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MAPPING SEX WORKERS IN MPUMALANGA

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Report prepared by:

impact consulting
maximising positive social impact

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1 INTRODUCTION

1.1 Background

The Sex Worker Education and Advocacy Taskforce (SWEAT) addresses health and human rights issues of adult sex workers through its three programmes:

1. Outreach and Development
2. Advocacy and Networking
3. Research and Knowledge Management.

SWEAT uses an evidence-informed, human rights-based approach to address HIV prevention, care and support for sex workers.

SWEAT is a sub-recipient of the Global Fund for AIDS, TB and Malaria (GFATM) Round 9 grant: *Leveraging Partnerships to Achieve the Goals of South Africa's HIV & Aids and STI National Strategic Plan 2007-2011*, through the civil society Principal Recipient NACOSA. SWEAT coordinates the GFATM National Sex Worker Programme, aimed at HIV prevention for sex workers.

SWEAT currently works in partnership with eight sub-sub-recipients (SSRs) in seven provinces who implement the sex worker HIV prevention programme on SWEAT's behalf. Phase 2 of the GFATM Round 9 grant is scheduled to begin in October 2013, with a proposed scale up of the sex worker programme to a total of 56 sites in all nine provinces of South Africa. Rapid scale up is projected to occur between Quarters 1 and 3 of Phase 2, and, in preparation, mapping visits are being conducted to the 48 proposed new sites.

1.2 Objectives of the mapping visits

The mapping study was intended to gather the following data, to inform a customised and appropriate roll-out of SWEAT's programme in each area.

Objective 1: Gather information about local sex worker population

- Population size estimates
- Demographics eg, gender, age, migrancy, languages
- Working sites
- Sex Workers' needs and challenges, especially relating to HIV prevention, screening, care and support
- Access to services, especially health services
- Human rights related needs, including relationships with police

Objective 2: Gather information on services available to sex workers

- Peer education programmes targeting sex workers
- Provincial, district or local AIDS Councils
- Health services
- Psychosocial Support services, eg substance abuse, counselling services
- Human rights support and legal services
- Assess sex worker access to and satisfaction with above services.

Objective 3: Assess strength of sex work networks

Objective 4: Assess potential sub-recipients

- Identify any organisations working in the area with experience in sex worker peer education programmes, or failing that, experience in sexual and reproductive health and rights programmes.
- Assess organisations' approach to sex worker programming (eg community mobilisation; sex worker empowerment; holistic approach to sex worker programming)

1.3 Mpumalanga sites

The population of Mpumalanga in 2011 was 4,039,569, with 1,320,702 adult females (33% of the total population).

The number of sex workers in Mpumalanga are estimated to be between 11,758 and 15,130. The majority of the population of Mpumalanga is found in small towns of fewer than 100,000. The great majority of sex workers are also found in these centres, with almost 30% of the province's population living in small towns along trucking routes[1].

The following sites in Mpumalanga were visited during the study, profiles of each are presented here:

- Bushbuckridge
- Komatipoort
- Malalane
- White River.

[1] Rapid population size estimation, SWEAT and Impact Consulting, 2013

2 BUSHBUCKRIDGE

2.1 METHODOLOGY

The following methods were used to map sex work in Bushbuckridge:

Method	Participants	Description
Focus group	5 female sex workers (SWs). All Black South Africans who live in the area.	To identify hotpots using a map, SW demographics, needs and challenges, access to services
Informal conversations at sex work hotspots	Brothel owners, sex workers on the street, tavern staff, bar staff	
Desktop research	To determine demographics of the area and SW population size identify DoH managers at province, district or local level; identify potential sub-recipients; identify potential support organisations	

Table 2-1: Methodology

2.2 SITE DESCRIPTION

Bushbuckridge is a city in the Mpumalanga province of South Africa. The name was given because of the large herds of antelope that were found there in the 1880s. The town grew around a trading store which opened in 1884. Tobacco, cotton and vegetable farming takes place in the surrounding countryside.

Figure 2-1: Bushbuckridge

Figure 2-2: Map showing location of Bushbuckridge in Mpumalanga

2.2.1 Demographics

Town	Bushbuckridge
Municipality	Bushbuckridge Municipality
Total population	21,265 people
Females aged 15 to 64	7,208
Population density	900/km^2
Racial breakdown	99% Black African, 0.4% Indian and 0.1% White
Languages spoken	Majority Northern Sotho, Sotho, Tsonga and Zulu
Estimated number of sex workers	Between 43 and 72[2]

Table 2-2: Demographics

[2] Rapid population size estimation, SWEAT and Impact Consulting, 2013

2.2.2 Description of sex work in Bushbuckridge

2.2.2.1 Estimated population size and determining factors

There are an estimated 43 and 72 sex workers (SWs) in Bushbuckridge[3].

