

**Sex Workers and Pregnancy:  
What Are the Experiences of Female Sex Workers when they  
Access State Institutions?**

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**UCT KNOWLEDGE CO-OP**

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## **Dedication**

I would like to dedicate this thesis to my parents, Paula and Rui, who have always done everything in their power to grant my brother and I the best education we could get. Thank you for believing in me and always supporting me, even in times where you had to hold your breath with my judgements. And thank you for always making me feel like I am enough, and for reassuring me that you are proud of me for the person I am. I would also like to thank my brother for always standing by me, and guiding me through countless essays throughout my undergraduate years. Also, for teaching me to fight, to work hard, and to be positive, especially in times where life got hard. I cannot express how thankful I am to be a part of this family.

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## **What are the experiences of female sex workers when they access state institutions?**

### **1. Introduction**

The research project had as its main purpose to explore the experiences of female sex workers with state institutions' responsiveness to their needs and concerns. The state institutions I focus on are the health care and legal systems in particular. The project has focused on particular experiences of sex workers when seeking medical health and legal assistance, particularly in cases of sexual violence and police abuse. It also reflects upon the experiences of stigmatization due to their occupation in the sex work industry and how this can have consequences on the socialization of their children. Moreover, I related these issues to the participants' criminalized status in the South African society.

The project is a feminist qualitative analytical study focused on the relationship between female sex workers and help-seeking institutional services within the experiences around sexual violence and police abuse. Specifically, the study has mainly explored this group of marginalized women by applying an intersectional approach as the basis for the understanding of who this group of women are; what experiences they have had and what challenges they have faced and still face as sex workers. As a feminist researcher, I aimed to destabilize gendered knowledges about oppressive situations for women by problematizing the power imbalances they face, regarding their occupation and state institutions' responsiveness to their issues (Olesen, 2000: 216).

The dissertation is divided into eight main sections. To start, the literature review discusses studies completed in areas identical to the research focus, challenging some of their arguments, reflecting and extending them along with the principles of the research objectives. It explored a number of academic papers that touch the subject of health care provision and legal assistance towards sex workers, sexual violence, police abuse and the stigmatization of sex work in the South African society.

In a nutshell, much of the literature focused on sex work concentrates mainly on the relationship between sex work and HIV/AIDS and/or STI related matters (Todd, 2010: 2057). Also, a large percentage of studies regarding the relationship between sex work, health care provision and legal assistance have been quantitative. Thus, there is a strong need to fill this gap in the literature, by providing an in-depth understanding on the actual experiences of female sex workers with these issues, especially in cases of sexual violence and police abuse.

The studies I discuss highlight the need to problematize the power imbalance between sex workers and their access to legal and health assistance. This project attempts to do so, by linking these power relations to the criminalized status of sex workers in South Africa.

Following this discussion, one general and two sub-questions are outlined as a guideline for the research project. Thirdly, an explanation of my research methodology follows, outlining the importance of a feminist standpoint regarding the topic in study. A feminist standpoint theory in this sense places relations between political powers, sharing a commitment to acknowledging, analyzing and drawing on power/knowledge relationships, in this particular circumstance, the relationship between sex work and state institutions in the South African context.

Moreover, I discuss particular ethical dilemmas I undergone with this choice of research approach in the form of reflexivity. I acknowledge my positionality and my own experience and relationship with the research project and throughout the research process. As Hammond and Kingston (2014) explain, research is not undertaken in a vacuum, and a researcher cannot claim to be neutral, detached or objective to the social world. Hence, a feminist methodology has contextualized knowledge and my own experiences in a way in which the research process was only enriched. After discussing my positionality, I provide in detail the ethical concerns regarding the study.

Furthermore, the data collection process consisted of four in-depth semi-structured interviews and a focus group of six women. This data was carefully analyzed through a thematic method. The results and findings section is divided in themes, where four of them were drawn from the one-to-one interviews and two were taken from the focus group discussion. The themes are: Sexual violence and Sex work; Sex work and police abuse; Stigma by association and the children of sex workers; Sex work and health care; Sex works, drugs and alcohol; and finally, sex work and motherhood. To close, I conclude on the topic, providing an appendix attached, with one transcription and the consent forms.

Fundamentally, this study is valuable in terms of helping to fill the literature gap regarding these women's experiences with state institutions' responses to their concerns and main needs. I have done so from the gender-sensitive lens of a feminist researcher, in the hope to contribute for this scholarly area, by analyzing the challenges they face in their everyday lives, as there is a strong need to explore these from a more in-depth scope.

The project was done in collaboration with the Sex Workers Education and Advocacy Taskforce (SWEAT), facilitated by the Knowledge Co-op.

## **2. Literature review**

*'Researchers who have studied women's multiple roles have done so primarily on middle-class women engaged in legal and socially accepted professions, and have largely neglected research with women involved in lower-class, marginalized, and/or criminalized professions.'*

(Sloss and Harper, 2004: 330).

In South Africa, the buying and selling of sex is criminalized under the Sexual Offences Act of 1957 and the Criminal Law (sexual offenses and related matters) Amendment Act of 2007 (Richter, 2013: 167). Thus, sex workers' lives in South Africa are characterized by a constant struggle, where stigma and unequal power relations are a predominant element in their daily lives. (Blankenship et al., 2010: 1629) emphasize this by explaining that power is essential in the production and re-production of stigma and agency. These unequal power relations leave sex workers in extremely vulnerable positions, specifically, when it comes to state institutions' responsiveness to their needs. In fact, as the literature shows, the criminalized status sex workers live in only furthers their marginalization and their inability to negotiate basic human rights in the South African society.

Historically, Under the Immorality Act 23 of 1957, sex work itself was not an offence. (Boudin and Richter, 2009). The first attempt to criminalise sex in South Africa was entrenched in the colour bar of the Apartheid era. It came in the form of a Cape law in 1902 which prohibited intercourse between interracial couples. These laws were a result of anxieties surrounding sex work, female sexuality and race (Kalwahali, 2009). Today's laws criminalising sex work have a common history with many of these apartheid policies that are today universally rejected. The 1957 Sexual Offences Act and following amendments created the current legal regime of total criminalization of sex work in South Africa (Mbako et al., 2011).

Currently in South Africa, these laws and enforcement practices are outdated, reflecting a sexist and heteronormative way of thinking of the ruling party of the Apartheid era. These

provisions reflect laws that create a power imbalance in which sex workers are subjected to violence and abuse from various parties, including the police. A revision of these laws is needed, as well as further research regarding the proficiency of these laws and their consequences (Boudin and Richter, 2009).

In light of this, a great number of literature focuses on sex work. Even though the literature does provide an overview of the actual experiences and challenges sex workers go through, it is crucial to mention that much of it focuses mainly on the relationship between sex work and HIV/AIDS and/or STI related matters. It also touches on aspects of decriminalization and the legalization of sex work. Nevertheless, it lightly touches on the need for a better health care and legal system concentrating on sex workers (Todd, 2010: 2057). Hence, the literature overlooks their actual experiences and challenges when seeking medical health and legal help, especially in cases of sexual assault.

In terms of health care provision, Overs and Hunter's (1997) study on sex work focuses on possible solutions for the negative experiences of sex workers with health care providers. They argue that the public health care system can be very judgmental towards sex workers. However, the authors do this by relating these arguments to the individuals' vulnerability towards HIV/AIDS and STIs. Thus, whilst the study provides an insight to a more positive relationship between sex workers and public health-care providers, it does so by constantly relating it to the prevention of HIV/AIDS and over-looking the understandings of sex workers and their negative experiences.

An analogous situation happens with the studies by Blankenship et al. (2010), Richter (2003) and Munyewende (2011). These research papers explore sex work in different contexts, either related to HIV/AIDS and STI-related issues, to migration, to the bad access to health-care services, and to the need of community-led structural interventions in the experiences of sex workers, without essentially exploring what these experiences are. Thus, there is a strong need to explore this area of study in an in-depth manner, in order to approach the subject with concrete solutions, based on the sex workers actual understandings of an effective outcome (Todd, 2010: 2055).

In parallel to this issue comes a topic that is also often over-looked: the children of sex workers. This specific group of children faces various challenges and vulnerabilities throughout their lives, often carrying with them the stigma of their mothers' occupation.

These are children of highly vulnerable and socially marginalized women; hence, they are often positioned at a disadvantage amongst other children. According to Beard et al. (2010):

*“Their children can face unique risks, stigma, and discrimination (...) Research on the situation of the children of sex workers is extremely limited. Interventions have been implemented in low and middle-income contexts but they tend to be small, piecemeal, struggling to meet demand; and undocumented, and most have not been evaluated.”*

(Beard et al., 2010: 1)

Consequently, the children of sex workers are at an increased risk of a wide range of social and psychological issues of which is often unexplored. This vulnerable position might also influence their access to public health and legal services, the same way the stigmatization of their mother has consequences on their own accessibility to these services (Maynard, 2011). Beard et al. (2010) argue that by being associated to a stigmatized group of individuals, in cases of abuse and violence, the children of sex-workers might suffer from stigma and judgemental services from the legal and health-care system. It can also have consequences on their social integration and on their education, since these children are often ostracized and stigmatized within their schools and the community itself. It is therefore important to not only look at the experiences of female sex workers with state representatives, but also to consider issues of motherhood and the consequences that the children of female sex workers face due to their vulnerable positions (Beard et al., 2010).

Furthermore, a considerable number of literary papers focus on the risk of violence that sex workers endure. While street sex workers are exposed to violence from clients, managers, the police and the community itself, brothel based sex workers also find themselves in a position of vulnerability. They often work in unfair and unnegotiable working conditions and are subjected to every-day exploitation (Boudin and Richter, 2009).

Although brothel based sex work is beyond the scope of this dissertation, it is an issue to be strongly considered by academic papers. According to Sonke Gender Justice (2014), having little or no access to legal protection makes sex workers a soft and easy target for criminals. The criminalization of sex work in South Africa directly links to this. It highlights the argument that the criminalized status of sex workers in the South African society only furthers their marginalization and victimization. The violence (i.e. mental, physical, sexual)

they are forced to face in their everyday lives is almost promoted by their criminal status, and their inability to negotiate their basic rights with legal institutions.

Moreover, sexual violence against sex workers is one of the main types of violence these women encounter whilst working in the sex work industry. Recent research shows that a third to half of all sex workers have experienced violence in their workplaces in the last year, in South Africa (Sonke Gender Justice, 2014). According to a study undertaken in Johannesburg, 70% of sex workers have been assaulted by the police, with a great amount of these crimes being sexual assault (Cundiff, 2004). This project explores these experiences in an in-depth manner, as the topics of sexual violence and police abuse are prevalent in these women's lives.

A large percentage of studies regarding the relationship between sex work and health care access have been quantitative. A similar situation happens with the studies focused on sexual violence against sex workers and police abuse. Most studies that focused on South Africa regarding these topics are concentrated on the amount of sex workers who go through these atrocities, and not their actual experiences. This is the case of Cundiff (2004), Costanza (2013), Bennetto, (1993) and Sonke Gender Justice (2014). Although these papers approach the subject of sexual violence and police abuse, they lack a qualitative exploration of sex workers experiences within these themes. Although I do not in any way contest these studies, I explore the topic from a qualitative stance.

Essentially, four themes will be covered in this literature review: the stigmatization of sex work and its consequences to female sex workers and the children of sex workers, health care provision and sex work, legal responsiveness and police abuse and finally an exploration of the experiences of sex workers through sexual violence, and its medical and legal aftermath.

### **Sex work and stigma**

The general public response towards sex workers is dominated by moral judgements. Sexual moralism and notions of indignity, shame and victimhood are predominant in both official and unofficial discourses that depict the sex work industry and the sex industry in general. In view of that, sex workers constantly suffer several human rights violations at the hands of policemen, abusive clients, partners, exploitative managers, hostile health care providers and extremely high levels of antipathy by the general public. (Richter, 2013: 173).

This argument runs in parallel with Blankenship et al.'s (2010: 1629) discussion that power is essential in the production of stigma. Sex workers often deal with these awful conditions as their ability to negotiate a safer environment is limited amongst the unequal power statuses in which they find themselves. In their study, Richter et al. (2012: 11) also touch on this subject by explaining that these uneven power relations push sex workers into vulnerable settings, which provide poor and discriminatory legal and health systems.

In order to put down the stigma, it is crucial to challenge the unequal socio-political power relations with which sex workers live. The mere fact that sex work is illegal and criminalized in South Africa may portray the idea that it is legitimate to treat sex workers with no respect or consideration. This directly applies to public health providers and to the way the authorities and the public domain act towards sex workers. So, the ability of sex workers to negotiate safer sex and basic human rights strongly depends on their degree of economic vulnerability, and the dominant power relations between sex workers, law enforcement agencies and power holders (Richter et al., 2012: 8).

Accordingly, amongst most papers that discuss sex work-related issues, one can grasp the emphasis that is given to the stigmatized environment sex workers live in. However, little information is given on the actual experiences and perceptions of sex workers towards these stigmatized settings, particularly when it concerns their experiences with health care providers and the legal system.

When it comes to the health care system, Stadler and Delany (2006: 452, 459) hint at the issue by mentioning that sex workers in South Africa are extremely reluctant to seek care from public health providers. The reasons for this are the negative experiences sex workers have previously had with judgemental health-care providers, along with a strong fear of being refused service and experiencing public humiliation by health-care workers. Experiences with a judgemental legal system have also been noted in several studies, especially when it concerns the treatment by the police department (Cundiff, 2004, Munyewende, 2011 and Morineau et al., 2011).

Henceforth this paper intends to go beyond this constraint. I expand what has been debated, by exploring the specific experiences of female sex workers of these stigmatized health-care providers and authority officials. I therefore divert the attention from the general scope of sex work by focusing on this specific issue that has been overlooked in previous literary accounts.

In addition to that, the project also looks at the consequences of stigma in the lives of the children of sex workers. I pay attention to the association between sex work, motherhood, the children of sex workers and public health and legal systems. According to Maynard (2011), due to the unfortunate lack of research in this area, it is difficult to determine the numerous consequences and vulnerabilities that the children of sex workers face.

In their study, Beard et al. (2010) claim that this specific group of children, especially the girls, when compared to children who are not exposed to a parent involved in sex work, are more likely to become future sex workers. The authors continuously claim for the urgency to research the challenges these children face, as literature regarding the topic is limited, and mainly focuses in South Asia. Among the research that is available, several vulnerabilities affecting children of female sex workers have been noted, including: separation from parents, sexual abuse, early sexual debut, introduction to sex work, low school enrolment, psychosocial issues, and a stigmatized social position that leads to social marginalization (Maynard, 2011). These vulnerabilities will be discussed further in the analysis section.

### **Health care providers and sex work**

Various studies such as Richter (2013: 171), Overs and Hunter (1997), Munyewende (2011) and Morineau et al. (2011) deal with the importance of the criminalization of sex work and its relationship with a better health care system. They also provide certain key recommendations to a better health care provision for sex workers, such as the implementation of sex work specific clinics in areas of concentrated sex work activity. Similarly, Stadler and Delany (2006: 462) suggest that health services are more likely to be effective in a clinical setting, and not the conventional public service. According to their study, clinical services had a positive impact on the perception of health needed for sex workers. These services were aware of the challenges that sex workers constantly faced when seeking health care, and were trained to have a positive attitude when dealing with sex workers. The clinic held various educational workshops on the matter, and had the nurses trained and familiarized with issues around sex work.

Additionally, other recommendations include the necessity of non-judgmental and sensitive health-care workers and services, which include sex work consultation, peer education and empowerment initiatives (Richter, 2013: 170). It is also crucial to educate health care workers

with the information about the context of sex work in South Africa and their negative experiences when seeking health care (Munyewende, 2011: 159).

Morineau et al.'s (2011: 197) study on the needs of contraceptive implementation in Cambodia and Laos underlines the high unmet contraceptive need amongst female sex workers in the area. Most packages and services offered to female sex workers emphasize the need to protect them from HIV/AIDS and STI's, providing condoms, while overlooking at the extreme importance that contraceptive methods have. Todd et al. (2010: 2062) highlights this claim by suggesting that reproductive health services should be integrated into female sex workers' oriented programs.

In view of that, all of the above suggestions are merely a few of proposed solutions to the complex relationship that sex workers have with health care systems. As I do not intend to contest these claims, I aim to deconstruct them, and analyze how effective they can be in practice. An abundant amount of literature provides several theoretical solutions to put down the negative experiences that sex workers go through when they seek medical care. Nevertheless, these solutions have not been reflected in practice, as the literature above has explained. In this sense, the study explores the reasons why the implementation of these theoretical solutions have not been successful. By doing this, I have hoped to understand how the experiences of sex workers, when seeking medical care, can create a positive revision to these theoretical solutions, making them less theoretical and more practical.

### **Legal responsiveness and police abuse**

*“The illegal status of sex work creates conditions in which exploitation and abuse can thrive. Our survey found that 47 percent of them have been threatened with violence by police, 12 percent have been forced to have sex with police officers (i.e. raped), and 28 percent of sex workers have been asked for sex by policemen in exchange for release from custody. “*

(Gould and Fick, 2009).

The quote above was extracted from a study undertaken in Cape Town in 2009. The study reported the violent and criminal activities the police continuously engages with sex workers. Street sex workers are constant victims of psychological, physical and sexual abuse from the police. These cases are often left unreported due their criminalized status in the South African

society, especially when the perpetrators are an actual part of the legal and authority system (Gould and Fick, 2009). A more recent study conducted by Sonke Gender Justice (2014) reports the violence and abuse sex workers in Cape Town go through, arguing on the lack of support the legal system provides, due to the criminalized status of sex workers.

Although cases of abuse and exploitation come from other sources as well, this negative relationship with the police clearly does not encourage sex workers to report cases of mistreatment or abuse. The consequence of this is that sex workers, who are already vulnerable to abuse by clients and other parties, are trapped in an even more vulnerable position. This brings us back to notions of power sharing and power imbalances (Blankenship et al., 2010: 1627).

The production and re-production of agency is severely influenced by the power relations between groups of individuals. The fact that the criminalized status of sex workers and the authority and legal status of the police reflect an imbalanced power relationship makes it difficult and almost impossible for sex workers to negotiate a fairer place in society (Blankenship et al., 2010: 1629). From a feminist viewpoint, since this study focuses on female sex workers, and most clients and police officers are men, exploring the relationships of power between men and women in this sense is important. Research based in Southern Africa indicates that women, in general, are often 'powerless' in sex negotiations with men (Wojcicki and Malala, 2001). This asks essential questions about who has access to resources, decision-making structures and who holds power (Mbako et al., 2011).

It is important to clarify that not all police officers are criminals or corrupted individuals when it comes to their relationship with sex work. In fact, I emphasize that this research paper does not in any way accuse the legal system as a whole for their impunity towards sex workers. I accuse those who use the criminalization of sex work as a legitimization of the violent acts against those who are enrolled in the sex work industry. In his study, Benneto (1993) goes further to say that 'chasing' and imprisoning sex workers in order to 'combat crime', only diverts the legal and public system from far more serious issues: such as the widespread violence against women (including those who work in the sex industry).

A legal framework that criminalizes sex work greatly increases sex workers' vulnerability to violence, and it increases the probability that violence will remain unreported. Research shows that very few perpetrators that have committed crimes against sex workers are brought to justice, especially those who are a part of the legal system itself (i.e. police) (Sonke Gender

Justice, 2014). The combination of this legal framework and the social stigma attached to sex workers and those who associate with them are fundamental in the marginalization of sex workers in South Africa (Sonke Gender Justice, 2014).

It is therefore important to explore and problematize these power relations between legal representatives and women who work in the sex work industry, as the literature leaves this discussion overlooked.

### **Sexual violence and sex work**

Women working in the sex work industry are at particular risk of violence, especially those who use the street as their workplace. A great part of this violence is constituted by sexual assault (Bennetto, 1993). Female sex workers are constant victims of rape, in which a considerable amount of these cases remain unreported for various reasons, some of those have already been explained in the previous theme (Mbako et al., 2011).

*“Laws and strategies that assist women to access restraint orders against abusive men, obtain the necessary treatment and support after rape, and bolster the penalties for abuse make very little difference to the lives of sex workers.”*

(Mbako et al., 2011).

In a system where sex work is criminalized, sex workers lack the power to make use of the assistance that may be available to other women, particularly in cases of sexual assault. Similarly to Costanza (2013), Mbako et al. (2011) suggest that one of the most powerful strategies to reduce this violence against sex workers is to recognize sex work as a viable work, thus, by decriminalizing the sex work industry (Mbako et al., 2011).

Recent research shows that a third to half of all sex workers have experienced violence in their workplaces in the last year, in South Africa (Sonke Gender Justice, 2014). Although this percentage is a rough reflection of what sex workers go through, because a number of cases remains unreported it is difficult to estimate the exact number of violent acts against women who work in the sex work industry. These cases remain unreported for the fear of being stigmatized further or having no measures taken by the legal system to protect them (Mgbako, 2011).

Literary papers focused on this go beyond the scope of exploring the challenges and the meaning around these experiences of violence, specifically, sexual violence. It is an issue that is prevalent in sex workers lives, having psychological and physical consequences that are left unapproached (Costanza, R. 2013). This research had the purpose of addressing this issue, as the matter is both unexplored in official and unofficial discourses that relate to the sex work industry.

All in all, all of the above literature carefully discussed has emphasized the need to explore the issues have initially brought up. Firstly, a large proportion of studies were quantitative and not specifically based in South Africa. And secondly, the previous literature strongly focuses on issues of sex work and HIV/AIDS and sex work and stigma; hence, there is a gap in the literature when it comes to the problematization of the experiences of female sex workers with state representatives and legal institutions.

It is, therefore, important to take note that it is beyond the scope of this dissertation to look at the relationship between HIV/AIDS and STIs, and female sex work. Although the subject is of extreme importance and use to the academic and practical field, there is an existing range of work dedicated to it, and I will thus be looking at female sex work from a different perspective.

The literature discussed above shows that further research is strongly needed in the intersection between the legal and health care system, sex work and motherhood. While several studies have documented the experiences of sex workers with police abuse and health care, they have not explored it through an in-depth scope (Munyewende, 2011: 159).

Moreover, in their study on sex workers' contraceptive utilization and pregnancy termination in Afghanistan, Todd et al. (2010) lightly touch on the reproduction issue, however, missing an analysis of the impact of these issues in the personal and professional lives of female sex workers. So, in the hope of contributing for this scholarly area, this study intends to help fill this gap in previous academic research on these women's experiences of motherhood, and state institutions' responsiveness to their needs. It analyzes the challenges they face in their everyday lives, by associating this to their criminalized status in the South African society.

Finally, it is particularly important to mention that the study does not intend to contest previous literature. These studies are limited when it comes to the questions: How and why? (Westmarland, 2001). They point their experiences, overlooking the reasons for these

experiences and what female sex workers understand of them. So, the quantitative studies that focus specifically on the relationship between sex work and health care, sex work and legal provision in circumstances of sexual assault and police abuse highlight the need to explore female sex workers' experiences in a more in-depth manner. That is what this paper intends to entail and reflect on.

### **3. Research questions**

The main focus and research question of this study is:

- What are the experiences of sex workers when they access state institutions?

The sub-questions are:

- What are the particular experiences of sex workers in their everyday lives?
- How do sex workers experience contact with the police and health care system?

### **4. Research methodology**

#### **4.1. Methodological framework**

Firstly, it is important to reflect on what I mean with the claim that this is a feminist qualitative analytical study. A number of papers have discussed what it means to do 'feminist research,' but there remains no fixed designation for the term. I have conducted this paper in an analytical feminist perspective that correlates with Olesen's (2000: 216) definition:

*'It can refer the examination of that problematic to theoretical, policy, or action frameworks to realize social justice for women in specific contexts, or it can present new ideas generated in the research for destabilizing knowledges about oppressive situations for women, or for action or further research'.*

To add on to the above quote, feminist research in my point of view problematizes knowledges about oppressive situations for any oppressed gender and identity. It explores these identities by recognizing the intersection between race, gender, class, sexual

orientation, nationality, amongst others, in shaping one's social and individual self (Olesen, 2000: 220).

It is also crucial in feminist (qualitative) research to acknowledge the existence of power relations, explicitly valuing the participants of the study, giving them space for their own realities and space for the researcher's own reality. Hence, the research has also been undertaken through a feminist standpoint theory. A feminist standpoint theory in this sense places relations between political and socio-political powers, sharing a commitment to acknowledging, analysing and drawing on power/knowledge relationships. The study has followed an intersectional approach, hoping to impact social structures by reflecting the power relations within institutions and their relationship with the individual (I.e. power relations within institutions and their relationship with sex workers) (Kenney and Kinsella, 1997).

Additionally, the explicit backgrounds of both the researcher and the researched were critical when working with inequalities in order to disrupt power imbalances (Godley and Smailes: 2011: 38, 42). This then brings us to an exploration of the researcher's positionality which will be discussed in-depth at a later stage in the proposal. Subsequently, the need for feminist qualitative research in this area is therefore vital in order to challenge the unequal power relations they are forced to constantly face. (Blankenship et al., 2010: 1629).

As already mentioned, the project will be following an informative pattern, which will comprise merely qualitative methods. The reason for this is that for a topic that is as sensitive as female sex work and with the project having had the objective of exploring these women's experiences, a qualitative approach is more suitable. This method has required that I engaged with these social inequalities, paying careful attention to unexplored discourses around sex work (Godley and Smailes: 2011: 42).

#### **4.2.Participants**

The project was done in collaboration with the Sex Workers Education and Advocacy Taskforce (SWEAT). This Non-profit South African organization is based in Cape Town and is run by sex workers and sex worker activists. It mainly engages with sex workers who face issues of health and human rights, and its main goal is to achieve a decriminalized adult sex work industry in South Africa. It also has the goal of having the human rights of sex workers

realized and sex work acknowledged as a professional occupation. So, the interviewees were selected from members of this organization, which was well suited for the project in terms of convenience and time constraints.

The data collection process consisted of four in-depth semi-structured interviews, which ran for an average of fifty minutes, and a focus group of six women that ran for forty-five minutes. Henceforth, the analysis and discussion of this project will be primarily based in the four individual interviews, with a smaller section reflecting on the themes that have arisen from the focus group discussion. All participants belonged to the group 'mothers to future' from SWEAT; a group of women who are mothers and sex workers, who meet every two weeks in order to discuss issues around the prevention of pregnancy, termination of pregnancy, motherhood, amongst other relevant topics.

The interviewing process lasted about two months, whereby I participated in four meetings of the 'Mothers To Future' group, in order to familiarize myself with the participants and out of the interest I developed towards the various topics concerning sex work and motherhood. Both the interviews as well as the focus group discussion took place at SWEAT, whereby each of them were facilitated by the group founder, and one of the participants of this study: Dudu Dlamini.

Before moving to the next section, I will introduce the participants in chronological order of the conducted interviews. Starting with the individual interviews, the first participant is a 41-year-old black woman from Port Elizabeth, mother of two children, working in the sex work industry since 1998. The second participant is a 54-year-old black woman from Johannesburg, mother of five children, working in the sex industry since 1997. The third participant is a 48-year-old black woman, mother of five children, working in the sex industry since 1999. Finally, the fourth participant is a 36-year-old black woman, mother of two children, working in the sex industry since 2006. Two of these participants are peer educators at SWEAT, and one of them has also been a peer educator at SWEAT, and is now an organizer and activist at Sonke Gender Justice and Sisonke. The Sisonke Sex Worker Movement is an organization based in Hillbrow, South Africa, that aims to unite sex workers, improve living and working conditions and to fight for equal access to rights. Sisonke is a sex worker movement led by sex workers that was launched in October 2003 in Worcester during a meeting of seventy sex workers from across South Africa.

Though unintentionally, the four participants comprise relatively the same age range and have started working in the sex industry in similar times. Differently, the six participants of the focus group comprised a group of women with a bigger age difference and fewer matching attributes. Although this categorization might clash with my reluctance to put individuals in a 'box', I will use race and age along with other features in order to characterize the women who participated in the focus group, as most participants preferred to be referred to anonymously in the study. As a feminist researcher, it is important to acknowledge the different characteristics each participant comprises, as intersectionality is one of the main theories applied to this study.

Participant One is a 27-year-old coloured woman, mother of two children; participant Two is a 52-year-old black woman, mother of four children. Participant Three is a 35-year-old coloured woman, mother of three children; participant Four is a 28-year-old black woman, mother of two children. Participant Five is a 25-year-old coloured woman, mother of two children; and participant Six is a 36-year-old coloured woman, mother of five children. None of the participants specified the timeline in which they have been working in the sex work industry; nevertheless, all currently work in the industry, while being single mothers, with the exception of two participants, one who is currently in a relationship with the father of her children, and the other has partner who is not the father of her children.

### **4.3. Research methods**

#### **4.3.1. Data collection**

As explained in the previous section, the study followed an informative pattern, which comprised two qualitative methods: four in-depth individual interviews and a focus group comprising six women. All participants belonged to the group 'mothers to future' from SWEAT. It is important to mention that at first, the study was supposed to comprise eight in-depth one-to-one interviews. Due to unforeseen circumstances and the consequential time constraints, I opted for the methodology mentioned above. Using both qualitative methods has therefore given me the space and time to focus on data that would have otherwise been missed.

The reason for the individual semi-structured individual interviews was that amongst one-to-one interviews, special attention was given to the individuals' responses through observation and direct analysis. Hence, a more detailed understanding of what each of the participants understood about the matter in study was recorded and noted, as well as several topics that arose throughout the interviewing process. I will discuss this in detail in the analysis section. I have also chosen to conduct semi-structured interviews because I intended to offer the interviewees the opportunity to expand their answers and give complex interpretations of their experiences. With this method, I developed and used an interview guide. Such comprised a list of questions and topics that needed to be covered during the conversation, in a particular order (Cohen and Crabtree 2006).

The questions were divided into sections that essentially followed the topics discussed in the literature review: sex work and stigma, the stigmatization of the children of sex workers and the experiences of sex workers with health care providers. My decision to conduct semi-structured interviews came with the objective to understand the respondents' point of view, rather than making generalisations about their behaviour and experiences. The interviews were therefore a combination of a conversation with a structured interview (Hugh-Jones, 2010: 79).

Although I found myself following the pre-determined interview guide I had prepared beforehand, the conversation often took completely different paths from what was initially 'supposed' to be discussed. It was quite interesting however, that although the interviews did not take the path that I had previously assumed, they developed topics that either directly or indirectly relate to the main question of this study. It is one of the reasons why this method is highly considered for its validity in qualitative research. Through the semi-structured interviews, the participants of this study were able to talk about their experiences in detail, without the constraint of following a specific order of questions. Most questions were open-handed, giving me the chance to grasp the meaning behind these women's experiences (Cohen and Crabtree 2006).

The semi-structured interview guide was divided into various sections. The first section included a range of open-handed questions concerning the participants' background in order to make them comfortable, and to understand as much as possible about who they were. The second section comprised various questions on the participants' perceptions on the prevention of pregnancy, and how they perceive the competence of health-care systems regarding this

issue. It focused on the accessibility to contraceptive measures, and how these women experienced it in relation to their work. The third section included a range of thoughts on termination of pregnancy and how sex workers experienced such in public health care systems in general. The general response was positive, as no awkwardness or discomfort arose, contrariwise to what I had expected before the interviews were conducted. As the termination of pregnancy is an extremely sensitive subject, it was a relief to have such positive answers when I conducted the interviews.

The fourth section concerned experiences of pregnancy while working in the sex industry. It also had the purpose of linking these experiences to experiences with health care providers. Following, the fifth section, also the longer section, focused on the experiences of motherhood amongst women who worked in the sex industry. It consisted of the main experiences and challenges these women face in their everyday lives, also referring to their children and how working in the sex industry influences them. This section was with no doubt the one in which the participants had more to say, as their children were definitely one of their main concerns towards the topic.

Last but not least, the final section focused on how the health care system can be improved in order to uplift sex workers' experiences when seeking medical help in general, and in this case, while seeking medical help regarding issues related to pregnancy and motherhood. Curiously, this section was the one in which most participants struggled, and where the answers were more vague. As the section was purely drawn from the literature I had previously engaged with, regarding the negative experiences of sex workers towards public health systems, it was drawn with the assumption that the participants' responses would be on the same note. As this was a big misconception, the section had to be revised after the first interview, in order to make the structure less pre-conceptualized. Moreover, as I will discuss in detail in the analysis and discussion section, issues regarding health care systems were not in line with the main concerns the participants of this study shared.

The interviews were recorded on tape, and were adequately transcribed right after, and simultaneously analysed. Yet, a more critical and thorough analysis of the responses took place afterwards, in which various themes arose, along with those already drawn from my semi-structured interview guide.

## **5. Ethics and consent**

Firstly and more importantly, the research project was analysed by an ethics committee, both at the University of Cape Town and by the SWEAT's ethics committee. The purpose of an Ethics Committee was to review the research objectives in order to minimise potential harm, anticipate potential risk and, if necessary, request me, as the researcher to pose solutions or alterations to the research (McCosker, Barnard and Gerber, R. 2001).

The signed consent form made room for any restrictions, if required by the participant, also explaining that the interview would be fully taped and transcribed. Each respondent was therefore asked for the permission of a recorded interview, and it notified the ethical implications of each conversation, along with the methods in which the information given would be used. It also made the participants feel free to make independent decisions without the fear of negative consequences (Goodley and Smiles 2011: 41).

Furthermore, because the subject is extremely sensitive and in some circumstances private, the questions carefully respected each respondent's availability and openness, considering the most, privacy and personal matters that the participants chose to disregard. Hence, the participants were assured that there was no obligatory matter in the task, the same way that the option of withdrawal from the study was given.

Goodley and Smiles (2011: 42) explore the importance of an ethical researching attitude within feminist research, by arguing the necessity of transparency, reciprocity and responsiveness. To emphasize this, Olesen (2000: 233) further argues that as many other types of research, feminist qualitative research shares the many ethical concerns of confidentiality, deceit, deception, and the avoidance of any harm towards the researched group.

Thus, the research project has fully informed its participants of the research goals and strategies. As a way of compromise and fairness, the final project will also be presented to the SWEAT committee, including the participants of this study if they wish.

## **6. Positionality/ Reflexivity**

As a young writer, reader and researcher, it is important to reflect on my own positionality within the study I intend to conduct. Throughout my three years as a young academic writer and researcher, majoring in gender studies and sociology, currently undertaking an Honours degree in gender and transformation, I have learned that maintaining a gender-sensitive lens is crucial to a better understanding of the social world around us. In feminist qualitative research in specific, it is imperative that I acknowledge that I, too, have attributes and characteristics that enter the research interaction. These characteristics are also part of the data, which only enriches further the research process (Olesen, 2000: 226).

I am a female middle-class Mozambican student, personally ‘categorized’ as mixed raced, who grew up in a society that is extremely reluctant to address taboo subjects. Sex work in Mozambique is taboo. As I have discussed in previous research projects that I have conducted throughout my academic life, while growing up in Mozambique I was constantly in a ‘middle-class’ bubble, where non-heteronormative gender identities and taboo subjects such as sex work were not discussed or even acknowledged. Nevertheless, through the facilitation I have had since I have started my tertiary studies, my awareness and curiosity has continuously increased.

This position however, can reflect dominant discourses between me, as the researcher and the participants. Throughout this process, my task has been to acknowledge these power relations, engaging with an active sense of reciprocity, by valuing my participants and giving them room to their realities. I intended to open an arena that helped the often unheard voices of these women to be heard and recognized, legitimately sharing and analysing their experiences through the academic world (Goodley and Smailes: 2011: 39, 40).

Furthermore, throughout the research process, I have come across several moments in which I shared the topic and the purpose of the study I was conducting for my final thesis dissertation. Numerous times, I found myself in the middle of a debate that was often against my views on sex work and its legitimacy. In fact, in my workplace, one of my colleagues commented: “You are working with prostitutes? Tell me that’s a joke!”. I often found myself

getting into debates with other people, advocating for the legitimacy of sex work, while my work was constantly questioned and thought to be ‘dishonourable’.

Although these situations never made me question the legitimacy of my study, it often made me feel uncomfortable and discouraged with the negative opinions the general public had on sex work. After working for months within the SWEAT environment, constantly engaging with sex workers and sex work activists, it was a shock to get the reactions I suddenly did. This shows that the challenges that cultural anxieties about sex and sexuality bring may sometimes disadvantage research projects in this area (Hammond and Kingston, 2014).

Even though the stigma that sex workers face in their everyday lives is in no way comparable to this, I also have felt a certain stigma against the area of focus I had chosen to research, in other words, I have suffered from stigma by association. My research was often seen as dishonourable and not worthwhile. As Hammond and Kingston (2014) explain, sex workers are seen as undeserving victims, which may lead other researchers (mostly in different areas of study) and relatives to question the validity of someone studying an ‘undeserving’ topic.

In the South African context in specific, advocating and researching a group of individuals who are considered criminals in our society made it even harder to explain the topic to those who were against this trend of thinking. Even more, my gender has also influenced the way other individuals perceived my study. Another colleague of mine, while trying to convince me that ‘whores are a sin in the eyes of God’, also implied that it was uncommon that an (assumed) honourable woman would choose to research a dishonourable and unworthy subject (Hammond and Kingston, 2014).

Finally, also in parallel with Hammond’s and Kingston’s study, my gender as a woman alongside my recent connection with the sex work industry often prompted fears for my personal safety. As it was implied that I was now working with a ‘dangerous’ group of individuals, I was continuously warned from family members and friends about the emotional and physical dangers I could face as a woman researching this topic.

As their research showed, certain sex work researchers often employ strategies to keep their work a secret (Hammond and Kingston, 2014). My approach was the complete opposite. Although I learned to get away from debates with individuals that would probably not change

their minds, I was still extremely proud to talk about my topic. The reactions I got only emphasize the further research that the area of sex work needs in our societies. The fear of sharing our experiences in this area of study might only contribute for more neglect and indifference regarding a group of individuals that strongly needs a louder voice.

## **7. Data analysis**

After collecting the data, I undertook a thematic analysis. This consisted of an examination of the data while simultaneously pinpointing and recording specific themes that will be discussed in detail in this section. According to Braun and Clarke (2006):

*“Thematic analysis is a qualitative method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic”*

(Braun and Clarke, 2005: 79).

Thematic analysis was therefore the most appropriate for this study as I had as my main aim to interpret sex workers’ experiences throughout their day-to-day lives, associating them to the power imbalances between their work and the responses from state institutions. It has allowed me to associate the frequency of specific themes within the whole context. Conducting the analysis took six main stages: becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and finally producing this final report (Ibrahim, 2012: 9, 10).

Furthermore, after sensibly considered and analysed, four main themes arose from the one-to-one interviews, and two themes were drawn from the focus group discussion. These themes often interlink with each other. Two of these themes had already been designed in the semi-structured interview guide, as I had certain expectations about the subject, and intended to focus on specific areas. This section will go carefully through each theme, discussing and reflecting on the data, and providing the experiences and thoughts that arose in the interviewing process.

## **7.1. Results and discussion**

The first theme that arose from the four interviews was the relationship between sex work, rape and the approachability towards health care and legal providers when such takes place. Although I had not previously included sexual violence as one of the main focus points of this study, it has become one of the main topics of the paper because the topic arose in all interviews. It has mostly been linked to the approachability towards state institutions, both the police and health care providers after a sex worker is raped.

The second theme, often interlinked with sexual violence, is the experiences that sex workers go through in relation to the police. Rape was often related with police officers, or with the reluctance of law enforcement agents to help sex workers when such circumstances occurred. These themes were therefore related with the criminalization of sex work in South Africa, and finally to the difficulty of achieving a respectable public health care assistance in times of crisis. As it will be discussed in detail as I look into each theme in detail, often the main concern of women when discussing these topics was the wellbeing of their children, when the mothers are attacked or mistreated.

This brings us to third theme: the stigmatization of the children of sex workers. Different from the previous themes, this subject has already been discussed in the literature review. Nevertheless, the concerns explained by the participants of this study were much more in-depth than I had previously understood. While the authors I have discussed, such as Maynard (2011) and Beard et al. (2010) focus on the consequences that the children of sex workers may suffer due to their mothers occupation, they lack to explain what these experiences are. I have deconstructed and reflected upon these experiences, relating them to the main purpose of this study. Finally, a discussion on specific challenges and experiences of motherhood take place, stressing the difficulties with health care providers in specific. Yet, it is important to stress once again that a little shift has been taken regarding this topic.

After engaging with the themes above, I will discuss the two main themes that arose from the focus group I have undertaken after the four individual interviews. The group was hard to grasp with, and unfortunately, it was not as adequate for this study as the individual interviews. There are several reasons that have contributed for this. The first should be the time constraints. As the focused group was organized in short notice, most participants had commitments they had to attend to at the time of the group meeting. The second one is that three of the focus group participants' had been previously interviewed by me through one-to-

one interviews. The device in which I had recorder the interviews was stolen two days after; therefore the data collected was lost and unusable.

Thirdly, for the fact that members of SWEAT might feel over-researched. During the time I worked within the organization, a number of interns and other researchers were also conducting their work in the organization. For that reason, members of SWEAT might feel overwhelmed by the continuous research focused on them, hence resulting in poor participation throughout certain interviews. I used the same line of questions I had used in the one-to-one interviews, where two other themes arose: the influence of drugs and alcohol through pregnancy (i.e. Foetal Alcohol Syndrome) and the challenges of being a mother who works in the sex industry. Although factors such as police harassment were mentioned from two participants, the theme did not hold the same weight that it did throughout the four individual interviews.

### **Sex work and sexual violence**

One of the main reasons why I have chosen to focus on sexual violence and sex work was the deep concern that interviewee two, three and four have expressed regarding the topic. For the most part, the second interview I undertook revolved mainly around the experience participant two had had with a policeman who had raped her. The moment I asked her to tell me about herself, after rapidly introducing herself, the interviewee started sharing with me the day she had been sexually assaulted by a police officer in Cape Town. The issue was repeatedly brought up in most interviews, being characterized as one of the biggest challenges that sex workers have to go through.

*“Violence against sex workers is particularly pronounced, and recent research shows that a third to half of all sex workers experienced violence in their workplaces in the last year. A legal framework that criminalises sex work greatly increases sex workers' vulnerability to violence and reduces the likelihood that violence will be reported. Very few perpetrators of crimes against sex workers are brought to justice. In addition, high levels of violence against sex workers are linked to social stigma which has contributed to sex workers being viewed as second class citizens.”*

(Sonke Gender Justice, 2014).

There is a broad range of literary papers that focus on the benefits that the decriminalization of sex work would have to sex workers' lives, and to society in general. Researchers believe that a big step to improve the stigmatized and marginalized position sex workers live in, would be to decriminalize sex work (Gould and Fick, 2009). In parallel to these papers, this project also advocates for the decriminalization of sex work, particularly in the South African context. I will do so by reflecting on the experiences of the participants of this study, as all of them have mentioned that the legal status of sex work in South Africa is one of the main encouragements for their marginalized way of living.

Although sexual violence against sex workers is not an unknown issue in our societies, one should wonder 'why then is it not addressed more?' As the majority of sex workers are women, they remain particularly vulnerable to all crimes of violence against women, in this specific case, to sexual violence. The fact that the access to legal protection is little, they remain an easy target for criminals, be it customers, managers, police officers or the general public (No author, 2014). Participant four has stressed this by explaining:

*"As a sex worker who experienced a lot of abuse from police and being raped, I never reported it because of laws that are used against us as sex workers. These laws label us criminals and bad people who not deserve safety and security. The law takes away our dignity and makes us all vulnerable to speak out. Most sex workers they are raped, and then they keep it inside. They don't go to report those cases because I won't say all police, but the police that know that sex work is criminalized in South Africa, they don't respect sex workers they don't treat sex workers fair. You will also see the police being the ones like raping them, taking money from them, taking their condoms. And you can't even report it, because you deserve it, because you are a sex worker! We are criminals."*

(Participant four, 2014)

As participant four explains, there are several reasons why sexual violence against sex workers does not get the attention and concern it should. The first is due to their criminalized status in South Africa (Bennetto, 1993). Because sex work is considered a crime, it is assumed that they deserve to suffer from violence, 'because they deserve it, they are criminals', which leaves them in a position where their safety is almost unnegotiable. As it will be explored in detail in the next section, the abuse from police only makes the situation worse.

When an individual is sexually assaulted, making a statement to the police is required once one seeks medical assistance (Bennetto, 1993). The majority of sex workers refuses to report rape because they automatically have to confront a police officer. Reporting rape and getting medical assistance in South Africa is already a problematic process for women who are enrolled in legal and accepted professions. Research on rape in South Africa shows the lack of faith women have towards the justice system in these circumstance, although South Africa is the country with the highest rates of rape in the world. Rape survivors describe their lack of support and consequent disempowerment as stemming from a range of flaws within the justice system (Jewkes, 2012). If these are some of the experiences of women who are enrolled in ‘acceptable’ jobs, when it comes to women enrolled in the sex work industry the situation becomes even worse (Sonke Gender Justice, 2014). Re

Besides their criminalized status, another reason why sexual violence against sex workers is neglected is due to the fact that their very work consist of performing sexual acts. During a conversation I had with one of the participants of the study after we had finished the interview, I asked her how it was possible that a great number of them left rape unreported. She answered: *“You know, we as sex workers provide sexual services to men that we don’t know. We just follow our instincts. But if I am raped, then other people think, how can a prostitute be raped if she has sex with strangers all the time. They ask for it”*.

Unfortunately this mentality is very common. On this note, I will now quote the definition of rape, according to the World health organization:

*“Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts of traffic, or otherwise directed, against a person’s sexuality using coercion by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”*

(Wang and Rowley, 2007: 6)

According to this definition, if a woman (or man) is forced to engage in any involuntary sexual act with another individual, be it at home, in the workplace or in any other setting, then such is considered rape. This definition does not in any way exclude individuals who work in the sex industry, and/or provide sexual services to other individuals.

On that note, both participants two and four have made references throughout their interviews regarding the stigmatized treatment of public health systems when a sex worker is sexually

assaulted. Participant two reflected on her own experience, by claiming that after the police officer had raped her, she omitted the fact that she was a sex worker when having her medical exam. According to her, the reason for this was that she strongly believed that the doctor would refuse to treat her, had he known she was a sex worker. Similarly, participant four pointed out that for women enrolled in an accepted and legal job, getting access to health services after being sexually assaulted would be a different experience from that of sex worker, in a negative sense.

Accordingly, it is crucial to reflect on what this means to the children of sex workers. Not only are sex workers in a vulnerable position when it comes to violence against them, but also the children of sex workers. Participant three and four both mentioned that in certain cases, their children face the risk of being violently assaulted due to the mere fact that they are the children of sex workers. According to participant four:

*“I believe that I have the right to protect my child. It affects my child a lot, because myself as a sex worker, I am really vulnerable, and to go to our children is double and triple stigma and discrimination because as a child it’s getting abused, people don’t accept that I have a right to open a case for my child. They say to my child, you deserve it because your mother is a sex worker.”*

(Participant four, 2014)

This emphasizes the urgency to research the challenges these children face, as literature regarding the topic is limited. The children of sex workers may be at an increased risk of a wide range of social and psychological issues of which we are often unaware, or simply neglect. In parallel with what participant three and four argue, this vulnerable position also influences their access to public health services, either directly or indirectly (Maynard, 2011).

### **Sex work and police abuse**

Throughout the four in-depth interviews I have undertaken, police abuse was one of the main concerns the participants have addressed. This topic arose in both individual interviews and focus group. All participants of the study have experienced police abuse, and all have been arrested at least twice since they have started working in the sex work industry.

This study does not in any way account the police department for its abuse towards sex workers. In fact, participant four emphasized the existence of specific officers that do respect sex workers. Several police officers have contacted SWEAT, unofficially, to complain about the behaviour of some of their colleagues. However, a great number of police officers has abused, and continuously abuse street sex workers in a verbal, physical and/or sexual way (Sweat01, 2009).

Research shows that in Johannesburg, about 70% of sex workers have been abused by the police. They mainly experience violence during arrest by police officers who routinely beat them, pepper spray them and then sexually assault them. Some of these incidents happen while sex workers are not in work duty. These individuals commit these crimes with impunity, by removing their name tags so that in case they are reported, the women abused are not able to identify them (Sonke Gender Justice, 2014). These cases end up unreported, while sex workers continue being abused and assaulted.

While sharing her experience, participant two reflected in much of what was mentioned above. The participant was assaulted and sexually abused by a police officer who was not only drinking and driving while on duty, but had also removed his name tag. In her words:

*And when he say don't worry he push the draw and then hug me closer, kiss me, licking me, my neck. And I am angry, and I am scared and then I don't know if this guy is going to kill me and put me in this shelf (...) I am scared to scream. If I can scream maybe he would shoot me. I didn't scream and then we come back now again and he still holding me, touching my bum, hum. You know, every nasty things he does to me. And then when we get to one of those he start taking his pants, and then I ask him what is going on, that is when he reaches my trousers and takes them off, slowly and then he is busy with him and me. And then he take a condom out of his pocket and then it's already on. He put the condom, he take my trousers really down. And he pull one leg out, he push me on the table and that is when he start sexing. You know he do anything that want. For long. Not just do it and come, no. For long, and then (...). And then when he finish he take the toilet paper out of the car and clean himself and me. And he take the condom out, it means that he used to do that.*

(Participant two, 2014).

Accordingly, a survey based in Cape Town in 2009 showed that 47% of the sex workers participating in the study have been threatened with violence by police, 12% have been

forced to have sex with police officers (i.e. raped), and 28% of sex workers have been asked for sexual favours by police men in exchange for release from custody (Gould and Fick, 2009). This relationship with the police clearly discourages sex workers to report crimes conducted against them, when the authorities themselves are part of those who conduct these crimes. The consequence of this is that sex workers, who are already vulnerable amongst clients and managers, become even more vulnerable with this police treatment.

According to participant two:

*“The police is our enemy. If you see the police, you don’t try.”*

(Participant two, 2014).

On a similar note, participant three argued:

*“The police treats the sex workers badly. They also rob you. They took my money and my blackberry once”*

(Participant three, 2014).

*“Eix, it’s too much. They stress us. And they don’t give us even a chance. That’s why we sometimes go without money. Sometimes they take our money (...) They say you are supposed to give the money if you want to stay thee and work in that area (...) And then you give them because you are affected. You want to work, you have to work for your children.”*

(Participant one, 2014)

The abuse that sex workers suffer from the police is directly related to their criminalized status, not only in South Africa, but in most countries where sex work is criminalized. Such creates conditions within which police corruption and abuses are not only possible, but almost inevitable. This in turn often prevents sex workers from accessing services such as health care, social and legal services Costanza, R. (2013).

As the participants of this study are all mothers, one of the main concerns they have when arrested is the wellbeing of their children. The children often stay in the care of other family members or neighbours, while sex workers are at work. In some rare cases the children stay home alone, which was the case of participant two. She explained to me that one night, while she was at work and subsequently arrested by the police, her house got into a fire, while her

children were inside. Luckily the children escaped and were taken into custody by their neighbour. Nevertheless, her vulnerability resulted in the vulnerability of her little children.

Hence, this takes us to the conclusion that the criminalization of sex work merely increases sex workers' vulnerability to human rights abuses, and creates fertile ground for corrupted police exploitation, especially of street-based sex workers. This is an area that receives scant public attention and urgently needs to be more addressed both academically and in the public in general.

### **Stigma by association, and the children of sex workers**

In the various interviews I have conducted, the participants of the study constantly mentioned their worry about their children, and the little attention given to their needs. Participant four, who has recently created a group called 'mothers of the future' has explained that the main reason why she created the group was for the children of sex workers who are directly or indirectly affected by their mothers' work. In her words:

*"Oh. I came up with the mothers to future group as a support group because I have been recognizing in SWEAT and Sisonke, organizations that advocate for sex workers to decriminalize, and fight for human rights. I have been noticing that they cover full support to the sex worker alone. And I recognize that what makes us sex workers go to the road, go to work is our children, our family. So, SWEAT and Sisonke covers me, what about my children, what about my family? (...) I believe that I have the right to protect my child. It affects my child a lot, because myself as a sex worker, I am really vulnerable, and to go to our children is double and triple stigma and discrimination because as a child it's getting abused, people don't accept that I have a right to open a case for my child. They say to my child, you deserve it because your mother is a sex worker."*

(Participant four, 2014).

Accordingly, this specific group of children faces various challenges and vulnerabilities throughout their lives, often carrying with them the stigma that their mothers carry themselves. These are children of highly vulnerable and socially marginalized women; hence, they are often positioned at a disadvantage amongst other children. They face unique risks,

stigma and discrimination that the children of women who belong to 'acceptable' and legal jobs do not face (Beard et al., 2010: 1).

As Hammond and Kingston (2014) suggest, those who are closely connected with a stigmatized person or group often experience the same social stigma; this can be defined as stigma by association. Stigma by association directly applies to the experiences of the children of sex workers. Their lives are characterized by public disapproval evoked as a consequence of associating with a stigmatized individual. While the bulk of studies have focused in those who suffer stigma directly (i.e. sex workers), Philips and Benoit (2013) suggest that the stigmatization of those who are closely associated with them is seriously overlooked. The lack of social and legal support is therefore not only an issue of the stigmatized group itself, as it inevitably affects those who are connected to them, hence, the children of sex workers (Philips and Benoit, 2013).

In this sense, stigma is not a disconnected phenomenon. Stigma is unavoidably relational and is thus not the property of stigmatized groups alone. Research with people who provide social services to sex workers report less social recognition and support for their work for community members, family and friends. A number of social services, such as health care provision is therefore often inadequate to both the stigmatized individual (i.e. sex worker), and the one who is associated with them (i.e. the child of the sex worker) (Philips and Benoit, 2013).

Similarly, according to the participants of this study, their children are often ostracized and stigmatized by other children, in school and in the community due to the work of their mothers:

*“If the people know what you are doing them always look down on you. The mother of other children tell them to not play with your child because they are the children of being a sex worker. They are not going to give you the best influence. In that case you get worried, they ask I am a sex worker I don't do nothing wrong.”*

(Participant three, 2014).

*“On the school they have the stigmatized (...) If they neighbours of the children of my community know that she was my child ne, maybe they say your mother is sin.”*

(Participant one, 2014).

Hence, the stigmatization of children due to their mothers' occupation limits their social interaction with those around them. It might threaten their education and their integration in the community they belong to. It also influences their ability to acquire health provision, as the stigmatization of their mothers puts them in a vulnerable and 'undeserving' position (Hammond and Kingston, 2014). Not only can this have psychological and physical consequences in purely innocent individuals, it can also threaten their future.

Often, due to the status of their mothers, and due to the fact that a number of children of sex workers might be the fruit of an involuntary pregnancy (i.e. from a client), these children can be labelled as 'shameful' or 'dangerous' (Hammond and Kingston, n.a). Their access to educational, social and legal services might be considered undeserving due to their position in society. This is definitely one of the biggest concerns of sex workers who are mothers, as most of them claim that their biggest reason to enter the sex work industry is to be able to provide an education and a future for their children. If the stigmatization of sex workers and their children (and others who associate with sex workers) continues to be neglected in both academic and public sphere, little can be done in order to improve this group of individuals' lives.

### **Sex work and health care**

While much of the research I had done before conducting this project led me to understand that the great majority of sex workers struggle when seeking and acquiring medical assistance, the data collection proved otherwise. Although a number of women did discuss the stigmatized treatment health care systems have towards them, none of them expanded or suggested that such was a major problem.

Throughout the four individual interviews, when asked about their experiences with health care providers, both participants three and four have claimed that not all health care providers are bad. Participant two explained that as long as she did not disclose her profession, health care providers were very understanding with her issues. And participant one discussed that she had had several negative experiences with health care providers, especially with nurses, due to her being a sex worker.

*"We are having safe clinics. If the sex worker has a problem and she wants to do an abortion we have a friendly clinic in Salt River, Woodstock."*

(Participant three, 2014)

*“And they say we need to talk more about sex work. Some doctors and service providers, if you talk about this, they do understand. And even if you say to them you can get a sex work patient and training that can come help you guys. You know all those things make people confused, but to speak out and to tell the people the truth, the thing exists (...) So the doctor asked me what it means that name, I say sex workers advocate taskforce. And he says uau, tell me more. And I explain everything. And then the way he was so excited.”*

(Participant four, 2014).

*“Interviewer- So in the doctor, they didn’t look at you with any stigma, they treated you...*

*Participant two- very well. Because when we go to the doctor they didn’t explain that I am a sex worker. They just said I was raped because I was asking for. They would just say no.*

*T- Do you think that if you had told them that you are a sex worker they would have treated you differently?*

*Interviewee two- Ah they would chase me. That time, they would chase me. Because it was worse. