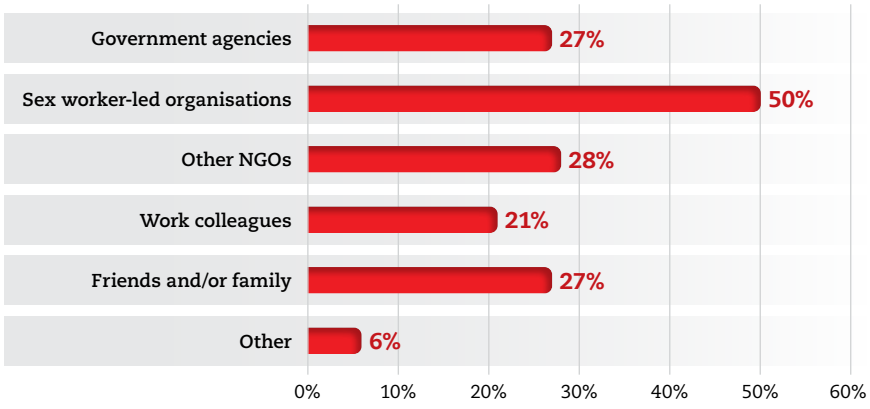


FIG. 2: *Sources of information on social protection (Africa, Asia-Pacific, CEECA)*



The use of sex worker-led organisations as a source of information may be attributable to several factors. First, during the COVID-19 pandemic, many sex worker-led organisations facilitated their communities' access to social protection benefits.

Second, some participants may have received information on social protection from sex worker-led organisations because of this study, following national trainings, or while responding to the questionnaire. Regardless, these findings highlight the essential role that sex worker-led organisations play in awareness-raising within their communities.

4 This question was omitted from the questionnaire in Latin America.

Critical gaps in sex workers' awareness of different social protection measures were observed across regions. Of the four regions, however, participants from Asia-Pacific demonstrated a particularly limited awareness of social protection provisions. Many participants believed that social protection systems do not exist at all within their country, demonstrating the extent to which sex workers have been excluded from receiving information. (Fig. 3)

"We have no social protection system in the country. There is nothing for sex workers besides stigma, discrimination, and violence."

SEX WORKER, LAOS

FIG. 3: *Knowledge of social protection benefits*

TYPE OF SOCIAL PROTECTION	AFRICA	ASIA-PACIFIC	CEECA	LATIN AMERICA	GLOBAL
State/national health insurance	61%	15%	59%	45%	**47%**
Social security/ state pension schemes	43%	20%	83%	36%	**45%**
State/national unemployment insurance	16%	12%	62%	16%	**25%**
Welfare and social services for vulnerable groups	54%	9%	71%	34%	**44%**
Cash transfers or other material assistance	29%	18%	51%	41%	**34%**
Social housing for people in need	22%	6%	44%	0%	**18%**
Emergency assistance measures	31%	13%	46%	33%	**31%**
Employment services	12%	4%	62%	13%	**22%**
Job training and retraining	34%	7%	34%	7%	**22%**

Even amongst participants who knew of the existence of social protection measures within their country, many expressed that they had not been given clear, accurate information on what these measures entail, who is eligible to receive them, and how to apply. Some participants reported receiving inconsistent or incorrect information on social protection measures from government agencies.

In Ukraine, some participants believed that government workers intentionally withheld information and created additional barriers to impede their access to social protection services.

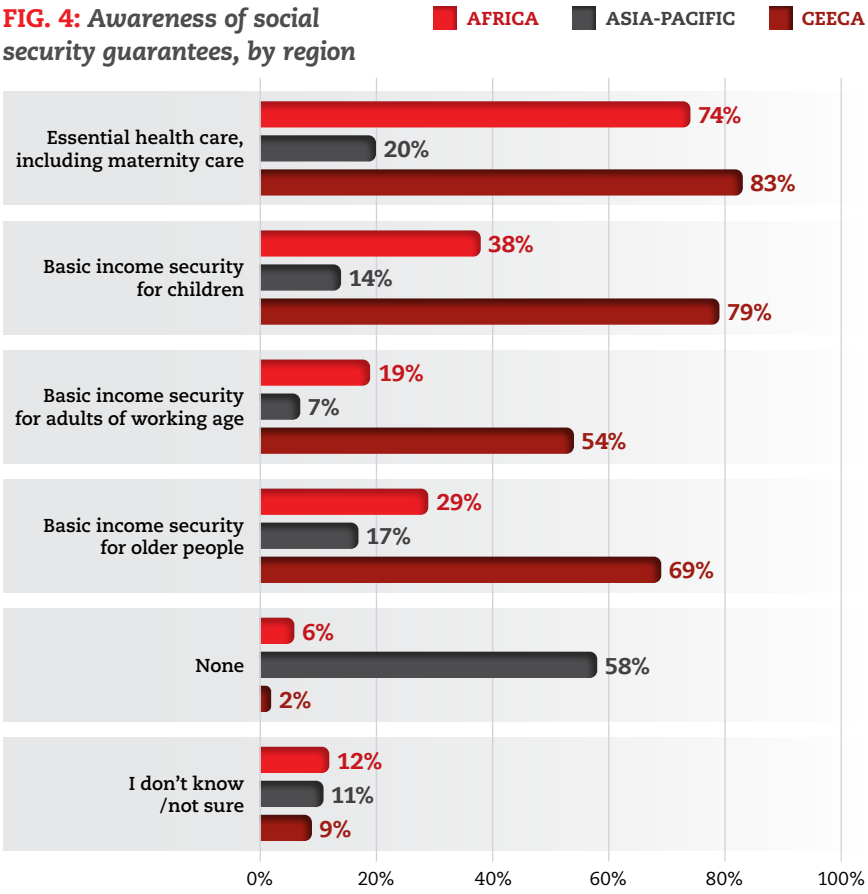
"Knowing that I am a drug user, the social service workers insulted me, tried to confuse me, and demanded additional documents. They created conditions so that I myself would refuse!"

SEX WORKER, UKRAINE

Participants in Africa, Asia-Pacific, and CEECA were also asked, to the best of their knowledge, what social security guarantees, as outlined within the International Labour Organization's Recommendation R202 on Social Protection Floors,[5] they were aware of in their country. Participants across the three regions confirmed varying levels of awareness of basic social security guarantees, with the greatest awareness noted amongst participants from the CEECA region.[6] Meanwhile, participants in Asia-Pacific were least aware of these guarantees, with the majority (58%) of participants indicating that none of the aforementioned guarantees were available in their countries. (Fig. 4)

Notably, participants across regions were least aware of basic income security for adults of working age, which may be attributable to the fact that sex workers are largely excluded from these schemes due to criminalisation and the lack of recognition of sex work as work.

FIG. 4: *Awareness of social security guarantees, by region*



5 International Labour Organization, 2012, "Social Protection Floors Recommendation (No. 202)."

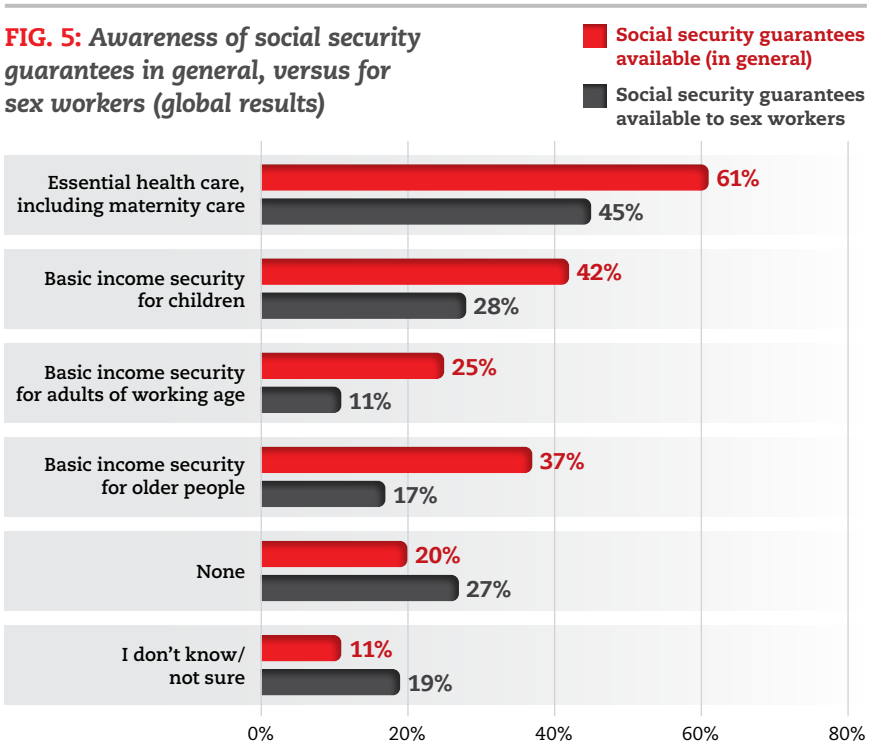
6 Latin America omitted this question from their questionnaire.

When asked which of these social security guarantees were available specifically to *sex workers* in their country, participants across regions expressed greater uncertainty and less awareness. For example, whereas 61% of participants reported that essential health care was available within their country (in general), only 45% stated that this was available to sex workers. This trend was observed for each of the four basic social security guarantees. (Fig. 5)

In addition, a significant portion of participants across regions indicated that either none of these basic social security guarantees were available to sex workers in their country (27%), or that they were not sure whether they were available (19%).

These results indicate another significant gap, both in governments' promotion of basic social security guarantees for sex workers, and in sex workers' awareness of their entitlements.

FIG. 5: ***Awareness of social security guarantees in general, versus for sex workers (global results)***



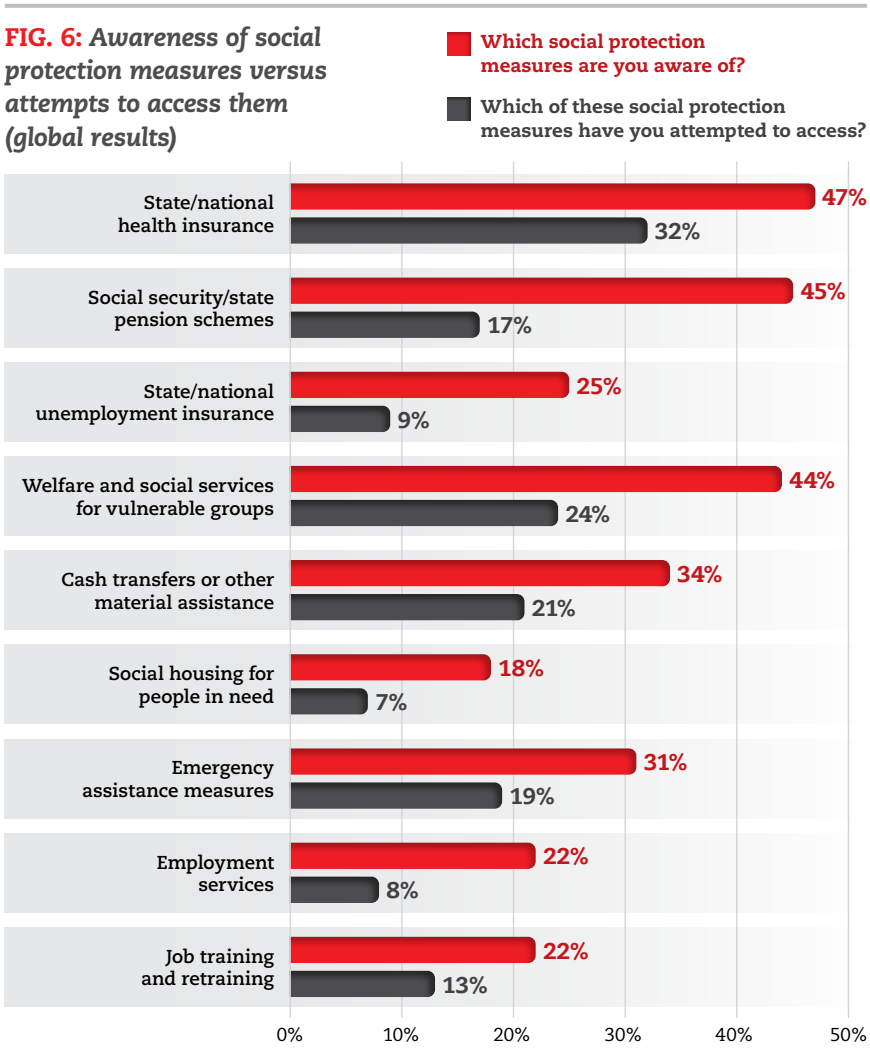
Access to Social Protection for Sex Workers: Experiences and Barriers

Awareness vs. Access

Although many participants expressed familiarity with different forms of social protection, significantly fewer reported attempting to access these benefits. At the global level, the disparity between awareness of social protection measures and attempts to access them was significant for every single form of social protection listed. (Fig. 6)

This disparity may be partly attributable to the fact that not all forms of social protection are equally relevant to all participants. For example, regardless of their occupation, sex workers of working age would not be eligible to access state pension benefits. However, for other forms of social protection which are more widely applicable, such as state/national health insurance, the gap between awareness and access raises serious concerns. Concerningly, in several countries in Asia-Pacific (Bangladesh, Laos, and Papua New Guinea), 0% of participants reported attempting to access state/national health insurance, social security, and unemployment insurance.

FIG. 6: *Awareness of social protection measures versus attempts to access them (global results)*



Qualitative findings from this research confirmed that it is often structural barriers, rather than lack of need, which prevent sex workers from attempting to access social protection benefits.

Legal Barriers and Exclusion

Legal barriers significantly hinder sex workers' access to social protection in all countries where sex work remains criminalised and penalised. Even in countries where the provision of sexual services is considered an administrative, rather than criminal offense, the criminalisation of other aspects of sex work perpetuates punitive policing and prevents sex work from being recognised as work. As a result, sex workers are denied basic labour rights and protections, and remain excluded from numerous social protection schemes available to other workers.

"[Criminalisation] affects us negatively, there are no laws that help us. [Sex work] is [not considered] a normal job. We cannot access insurance like in another job."

SEX WORKER, ECUADOR

Many participants explained that the fact that sex work remains criminalised or 'outside of the law' in their country significantly limits the types of social protection they can access.

Since sex work is not recognised as formal work, sex workers cannot pay taxes on their income, contribute to employment-based pension schemes, or provide proof of income required to access other social protection benefits. Across regions, participants reported being denied access to unemployment benefits, food stamps, low-income housing, maternity pay, and childcare support due to the unofficial nature of their work.

"Without official employment, I cannot apply for food stamps for groceries, or benefits for people with low income."

SEX WORKER, KAZAKHSTAN

The widespread exclusion of sex workers from state social protection programmes undermines the very purpose of social protection. Not only are sex workers more vulnerable to rights abuses and financial precarity due to the 'underground' nature of their work, but they are also left without a safety net or legal recourse.

The criminalised and/or unrecognised status of sex work also deters many sex workers from attempting to access social protection services due to fears of legal repercussions. Sex workers across regions reported the potential for legal repercussions if their occupation were discovered by officials, including fines, detention, deportation, child custody loss, or loss of existing benefits.

"I have never heard that services are available for sex workers. We might even get arrested immediately when [we] admit that we are sex workers."

SEX WORKER, MYANMAR

This fear is intensified for sex workers who have a history of criminal/administrative convictions, or who are migrants. As a result, sex workers may avoid all contact with state institutions and authorities to avoid legal repercussions.

Stigma and Discrimination

Across regions, stigma and discrimination remain one of sex workers' greatest barriers to accessing social protection. Sex workers who attempt to access benefits commonly encounter harassment, inappropriate and invasive questions, mockery, poor treatment, and denial of service. In addition, the fear of stigma and discrimination deters many other sex workers from attempting to access social protection services in the first place.

"I went for help once, and that was the last time. I will never do anything like that again, because I was treated in such a way that I left the facility in tears."

SEX WORKER, ARMENIA

Accordingly, most sex workers attempt to hide their occupation when seeking social protection services, noting that service providers' attitudes may also be influenced by how they dress, carry themselves, or communicate. Some participants reported that they were able to receive services as long as they could hide their occupation from officials.

"There was a long queue and misuse of power, but I was treated well because I did not disclose I was a sex worker."

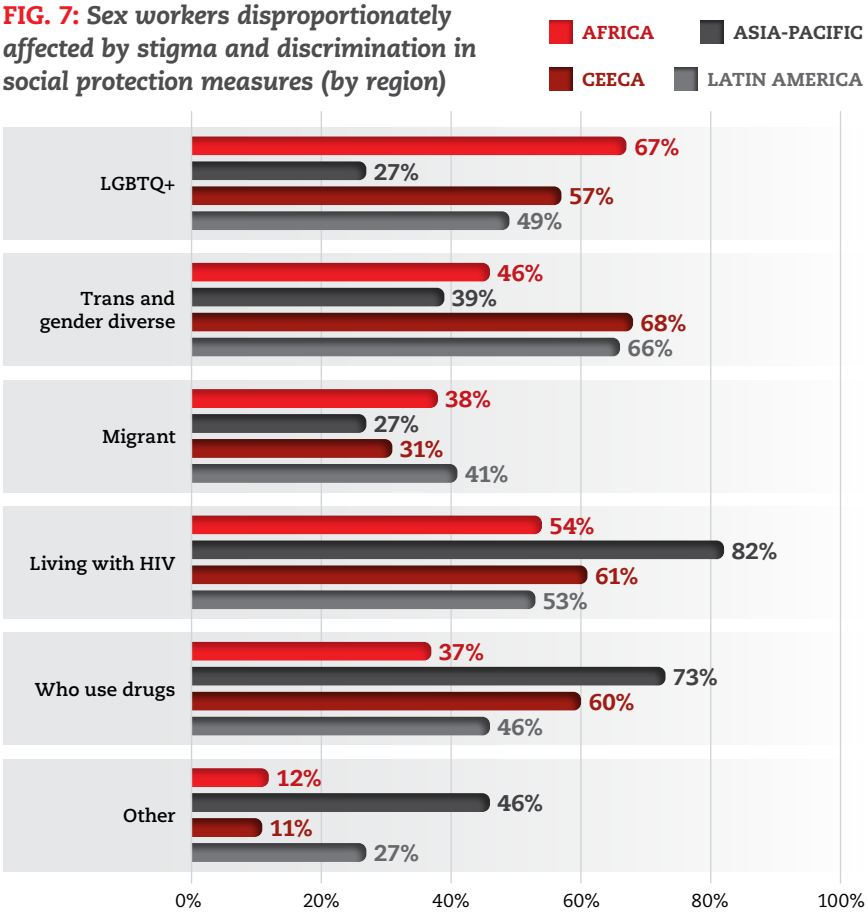
SEX WORKER, KENYA

INTERSECTING STIGMA AND DISCRIMINATION

The likelihood of experiencing stigma and discrimination is compounded for sex workers facing multiple forms of oppression due to their sexual orientation, gender identity or expression, ethnic or migrant background, HIV status, criminal record and/or drug use. The extent to which different groups of sex workers experience stigma and discrimination is heavily shaped by social, cultural, and legal factors which vary by region and country. For example, in Africa, where multiple countries have recently passed or considered passing regressive anti-LGBTQI+ laws, 67% of participants reported that LGBTQI+ sex workers are particularly impacted by stigma and discrimination. (Fig. 7)

In CEECA and Latin America, a greater percentage of participants reported that trans and gender diverse sex workers experience increased stigma and discrimination in social protection services. Meanwhile, in Asia-Pacific, sex workers living with HIV and sex workers who use drugs were most cited as experiencing increased stigma and discrimination.

FIG. 7: *Sex workers disproportionately affected by stigma and discrimination in social protection measures (by region)*



"If there's a transgender person, they will be a laughingstock among social security workers. We have no assistance from social organisations for sex workers."

SEX WORKER, KAZAKHSTAN

Although perceptions of different groups' vulnerability to stigma and discrimination varied by region, it is clear that any sex worker navigating intersecting layers of oppression may be disproportionately affected. Therefore, across all regions, nuanced and intersectional approaches must be adopted to ensure that no sex workers are left behind in efforts to address stigma and discrimination and promote access to social protection services.

STEREOTYPES AND ARBITRARINESS

Harmful and erroneous stereotypes surrounding sex work exacerbate stigma and discrimination in social protection settings. In addition, they fuel arbitrary behaviour and decision-making amongst officials who are responsible for providing social protection services. Sex workers, who may defy societal expectations related to sexuality, morality, and gender norms, are often perceived as 'threats' to social order. In turn, such perceptions may be used as 'justification' to deny sex workers of their right to social protection. Some participants also felt that officials purposely complicated procedures or misinformed them when seeking out social protection services.

In addition, the stereotype that sex workers have high income, and are therefore not 'deserving' or in need of social protection benefits, was highlighted by participants across regions. Since sex workers cannot provide official proof of their earnings, they have no means to disprove accusations about their income and access the benefits to which they are entitled.

"Of course [treatment by social protection providers] is bad, they'll kick us out. They will say that there are more needy people (single mothers, disabled people, large families), and we earn more than them."

SEX WORKER, KYRGYZSTAN

The notion of the 'deserving' versus 'undeserving' poor impacts the design and delivery of social protection programming across all regions. However, this tendency may be particularly pronounced in countries where limited resources and widespread poverty lead to greater exclusion, subjectivity, and corruption in service provision. As a result, individuals and institutions responsible for determining eligibility and providing social protection benefits often exercise a high degree of discretion and subjectivity, denying those who are deemed 'undeserving' of their fundamental rights without challenge.

"When it comes to getting food stamps by participating in social services, [officials] give them to people they know, but they are not given to us."

SEX WORKER, MONGOLIA

Across regions, participants also noted being solicited for bribes when attempting to access social protection benefits.

"During the COVID time, I was trying to access government food [support], and I was denied food support because I am a sex worker. Some of the local leaders asked for money for one to be added to the list."

SEX WORKER, UGANDA

In some cases, participants reported being able to access social protection as members of the general population, without disclosing their sex worker status. However, other participants stated that even when attempting to access services unrelated to employment (such as disability benefits, state health insurance, or survivors' benefits), arbitrary refusals and discriminatory treatment were common. This indicates a significant need for training and accountability mechanisms to ensure that public sector employees provide services to sex workers free from stigma and discrimination, grounded in the principles of respect, dignity, and impartiality.

Distrust and Disillusionment with State Institutions

Institutionalised stigma and discrimination, combined with legal barriers, have fostered a profound distrust towards state officials and institutions, impeding access to social protection. Not a single participant indicated that they would feel comfortable disclosing their sex worker status in government settings, and many felt that attempting to access social protection would be futile or even dangerous. In Asia-Pacific, participants expressed an overwhelming sense of abandonment and disillusionment with state institutions, and felt that even if more social protection measures were introduced in the future, they would not be available to sex workers. For some participants, this feeling was reinforced by the experience of being denied social protection support during the COVID-19 pandemic.

"[There are] no benefits for sex workers. During COVID-19 we didn't get any help from the government, so how will we get other benefits?"

SEX WORKER, BANGLADESH

For other sex workers, fear and distrust have also been reinforced by negative experiences with other state actors and institutions, including law enforcement.

"I have been discriminated [against] many times, the police did not do anything, did not protect me and our community. There is no trust in the state anymore."

SEX WORKER, ARMENIA

State authorities' discriminatory attitudes and actions towards sex workers are interconnected and mutually reinforcing. Every policy, discourse, and action undermining sex workers' rights reinforces the belief that state authorities do not have sex workers' best interests in mind. For this reason, building trust in state social protection mechanisms must be part of broader efforts to create enabling policy environments, reduce stigma and discrimination, and strengthen meaningful collaboration between sex worker communities and the state.

Bureaucratic and Logistical Barriers

Participants across regions noted a range of bureaucratic and logistical barriers impeding access to social protection. While these barriers also affect the general population, sex workers often face additional challenges with documentation, scheduling, and finances.

RESIDENTIAL REGISTRATION

Access to social protection benefits is often linked to citizenship and residency status. These eligibility requirements may disproportionately affect sex workers, many of whom migrate or move across regions or countries for work. Some sex workers may also lack a permanent address due to the informal and/or mobile nature of their work.

"I had tried to get health insurance done, but could not do it, as it had to be registered from [the area] where I belong originally."

SEX WORKER, NEPAL

The issue of residential registration was particularly pronounced in the CEECA region, where access to social protection benefits, including public healthcare, are often tied to one's residential address, excluding those who do not live in the area where they are registered.[7] At the same time, for individuals who do not own their own housing, it can be difficult, if not impossible, to register oneself.

"There is always a problem with registration and passports. For example, to receive coal, residential registration is required, and I live with my children in a rented house in the city. Since I was registered in another city, they didn't give me coal."

SEX WORKER, KYRGYZSTAN

DOCUMENTATION DIFFICULTIES

Participants also noted that it was difficult and time-consuming to collect other documents required to access benefits. In some cases, this can lead sex workers to abandon the process of seeking social protection midway, or to not seek it out in the first place.

The process of collecting documents is often costly, particularly when it requires travel. Several participants noted the paradoxical nature of this situation, given that individuals seeking social protection assistance are often doing so out of financial need.

"[The need for] a lot of documents and a lot of money for documents [is a barrier]. If I had money, I would not ask for social assistance."

SEX WORKER, NORTH MACEDONIA

7 Malika Turkmadiyeva, "Propiska as a Tool of Discrimination in Central Asia," The Central Asia Fellowship Papers No. 12 (2016).

Other participants noted that due to the unrecognised nature of their work, they were unable to provide the necessary documentation surrounding their income and employment to access social protection services.

"[I] faced barriers when applying for help to buy a house for low-income people. I was not approved to buy [the house] because I did not receive salary payments via a bank card and I did not have a labour contract. So I did not buy a house, even though my family has had a city household registration for more than 7 years."

SEX WORKER, VIETNAM

QUEUES, WAITLISTS, AND OTHER LOGISTICAL BARRIERS

Numerous participants noted that long waiting times and waitlists for receiving social protection impeded their access. While these barriers may affect all members of the population, when combined with stigma and discrimination from service providers, they can also provide more opportunities for sex workers to be purposely deferred and excluded.

"[Social protection is] hard to access due to a long [wait]list [and] being undermined by the people who are supposed to help you."

SEX WORKER, SOUTH AFRICA

Across regions, it was noted that long distances and inconvenient opening hours of state offices also impeded access to social protection.

"I'm a woman living with HIV and a substance user, I engage in sex work at night. The first issue is the schedule, and the second is discrimination."

SEX WORKER, MEXICO

These bureaucratic and logistical barriers attest to critical flaws in the design and implementation of social protection systems. The widespread inaccessibility of benefits to sex workers not only undermines the purpose of social protection, but also perpetuates the cycle of vulnerability and exclusion.

Access to SRHR Services: Experiences and Barriers

Access to comprehensive sexual and reproductive health services is a fundamental human right which is connected to the right to social protection. For sex workers, inadequate access to SRHR drives vulnerability and jeopardises their physical, psychological, and socioeconomic wellbeing. In doing so, it also deepens inequalities and violates sex workers' rights to health, social protection, and safe and healthy working conditions.

SRHR Service Coverage and Awareness

On a global level, sex workers' inadequate access to SRHR services has been well documented.[8] Findings from this research confirmed that only 39% of participants had access to SRHR services as part of their country's national health insurance schemes. Meanwhile, 43% of participants reported that they did not have access, while 18% were unsure. (Fig. 8)

It is important to note that while access to insurance-covered SRHR services varied by region, significant gaps – both in access and awareness – were observed globally. (Fig. 9)

Participants in Asia-Pacific reported having the least access to SRHR services covered by national health insurance, with as little as 0% of participants in some countries (Laos and Papua New Guinea) having access. Meanwhile, in Africa, while 52% of participants reported having coverage of SRHR services under national insurance, later responses indicated that these services were not comprehensive. In the CEECA region, responses highlighted a significant degree of uncertainty surrounding the availability of SRHR services, with 37% of participants unsure of their SRHR coverage. This lack of awareness may serve as an additional barrier to access.

FIG. 8: ***National health insurance coverage of SRHR services (global results)***

Do you have national health insurance that covers SRHR services in your country?

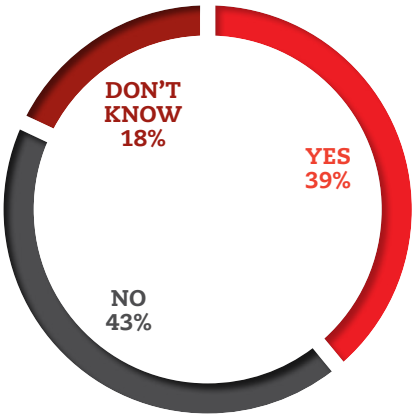
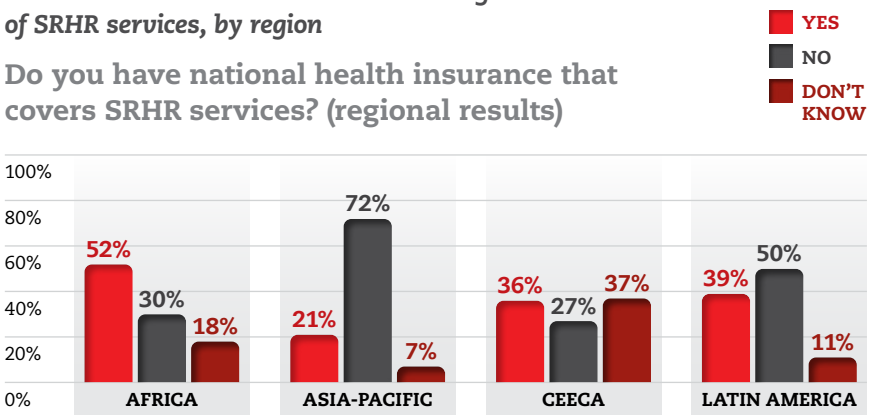


FIG. 9: ***National health insurance coverage of SRHR services, by region***

Do you have national health insurance that covers SRHR services? (regional results)



"There is little information about where and what services are provided, and what we can receive or are entitled to for free."

SEX WORKER, UKRAINE

8 NSWP, 2018, "Sex Workers' Access to Comprehensive Sexual and Reproductive Health Services."

According to participants, SRHR services most frequently covered by national health insurance schemes include family planning and contraceptive services, safe pregnancy care, and reproductive tract cancer screening. It is noteworthy, however, that the accessibility of these services remains limited on a global scale. Only 36% of all participants indicated having access to family planning services, 25% to safe pregnancy care, and 21% to reproductive tract cancer screening through national health insurance schemes. Meanwhile, other essential SRHR services, such as safe abortion and post-abortion care, as well as gender-affirming care, were only accessible to 18% and 10% of all participants, respectively. (Fig. 10)

"[The national health insurance fund] doesn't cover a lot for a trans person when getting SRHR. Not all counsellors do hormone use counselling and there are few who are well [versed in] trans people's issues. Getting hormonal drugs is hard and expensive."

SEX WORKER, KENYA

FIG. 10: ***Availability of SRHR services through national health insurance (global results)***

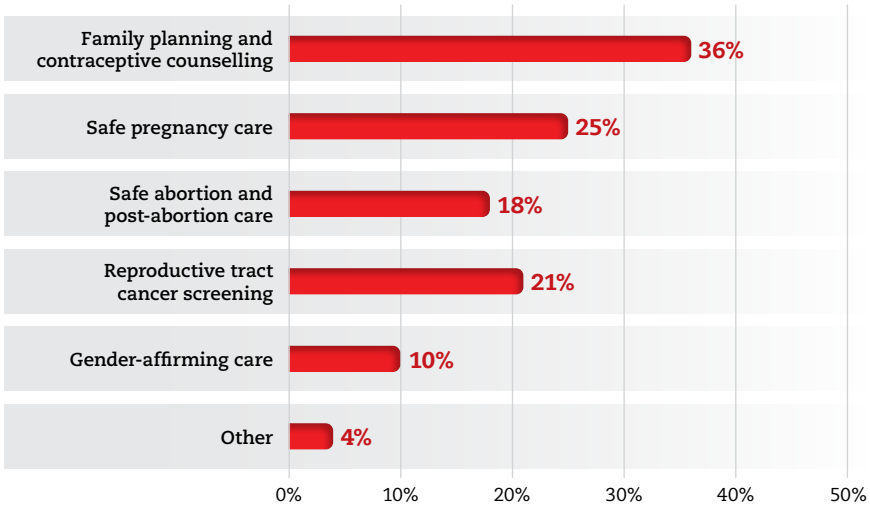
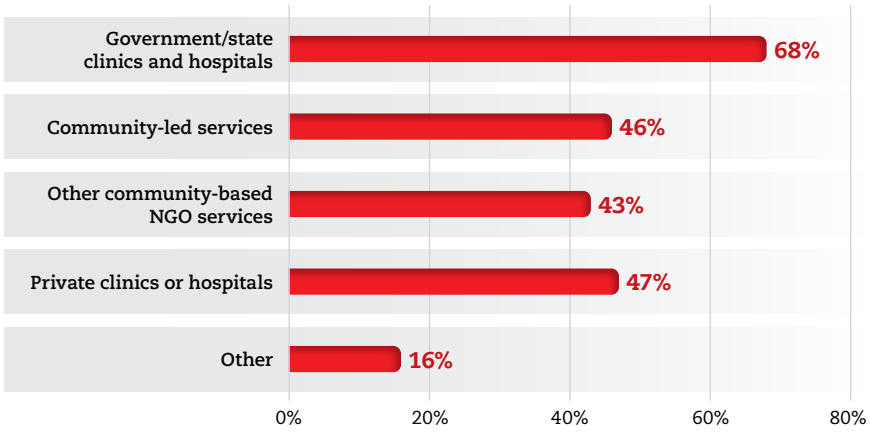


FIG. 11: ***Settings where SRHR services are accessed (global results)***



These findings indicate that many national health insurance schemes are still far behind in ensuring comprehensive SRHR care for sex workers. As a result, sex workers must rely on multiple different settings to address their diverse SRHR needs. (Fig. 11)

Although 68% of participants reported accessing SRHR services at state clinics or hospitals, it is important to note that these services are not necessarily free, and may not adequately meet sex workers' needs. Moreover, private clinics and hospitals, which were accessed by 47% of participants, were also described as costly.

Lastly, these findings underscore the critical role of community-led and community-based SRHR services for sex workers. Globally, 46% of participants reported accessing community-led services, and 43% accessed community-based services. It is important to note, however, that the degree of access varied by country and region. In Kenya, for example, where sex worker-led SRHR programming is well established, 95% of participants reported accessing such services. In contrast, in Laos, 0% of participants reported accessing community-led SRHR services. As explained by the Association for the Development and Promotion of Women's Leaders (ADPWL), Laos, such services do not yet exist in the country. These discrepancies suggest that when sex worker-led SRHR programmes receive sustained funding and support, they can significantly increase sex workers' access to SRHR services.

In the absence of adequate state SRHR programming, sex worker-led organisations offer comprehensive, non-discriminatory SRHR services to their community members, including HIV and STI testing, SRHR education and counselling, and accompaniment. In North Macedonia, the sex worker-led organisation STAR-STAR has been formally recognised as a programme implementer for the national "Protection of the Population from the HIV Infection Programme," receiving state funding to facilitate access SRHR services for key populations.[9] 86% of participants in North Macedonia reported accessing community-led SRHR services, testifying to the success of this initiative.

"When I go to my family gynaecologist, apart from an examination which is very routine, I have no counselling or education. Whereas when I go to non-governmental organisations that offer services, the approach is very different. I'm single, they know I'm engaged in sex work, and in addition to examinations, we receive education and counselling."

SEX WORKER,
NORTH MACEDONIA

These findings underscore the importance of providing sufficient funding to ensure the sustainability of community-led and community-based SRHR programmes, which are essential to many sex workers. At the same time, greater efforts must be made to improve the suitability and accessibility of state SRHR programming, providing sex workers with options to address their diverse SRHR needs.

9 Program for Protection of the Population from the HIV Infection in the Republic of North Macedonia for 2022, Official Gazette, No. 33, 15th February 2022

Barriers to SRHR Services

For sex workers, many of the same barriers impeding access to social protection also impede access to SRHR services. These findings bear repeating, given their significant impact on perpetuating sex workers' marginalisation and vulnerability.

STIGMA AND DISCRIMINATION

Participants across all regions reported that stigma and discrimination remained significant barriers to receiving adequate and acceptable SRHR services.

"Psychologically, thinking about all the insults and violence, it's hard for me to go to a public SRHR centre."

SEX WORKER, BENIN

While stigma and discrimination are often most prevalent in state healthcare settings, participants also reported having to hide their sex worker status in private health clinics or hospitals for fear of judgement and poor treatment. In turn, having to conceal information about their work and sexual activities may prevent sex workers from receiving the most relevant services and care.

"Doctors treat me differently for doing sex work, so much that sometimes we have to pretend that we are married and that we don't do sex work."

SEX WORKER, MEXICO

Many participants reported accessing community-led and community-based SRHR services to mitigate the stigma and discrimination experienced in mainstream healthcare settings.

"I go to community organisations to get support for examinations, testing, and treatment of sexually transmitted diseases, so [treatment] is generally favourable. However, if you go to a public hospital, you may be ridiculed and looked at with strange eyes..."

SEX WORKER, VIETNAM

In addition, participants noted that when NGO workers accompanied them to receive SRHR services, they faced less stigma and discrimination in healthcare settings. While this strategy can be seen as positive, it also underscores the pressing need to increase sensitisation training for healthcare workers.

FINANCIAL, LOGISTICAL, AND BUREAUCRATIC BARRIERS

Participants described a range of financial, logistical, and bureaucratic barriers to SRHR services. Firstly, documentation requirements (such as proof of identity and residential registration) often prevent sex workers from accessing state-run SRHR services. These barriers are particularly salient for transgender sex workers, who may lack identification documents matching their gender identity, and migrant sex workers, who may lack local registration.

In addition, numerous participants described inconvenient opening hours and long waiting times as barriers to accessing SRHR services.

"Sometimes... it takes too long to make the referral... and when I get transferred to the hospital, there are no appointments, no doctors. And by that point, I realise I already have a strong infection."

SEX WORKER, PERU

In Africa, participants from multiple countries noted that stockouts and shortages of SRHR commodities were common. In settings with limited resources and high discrimination, such shortages may be used as pretences to deny sex workers of care.

"I mostly encountered inadequate provision of preventive commodities whenever I go to access them at the health centre, where I find other people are given the preventive commodities and I sometimes get rejected."

SEX WORKER, MALAWI

Lastly, financial barriers were reported by participants across regions. In some cases, these barriers may be exacerbated by corruption and illegal charging practices in healthcare settings, whereby patients must pay to receive SRHR services which are meant to be free. In North Macedonia, for instance, although by law, all services offered by general practitioners and gynaecologists must be covered by national healthcare insurance, it is common for family gynaecologists to illegally charge their patients, especially Roma women, for services. In Africa, it was also noted that health insurance does not guarantee sex workers' access to affordable healthcare, while in Asia-Pacific many participants reported relying on costly private health care.

Gender-Based Violence Care: Access and Barriers

Clinical care for survivors of gender-based and sexual violence is also part of comprehensive SRHR programming, however these services often remain unavailable to sex workers. As outlined within the World Health Organization's guidelines on responding to sexual violence, clinical care for survivors of sexual assault should include: first-line support, emergency contraception, HIV post-exposure prophylaxis (PEP), post-exposure prophylaxis for STIs, and psychological interventions.[10] (Fig. 12)

It is important to stress that these results depict participants' *perceptions* of services available for survivors of gender-based-violence (GBV) in their countries, which may differ from actual availability. Moreover, not all participants have personally experienced GBV, which may further impact their awareness of services for survivors. Nonetheless, it is important to take such perceptions into account, as they can directly impact actions and decision-making in moments when services are needed.

Of participants who did report experiencing GBV and sought care afterwards, the majority were not offered the full range of clinical care services for survivors.

FIG. 12: ***Services available to survivors of gender-based violence (global results)***

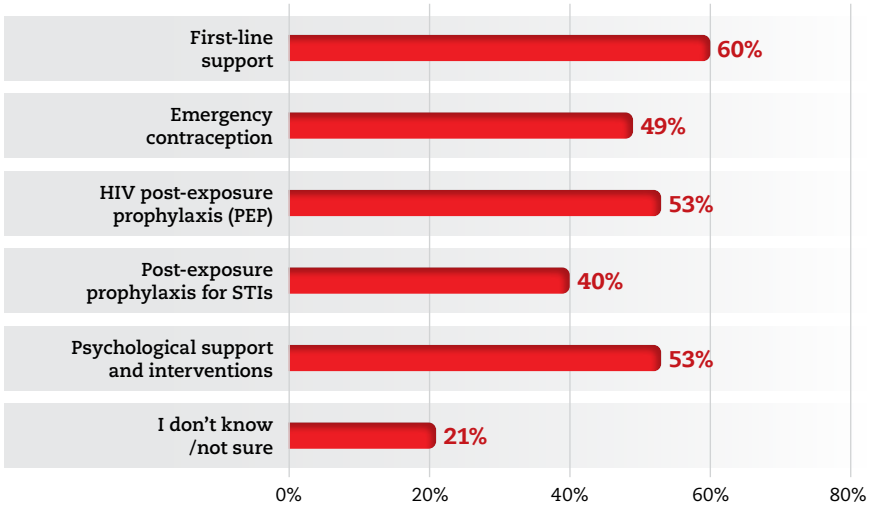
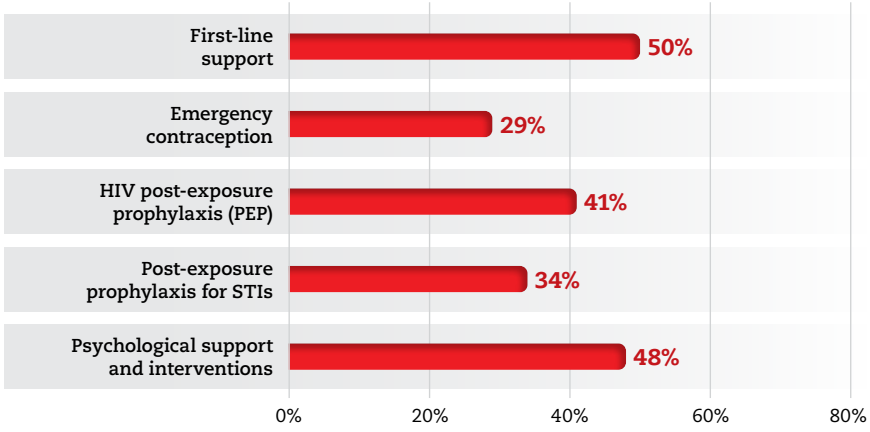


FIG. 13: ***Services offered to sex workers who sought care after experiencing gender-based violence (global results)***



However, it is important to note that gender-based violence can take different forms, and may be perpetrated against people of different genders, and therefore not all clinical interventions may have been medically necessary following each case of violence. (Fig. 13)

10 World Health Organization, 2013, "Responding to intimate partner violence and sexual violence against women."

Nonetheless, qualitative responses indicated that many participants faced barriers to accessing comprehensive, non-discriminatory services for GBV survivors. Participants across regions commonly described encountering stigma and discrimination when seeking out care for GBV. In Africa, CEECA, and Latin America, participants also highlighted the harmful misconception among service providers that "sex workers cannot be raped" because of their occupation, and are therefore responsible for any violence committed against them.

"I didn't feel content [with gender-based violence services], because they discriminate against you and blame you when you say you are a sex worker."

SEX WORKER, ARGENTINA

Numerous participants noted that they did not attempt to seek out services after experiencing GBV due to fears of stigma and discrimination, re-victimisation, and/or legal repercussions. Some participants also expressed feelings of shame and fear that their occupation, sexual orientation, and/or gender identity would be exposed. These findings highlight the critical need for targeted interventions which address systemic barriers to GBV care and foster environments where survivors feel safe and supported.

Of those participants who sought out clinical care in mainstream health facilities following GBV, satisfaction levels were low. However, participants who received support and/or accompaniment from sex worker-led or other civil society organisations reported overwhelmingly positive experiences. Participants particularly valued the counselling and psychological care they received through community-led organisations, as well as clinical support.

"After experiencing violence, I received support from a sex worker-led organisation, which enabled me to overcome the difficulties. I was well taken care of."

SEX WORKER, SENEGAL

For sex workers who have experienced violence and trauma, the importance of taking measures to promote access to comprehensive, non-discriminatory clinical care services cannot be understated. Findings from this research underscore the vital role of sex worker-led organisations in facilitating access to services, while also highlighting the need to sensitise and expand mainstream services for sex workers affected by GBV.

Strategies to Promote Social Protection and SRHR Access

Participants reported employing a range of strategies to increase their access to social protection benefits and SRHR services. At the individual level, these strategies included: hiding one's sex worker status; paying for private health services; accessing community-led and -based services; and accessing state services with NGO accompaniment. At the same time, many participants acknowledged the importance of addressing structural barriers in order to promote their communities' access to social protection and SRHR services in the longer term.

Decriminalising Sex Work

Due to differing levels of legal literacy, some participants were unsure of how their country's laws surrounding sex work affected access to social protection. The criminalised nature of sex work, which may be compounded by factors such as migrant status, drug use, and/or HIV status, perpetuates barriers not only to fundamental rights, but to the knowledge which is essential to demand them.

At the same time, many participants across regions acknowledged the positive role that decriminalising sex work would play in promoting their communities' access to social protection and SRHR. Participants described the potential of decriminalisation to increase access to human and labour rights, promote access to justice, improve working conditions, and decrease stigma and discrimination.

"Being decriminalised means more social recognition, easier access to social protection, and much less stigma against sex workers."

SEX WORKER, VIETNAM

Some participants also noted the impact that decriminalisation would have on reducing internalised stigma and empowering sex workers to demand their fundamental rights.

"Full decriminalisation of sex work will give sex workers power to also speak and make sure their voices are being heard in any social protection they want to access."

SEX WORKER, SOUTH AFRICA

Fully decriminalising sex work is essential to ensuring an enabling legal environment for sex workers to access social protection and SRHR. However, equitable access to these fundamental rights cannot wait until decriminalisation is achieved. Immediate interventions must also be undertaken to address existing gaps and barriers, alongside continued, long-term advocacy for decriminalisation.

Recognising Sex Work as Work

Participants across regions described the important role that recognising sex work as work would play in improving their access to social protection. As part of this, numerous participants expressed readiness to pay taxes on their income as formal workers, and benefit from the same social protection and labour rights afforded to other workers.

"I would benefit because I would pay my taxes, and recognition would be important because you would have all the benefits like any job."

SEX WORKER, PERU

Participants additionally highlighted how recognising sex work as work would improve sex workers' self-esteem and empower them to openly demand their right to social protection. At the same time, participants felt that this recognition would also reduce societal stigma. In Ukraine, participants noted that paying taxes and contributing to state social protection schemes would enable them to be perceived as "full-fledged members of society" and "law-abiding citizens," improving their ability to access services free of discrimination and abuse.

The lack of recognition of sex work as work reinforces stereotypes of criminality and amorality, as well as the belief that sex workers who seek out social protection are not 'deserving' of benefits.

By recognising sex work as work, states can not only increase sex workers' access to social protection schemes, but also tackle stereotypes and break the cycle of discrimination and exclusion.

Conclusion

Sex workers have the same rights to social protection as the rest of the population, yet are often denied access to fundamental entitlements. Although sex workers are aware of many different forms of social protection within their countries, significantly fewer have attempted to access them.

This research confirmed that although sex workers need social protection, a range of structural, bureaucratic, logistic, and financial barriers continue to impede access. Those sex workers who have attempted to access social protection measures often encounter stigma and discrimination, harassment, and abuse. Many participants also reported that harmful stereotypes of sex workers as being immoral, destructive, or otherwise 'undeserving' of social protection have fuelled arbitrary decision-making and denial of service. These realities, set against the backdrop of pervasive exclusion and abuse, have fostered distrust and disillusionment with state institutions.

For sex workers, the need for comprehensive SRHR services and social protection go hand-in-hand. Across regions, poor coverage of SRHR services under state health insurance schemes deepens inequalities and jeopardises sex workers' physical, psychological, and socioeconomic wellbeing. In the absence of adequate, appropriate, and accessible public SRHR services, many sex workers rely on services provided by sex worker-led organisations and other community-based NGOs.

While this finding highlights the importance of providing adequate, sustained funding to sex worker-led organisations, it also underscores the pressing need to improve the accessibility and suitability of state-run SRHR services.

Lastly, this research demonstrated that many sex workers are eager to participate in state social protection schemes and access the full array of benefits. However, to achieve this, states must recognise sex workers as rights bearers, in line with international human and labour rights principles.

For as long as sex workers remain criminalised and are not recognised as formal workers, their exclusion and stigmatisation will persist.

Recommendations

The following recommendations have been synthesised based on the global research findings:

- **Fully decriminalise and remove all criminal/ administrative penalties surrounding sex work (including its sale, purchase, advertisement, brothel-keeping, and involvement of third parties)**. When sex work is criminalised and/ or penalised, sex workers cannot seek services without fear of legal persecution, and cannot provide official proof of employment or income required to access services.
- **Recognise sex work as a legitimate profession**. This will enable sex workers to access the full range of social protection benefits and labour protections afforded to other workers.
- **Conduct awareness-raising measures on social protection benefits and SRHR services**. Although many sex workers are familiar with multiple forms of social protection and SRHR services, many lack clear and accurate information on how to access them. This can be addressed through awareness-raising campaigns and the development of clear, accessible guidance, including information on: how and which services are available, where they are offered, and which documents and procedures are required to access them.
- **Conduct sensitivity training programmes to build the capacity of social workers, healthcare professionals, government officials, civil servants, and law enforcement to provide rights-based services to sex workers**. Special attention should be given to addressing sex workers' needs and priorities, challenging harmful stereotypes, and providing services free from stigma and discrimination.
- **Address the widespread stigma and discrimination that prevents sex workers from accessing social protection and SRHR services at all levels**. Apply intersectional approaches to ensure that sex workers facing multiple forms of oppression are included in anti-stigma and discrimination measures.
- **Reform and expand national social protection policies to make them more inclusive, comprehensive, and accessible**. As part of this, remove strict documentation and registration requirements as a prerequisite to access health and social protection services. Pursue opportunities to eliminate occupation-related biases, simplify procedures, and reduce bureaucratic barriers and formalities which hinder access.

- **Empower sex worker-led organisations to meaningfully participate in the development and implementation of social protection and SRHR policies and programmes**. Community empowerment should also build the capacity of sex workers and sex worker-led organisations to expand their outreach work.
- **Establish collaboration and partnerships between governments, sex worker-led organisations, and other community-based NGOs to address challenges faced by sex workers**. Establishing cooperation with state structures (such as public health institutions, social services, pension funds, employment centres, law enforcement, etc.) will facilitate sex workers' access to diverse social protection and SRHR services.
- **Tailor social protection and SRHR services and programmes to meet the needs of different groups**, including sex workers who are trans and gender diverse, migrants, LGBTQI+, living with HIV, use drugs, and/or who have criminal records.
- **Expand coverage of comprehensive SRHR services under state healthcare insurance**. Inadequate access to affordable, acceptable, and comprehensive SRHR services undermines sex workers' fundamental right to health and exacerbates vulnerability.
- **Increase and sustain funding for sex worker-led organisations**. Sex worker-led organisations provide essential SRHR services to communities, as well as information on both health and social protection. In addition, sex worker-led organisations play a key role in conducting outreach and accompaniment to services. However, this work must be adequately funded in the long term.
- **Engage in advocacy at the national, regional, and global levels to promote sex workers' access to social protection**. This advocacy can include presenting evidence to hold governments accountable and submitting alternative reports to international treaty bodies as part of UN Special Procedures.

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