2.2.2.2 Demographic breakdown of sex workers

The sex workers in Bushbuckridge are mostly Black African females. It is reported that the majority of SWs are local women and men from Bushbuckridge, but about 20% of them are foreign nationals (mainly from Maputo in Mozambique).

There are some male SWs (approximately 27) who are generally MSM (men who have sex with men).

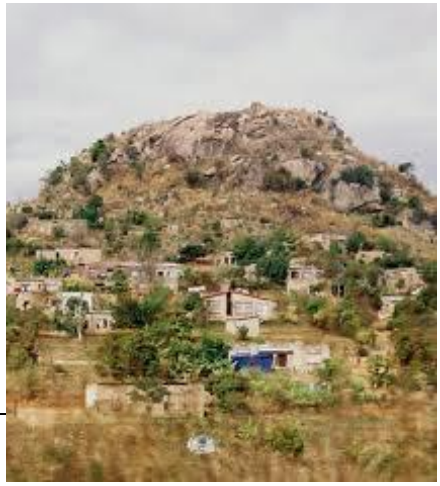
2.2.2.3 Types of sex work

It is reported that most participants work independently, and there are few controllers. Some of the foreign SW, however, have pimps who "look after" them on the street. They charge no less than R100 per session.

Sex workers work from the streets, from taverns, privately and in brothels. Brothels don't necessarily have a "madam" in charge of the SWs – the SWs arrive with their clients and just pay for the use of the room.

Sex work is generally not done openly in Bushbuckridge. The area is also rife with crime, which places the SWs in danger while working.

2.2.2.4 Soliciting and servicing areas



SWs work around Bushbuckridge, Hoedspruit and Phalaborwa throughout the day. Some have call-in clients.

Figure 2-3: Houses set against the ridge

[3] Rapid population size estimation, SWEAT and Impact Consulting, 2013

The following areas were highlighted for soliciting:

- The town has a semi-rural residential area which is enclosed as a compound with one entrance. Here a number of taverns and pubs have rooms to rent [redacted] where girls strip outside for onlookers, which also operates as a sex work site.
- Guesthouses, [redacted], which is a venue that is also used for weddings and functions.
- Brothels with rooms, eg [redacted] a traditionally built compound with rondavel huts), [redacted]
- In and around town
- [redacted] just outside Bushbuckridge
- At cross roads/intersections.

Servicing takes place in:

- Rented rooms in several brothels around the area which charge from R30 per room
- Trucks/cars
- On street corners
- In tavern toilets
- Outdoors in the bushes.

2.2.3 Needs and challenges of SWs

The key challenges for sex workers in Bushbuckridge (in order of severity) are:

1. Competition amongst sex workers
2. Demanding clients
3. Police verbal abuse.

2.2.3.1 Competition amongst sex workers

The biggest threat that SWs face is being targeted and victimised by other SWs because they *"are in more demand"* or more popular with clients. SWs can be threatened with knives by their peers who then steal the money that they have just made.

> *"I cannot help it if I look well after myself and whites prefer me. They treat me like a girlfriend ... going to clubs or functions with me so I have to look the part ... dress well."*

In addition, when new SWs enter the industry they often offer very low rates. Clients then choose those with the lower rates, which pushes the whole industry pricing level down. If

SWs are not willing to drop their rates, they can find themselves without business, while it is also not sustainable for them to work for too little.

2.2.3.2 Demanding clients

SWs report that clients sometimes want to have sex without a condom. The SWs are usually happy to comply if the client pays more. This obviously increases the risk of HIV and STI transmission. On weekends, there is reportedly also a greater demand for anal sex.

2.2.3.3 Police harassment

SWs report that they are often insulted by the police. However, they are not beaten or wrongfully arrested.

2.2.4 SWs' knowledge and perception of services

SERVICES	SATISFACTION
Health services • Prevention of STIs (condom use and availability) • HCT (HIV counselling and testing) • TB screening and testing • Medical treatment, care and support of HIV and STIs and TB • Treatment and stigma at health care facilities	• Participants say that the clinic supplies condoms, but they prefer to buy their own because the clinic ones are rough and have a funny smell. They report that they service three clients with one of the bought condoms. • There is no confidence in the clinic services, including HCT. Only one out of the five participants went for an HIV test in 2013, three of them were last tested in 2012 and one has not been in many years. • The sex workers mentioned that the service is not very good at the clinic, but this is widespread and they do not discriminate against the sex workers in particular.
Human rights and legal services	Participants reported that there is a mobile legal clinic which "*sometimes teaches about rights*". They were not aware of the specific services which it offers, however.
Psychosocial services • Counseling • Social service • Trauma relief • Substance abuse counselling	None of the participants were aware of any of these services.
Peer education/Networking (informal or formal)	PSA educators often come to teach about male/female condom use, personal hygiene etc.

Table 2-3: SW's knowledge and perception of services

3 KOMATIPOORT

3.1 METHODOLOGY

The following methods were used to map sex work in Komatipoort:

Method	Participants	Description
Focus group	10 female sew workers (SWs): eight South Africans and 2 Mozambique nationals (one from Maputo).	To identify hotpots using a map, SW demographics, needs and challenges, access to services
Informal conversations at sex work hotspots	PSA peer educators, tavern staff	[redacted], hotspots in and around town, border post, old airport truck stop
Desktop research	To determine demographics of the area and SW population size; identify DoH managers at province, district or local level; identify potential sub-recipients; identify potential support organisations	

Table 3-1:Methodology

3.2 SITE DESCRIPTION

Komatipoort is situated 8km from the Crocodile Bridge Gate into the Kruger Park, 5km from the Mozambique border and 65 km from the Swaziland border. It is a small, quiet town and also one of the hottest towns in South Africa, with temperatures reaching up to 48°C in the height of summer.

Figure 3-1: Crocodile Bridge Gate

The town is named after the Komati River – the 'Poort' (mountain pass) refers to the pass through the Lebombo Mountains, where the Komati and Crocodile Rivers meet to flow into Mozambique.

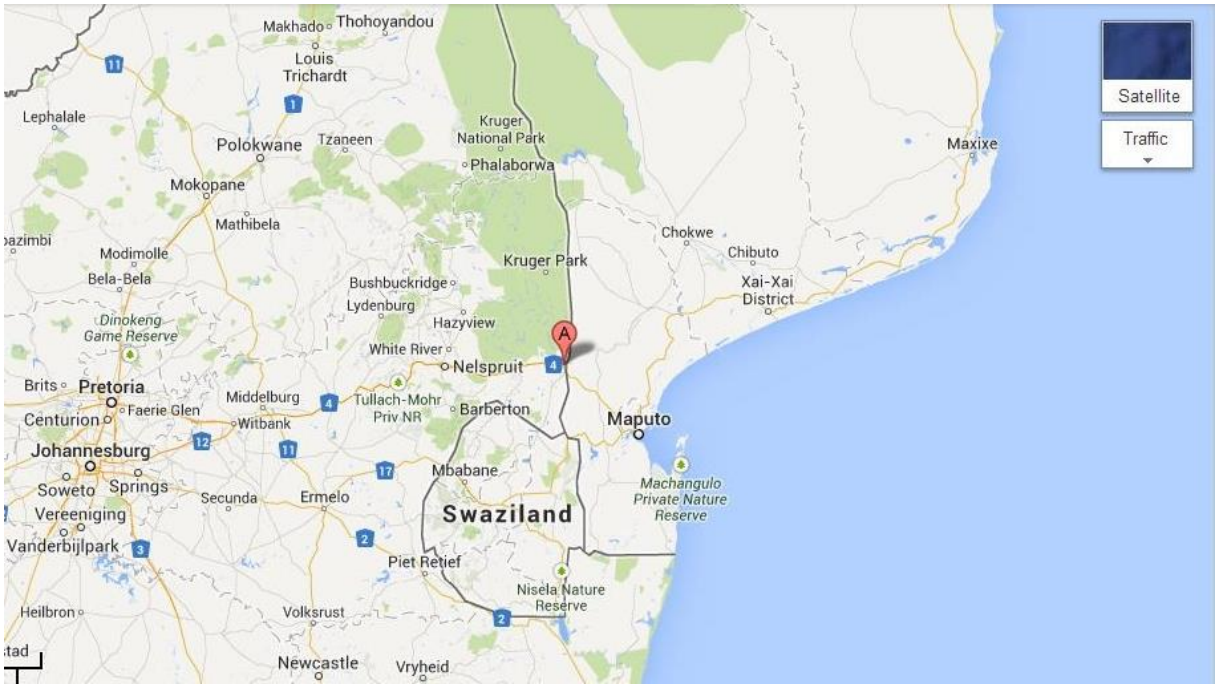


Figure 3-2: Map showing location of Komatipoort in Mpumalanga

3.3 Demographics

Town	Komatipoort
Municipality	Nkomazi Municipality
Total population	4,683[4]
Females aged 15 to 64	1289
Population density	400/km^2
Racial breakdown	The population consists of 61% Black African, 35% White, 3% Indian/Asian, and 1% other.
Languages spoken	Afrikaans is mostly spoken as a first langauge, with some English, Tsonga, and Swazi
Estimated number of sex workers	Between 52 and 58[5]

Table 3-2: Demographics

[4] [d] "Main Place Komatipoort". *Census 2011*.
[5] Rapid population size estimation, SWEAT and Impact Consulting, 2013

3.3.1 Description of sex work in Komatipoort

3.3.1.1 Estimated population size and determining factors

There are an estimated 52 to 58 sex workers (SWs) in Komatipoort[6]. Although it is a very small town, it is a border town for Mozambique and also close to the Swaziland border, which is a determinant for a thriving sex industry.

Figure 3-3: Komatiepoort border

3.3.1.2 Demographic breakdown of sex workers

The majority of sex workers in Komatipoort are foreign nationals (SW estimates 75%) and the rest are South Africans, although none are originally from the area. They come from Naas, Steenbok, Buffelspruit (Mpumalanga) and Gauteng. All sex workers are black. There is one known MSM and one known lesbian SW who "dresses like a boy and has women as clients".

The clients are diverse in terms of race and are usually truck drivers, contractors, workers at the SAPPI factory along the N4 (about 160kms from Komatipoort). In addition, clients include police, traffic police, customs police, army men and border patrol men.

3.3.1.3 Types of sex work

The SWs work independently, and there are no controllers. The South Africans charge between R150 and R200 per session, but foreign nationals charge much less, often less than R50. They feel that this is a good price.

[6] Rapid population size estimation, SWEAT and Impact Consulting, 2013

There are no brothels in the area. SWs travel around in trucks or they hitchhike for lifts in cars or trucks. This is dangerous and leaves the SWs vulnerable to abuse or to drivers dropping them off wherever they feel like it.

3.3.1.4 Soliciting and servicing areas

The following areas were highlighted for soliciting:

- Clients are picked up at taverns and pubs around town, eg [redacted], from 6pm till around midnight.
- [redacted]On and around the [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
    - [redacted])
- [redacted] (very busy) at all hours
- [redacted] at all hours – not so busy with trucks because they are not allowed to park here; however, [redacted].
- [redacted]In Ngodwana (160kms from Komatipoort) at [redacted]

Most of the sex workers are not from Komatipoort, so servicing usually takes place in:

- Clients' homes
- Lodges/hotels where clients are staying
- Tavern toilets
- In the bushes.

3.3.2 Needs and challenges of SWs

The main challenges that are faced by SWs in Komatipoort (in order of severity and frequency) are:

1. Competition amongst sex workers
2. Discrimination at health care centres
3. Exploitation by clients
4. Lack of safe venues to work
5. Police harassment
6. Public discrimination and humiliation.

3.3.2.1 Competition amongst sex workers

Sex workers in Komatipoort feel that their biggest challenge is the competition between the South African sex workers and those from across the border, particularly from Mozambique. The foreign nationals charge much less for their services (between R30 and R50, as opposed to R150-R200), and they are willing to have sex with their clients without a condom. It is felt that the foreign nationals take a lot of business away from the South African SWs. Foreign SWs are reported to claim "ownership" of clients whom they have serviced in the past.

The rivalry can become violent and one SW in the focus group showed a scar on her back where she had been bitten by a rival SW from Mozambique. When violence of this kind is reported at the police station, *"the docket disappears"* or the guilty person is arrested for a few hours. Mostly, the cases are dismissed without anyone appearing in court. Focus group participants think that the police are bribed by the foreign national SWs.

3.3.2.2 Discrimination at health care centres

When accessing services at the local clinics, SWs report that they are humiliated in front of other people about being sex workers and, for those who are HIV positive, their status is disclosed and used a cause for further abuse. Some clinic staff even point out SWs to their friends in public. The SWs report that they are turned away if they try to access services at a clinic in an area away from where they live.

3.3.2.3 Exploitation from clients

Often, clients try to get services without paying for them. They will sometimes plant money in the SW's wallet and then accuse them of stealing. They also use "tricks" like pretending that there is a problem with the car and asking the SW to help push it and then driving away ... sometimes leaving the SW half naked on the road. Or they pretend to be getting money from the ATM to pay for the service and then they run away.

Although SWs attempt to get payment first, clients sometimes pay and then steal the money back. In addition, the clients often do not want to wear condoms. SWs are able to choose whether or not to accept this, however, and do not feel that this is a severe problem.

3.3.2.4 Lack of safe venues to work

Most SWs do not live in Komatipoort, and therefore do not have a working space where they can take clients. They use tavern toilets or the bush (where there are many snakes). This also means that they cannot get as much business in winter or during rainy seasons. SWs do not have a place to refresh and wash, or to sit while they wait for working hours to begin.

3.3.2.5 Police harassment

This was historically a big problem, but the police bother the SWs less now. Foreign SWs experience harassment more frequently as they are arrested for not having a have passports or documents. It is reported that police occasionally still ask SWs for free services in return for not being harassed.

Police sometimes follow and harass a client, especially if they are not from the area, which drives away business.

3.3.2.6 Public discrimination and humiliation

This has also improved over recent years, although SWs are still shamed for being sex workers and they prefer to be "*undercover*". SWs report that discrimination and humiliation has decreased since PSA started working in the area.

3.3.3 SWs' knowledge and perception of services

SERVICES	SATISFACTION
Health • Prevention of STIs (condom use and availability) • HCT (HIV counselling and testing) • TB screening and testing • Medical treatment, care and support of HIV and STIs and TB • Treatment and stigma at health care facilities	• SWs go for regular HIV testing at the local clinic and to resolve STIs. • The Department of Health has educators in every district that work with local clinics, providing health talks, referrals and supplying condoms. • PSA peer educators also come now and then, but not as often as the SW would like them to. SWs are not satisfied with clinic services as they often are humiliated in front of other people at the clinics and peer educators do not visit frequently enough.
Human rights and legal services • Protection from police abuse • Rights around drugs and controllers	The SWs do not know much about their rights, nor about any services that would help them with protection of their rights.
Psychosocial services • Counseling • Social service • Trauma relief • Substance abuse counselling	None of the participants feel that they need these and have never used any such services so they do not know if these exist. None of them report using drugs, other than alcohol and marijuana.

SERVICES	SATISFACTION
Peer education/Networking (informal or formal)	• Although there are some visits from PSA and Department of Health peer educators, they do not seem to have had much effect on SW education, for example none of the focus group participants knew what the lubricant in the SWEAT goodie bags was. • There are no formal networks, although SWs know each other very well. No one "owns" a particular spot. They report that they will bring a new girl up to speed regarding tips and rates. They will also "refer" their client to a friend when they are menstruating. Those who have some form of accommodation in the area will let her friends use this space when they are not using it.

Table 3-3: SW's knowledge and perception of services

4 MALALANE

4.1 METHODOLOGY

The following methods were used to map sex work in Malalane:

Method	Participants	Description
Focus group	Four black female South African sex workers (SWs).	To identify hotpots using a map, SW demographics, needs and challenges, access to services
Informal conversations at sex work hotspots	Local residents, truck stop staff, tavern staff	
Desktop research	To determine demographics of the area and SW population size; identify DoH managers at province, district or local level; identify potential sub-recipients; identify potential support organisations	

Table 4-1: Methodology

4.2 SITE DESCRIPTION

Figure 4-1: Malelane Gate

Malalane (formerly Malelane), is a farming town in Mpumalanga, situated on the N4 national highway. The farms in the region produce sugarcane, subtropical fruit and winter vegetables. The town started as the first rest-stop between Mozambique and Pretoria. In July 2007 the town was officially renamed from "Malelane" to "Malalane".

The area was used as a “Kruger Shooting Concession” where leopard, lion and buffalo were shot for sport, but this stopped in 1926 when the area was proclaimed as the Kruger National Park. The Transvaal Suiker Beperkings (TSB) sugar mill near the Malalane entrance of the Kruger National Park was a key economic and agricultural driver, and it still provides milling for local sugar farmers. Malelane Gate is one of the main entrances to the Kruger National Park, which means there is good tourism in the area and general economic upliftment.

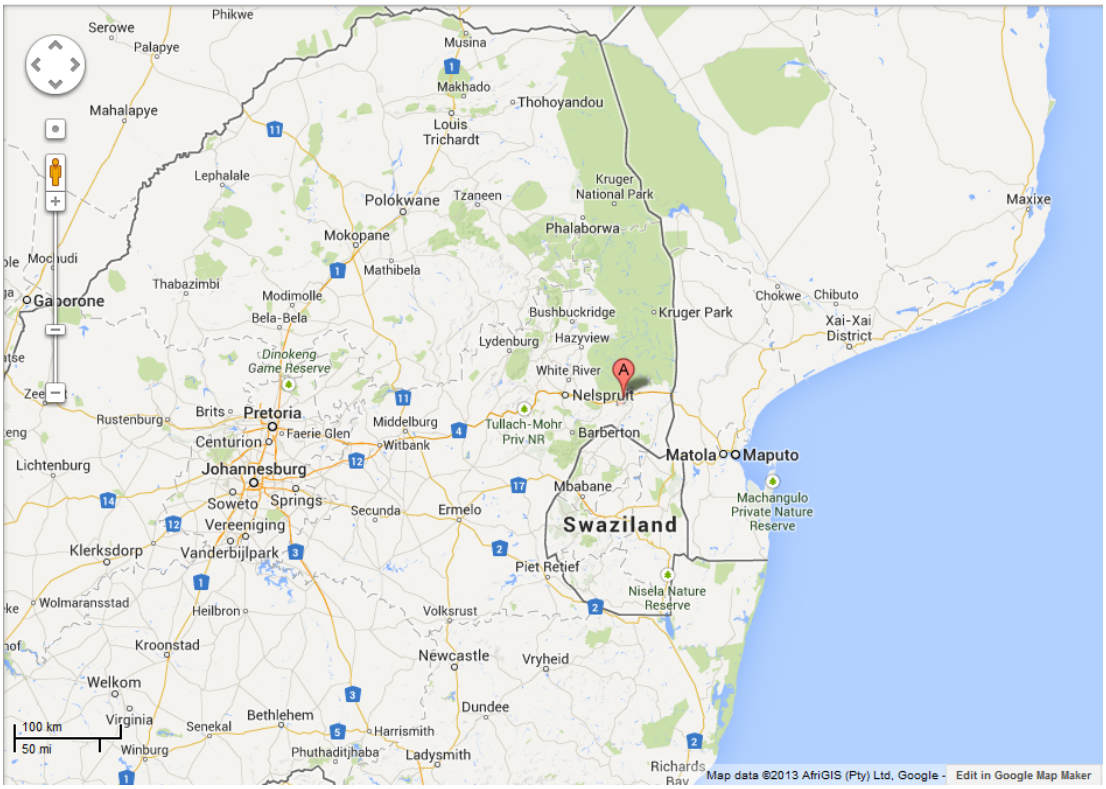


Figure 4-2: Map showing location of Malalane in Mpumalanga

4.2.1 Demographics

Town	Malelane
Municipality	Nkomazi Municipality
Total population	5,711 people
Females aged 15 to 64	1,799
Population density	1,200/km^2
Racial breakdown	The population is roughly equal Black African and White (43%), 10% Indian/Asian and 4% other
Languages spoken	Afrikaans is mostly spoken as a first language, with some English and Tsonga
Estimated number of sex workers	11[7]

Table 4-2: Demographics

[7] Rapid population size estimation, SWEAT and Impact Consulting, 2013

4.2.2 Description of sex work in Malalane

4.2.2.1 Estimated population size and determining factors

The population esimate study calculated estimated 11 sex workers (SWs) in Malalane[8]. This seems low, given that in addition to good tourism in the area, Malalane is on the N4 and only 50km from the border town of Komatipoort. This was confirmed during the site visit.

4.2.2.2 Demographic breakdown of sex workers

The sex workers in Malalane are mostly local black females. It is reported that there is one bi-sexual male SW who has male clients and one Mozambican female.

4.2.2.3 Types of sex work

Sex workers in Malalane work independently, and there are no controllers. They charge around R70 per session. Their clients are males of all races, mostly truck drivers.

The SWs work on the streets, and in taverns and truck stops. There are no brothels or agencies. There are no "territories", and SWs or groups do not claim ownership of particular spots.

4.2.2.4 Soliciting and servicing areas

The following areas were highlighted for soliciting:

[redacted]

- [redacted].

Servicing takes place in:

- Trucks
- Nearby outdoor spots
- Rooms to rent (this is infrequent as these rooms are reported to be very expensive).

Figure 4-3: Malalane town

[8] Rapid population size estimation, SWEAT and Impact Consulting, 2013

4.2.3 Needs and challenges of SWs

The main challenges that the SWs in Malalane face are:

1. Police harassment and exploitation
2. Discrimination and humiliation at health care centres
3. Lack of safe venues to work.

4.2.3.1 Police harassment and exploitation

All participants complained that police harassment is their greatest problem. They feel that they are targeted unless they have sex with the police for free.

"We were arrested and put in a store and hosed with water. Then we had to clean the wet floor."

"They have sex with us and then leave us in the fields/bush – sometimes half naked".

4.2.3.2 Discrimination and humiliation at health care centres

SWs are humiliated by the local clinic staff, and they do not like to go there. Some of them no longer use the clinic, despite needing services.

4.2.3.3 Lack of safe venues to work

The only rooms that SWs are able to rent to conduct their business are very expensive. Therefore, they have to work outside or in trucks. All four of the focus group participants go to work at the old airport in Komatipoort, because *"business is much better there".*

4.2.4 SWs' knowledge and perception of services

SERVICES	SATISFACTION
Health • Prevention of STIs (condom use and availability) • HCT (HIV counselling and testing) • TB screening and testing • Medical treatment, care and support of HIV and STIs and TB • Treatment and stigma at health care	• SWs did not know about any educational talks at the clinic • The local clinic is meant to provide HIV and TB testing but the service is reported to be terrible. • A mobile clinic visits "now and again", but SWs swear they would never go there again after the clinic staff divulged her work to other people.

SERVICES	SATISFACTION
facilities	Generally, the SWs are not satisfied with this service at all.
Human rights and legal services • Protection from police abuse • Rights around drugs and controllers	SWs have a low level of knowledge about their rights or about any services that would help to protect their right. One SW did mention that on one occasion she was arrested and told the policeman to charge her or let her go, while refusing to be held in custody. The police eventually relented and let her go.
Psychosocial services • Counseling • Social service • Trauma relief • Substance abuse counselling	Participants felt they did not need these services and did not know if any existed. Only alcohol and marijuana are used by SWs.
Peer education/Networking (informal or formal) Representing or organising or networking with and for SW	There are no formal networks or peer education. The SWs all know each other very well.

Table 4-3: SW's knowledge and perception of services

5 WHITE RIVER

5.1 METHODOLOGY

The following methods were used to map sex work in White River:

Method	Participants	Description
Focus group	Seven female sex workers (SWs). All South African staying in the area. Ages between 22 and 54.	To identify hotpots using a map, SW demographics, needs and challenges, access to services
Informal conversations at sex work hotspots		
Desktop research	To determine demographics of the area and SW population size; identify DoH managers at province, district or local level; identify potential sub-recipients; identify potential support organisations	

Table 5-1: Methodology

5.2 SITE DESCRIPTION

White River is a small holiday and farming town situated just north of Nelspruit in Mpumalanga, South Africa. The farms in the region, although small, are abundant with tropical fruits, vegetables, flowers and timber.

Figure 5-1: White River

The town is a popular holiday destination due to its dams, nearby forests and proximity to the Crocodile River Valley and Kruger National Park border. The area is also very beautiful, with a good climate – neither excessively hot in summer nor overly cold during the sunny winters.

Figure 5-2: Map showing location of White River in Mpumalanga

5.2.1 Demographics

Town	White River
Municipality	Mbombela Municipality
Total population	26,751 people
Females aged 15 to 64	9,215
Population density	270/km^2
Racial breakdown	Majority White (60%), 32% Black African, 5% Coloured, and 3% Indian/Asian
Languages spoken	Afrikaans is mostly spoken as a first language, with some English and Swazi
Estimated number of sex workers	Between 111 and 120[9]

Table 5-2: Demographics

[9] Rapid population size estimation, SWEAT and Impact Consulting, 2013

5.2.2 Description of sex work in White River

5.2.2.1 Estimated population size and determining factors

There are an estimated 111 and 120 sex workers (SWs) in White River[10]. White River has a high migrant trucking population, which is one of the determinants for a thriving sex work industry.

5.2.2.2 Demographic breakdown of sex workers

The sex workers in White River are mostly Black African and Coloured Afrikaans-speaking females, with a handful of white females and some transgender males (reported to be approximately 10% of the SWs in the area). The SWs are reportedly mostly local women and men from White River.

There are a few (seven, according to the participants in the focus group) male SWs who are classified as MSM (men who have sex with men), but it is reported that they operate with private clients only and are "undercover".

5.2.2.3 Types of sex work

All participants work independently and it is reported that there are no controllers in the area. The SWs stand on the street and pick up clients at various designated taverns, pubs, shebeens and lodges. There is also sex work taking place at truck stops. Some SWs also have long standing call-in clients.

Prices vary depending on the client – it is reported that black clients will not pay more than R100, while white clients are happy to pay up to R500 depending on the service.

Month end and weekends are the busiest times for sex work, from 13h00 till midnight at pick up points and 24 hours in other places.

5.2.2.4 Soliciting and servicing areas

The following areas were highlighted for soliciting:

- [redacted]Pick up points at taverns, pubs and shebeens, around the semi-rural residential area located [redacted]
- Street corners and intersections [redacted]

[10] Rapid population size estimation, SWEAT and Impact Consulting, 2013

[redacted]

- Truckstops.

Servicing takes place in:

- Rented rooms
- Accommodation where clients from out of town are staying
- Truckstops
- Shebeen and tavern toilets
- Outdoors in the bush.
- SWs' own homes

5.2.3 Needs and challenges of SWs

SWs in White River have many challenges in doing their work. The key challenges are:

1. Public discrimination and humiliation
2. Police harassment and exploitation
3. Discrimination and humiliation at clinics
4. Exploitation and abuse from clients
5. Competition amongst sex workers.

5.2.3.1 Public discrimination and humiliation

The White River community is very judgemental of SWs, and they are often pointed out and insulted in public. This is a frequent occurrence and makes the SWs feel bitter and angry. The focus group participants reported that it is so severe that it makes them want to stop working.

5.2.3.2 Police harassment and exploitation

The police in White River often demand sex from SWs without paying for it, threatening to arrest them if they do not acquiesce. Often, the sex is without a condom, which exposes SWs to the risk of contracting sexually transmitted infections and HIV.

5.2.3.3 Discrimination and humiliation at clinics

Clinic staff members treat SWs badly, and publically humiliate them when they seek services. Survey participants had all had similar negative experiences at the clinic. For example, one SW described going to the clinic to request an HIV test and an emergency pill after a condom had burst during sexual intercourse. The clinic staff interrogated her in front

of other patients and she was treated so badly that she never wants to go back to the clinic. Other SWs also had similar experiences of public humiliation at the clinic.

5.2.3.4 Client exploitation and abuse

Clients can be rude and violent, sometimes beating up sex workers, and often trying to get sex with paying.

"Black clients, especially, will have sex with you and beat you up and take the money. Saying they will never pay for sex."

"Some get us drunk so we don't see whatever they do to us."

The dangers of the working in the sex industry are highlighted by [redacted]'s story:

[redacted]' STORY

"I started sex work in 1979 when I was 19 years old. I ran away from home (Mpumalanga) with a friend to Jo'burg where we started doing sex work. In 2000, after having sex with a client in his car he pushed me out of his car, began driving, then turned around and ran me over. I woke up at Johannesburg General Hospital, having lost my arm and an eye".

Despite this, [redacted] continues to do sex work. She says her old clients, who knew her before her accident, still call her up. She refuses to wear an artificial arm or wear sunglasses over her eye*: "Kids used to cry when I took off my glasses and they saw my one injured eye. Now I prefer that they get used to me like this."*

5.2.3.5 Competition amongst sex workers

There are cliques of sex workers, and certain groups claim certain spots as their "territory"***:***

"If found there alone, you are often intimidated or even beaten, so if I need to go work I make sure one of my friends is with me."

In addition, some SWs are willing to have clients pay them by buying them beers:

"This makes business difficult for us because when we charge a client, he tells you he can get a girl, buy her beers and sleep with her."

5.2.4 SWs' knowledge and perception of services

SERVICES	SATISFACTION
Health • Prevention of STIs (condom use and availability) • HCT (HIV counselling and testing) • TB screening and testing • Medical treatment, care and support of HIV and STIs and TB • Treatment and stigma at health care facilities	• They are able to access free condoms from the clinic and from PSA peer educators who also supply them. • They have never received any education at the clinics. • Participants report that they go for HIV/TB tests every three months at the Sense Aids clinic. • One HIV-positive SW relates how she was once so sick from Aids that she was transferred to hospice. She was given proper medical treatment and started taking ARVs properly and soon she was back on her feet. • In general, SWs are very dissatisfied with the clinic staff's treatment of them. They are often humiliated at the clinic and even denied services, being told, for example, that there are no pregnancy tests or emergency pills available.
Human rights and legal services • Protection from police and client abuse • Rights around drugs and controllers	• Participants feel that they have no place to go to gain protection for their human rights or to get recourse when their rights are violated. • None of the participants reported taking drugs, although many drink alcohol. They mentioned that at times they suspect that clients have spiked their drinks. They would not know what to do about this, in terms of justice, if it happened to them.
Psychosocial services • Counseling • Social service, Trauma relief • Substance abuse counselling	None of the participants were aware of any of these kinds of services. The PSA peer educators provide support and counseling when needed.
Peer education/Networking (informal or formal)	***Formal*** • PSA peer educators have weekly meetings with the SWs where they educate on hygiene, condom use, STDs, HIV/Aids • PSA peer educators provide counseling when needed. ***Informal*** The SWs have arranged themselves in "cliques" and they let their group members know when they are going out to work. They assist each other by getting clients to pay first and then leaving this money with another SW to avoid the client stealing the money back after the session.

Table 5-3: SW's knowledge and perception of services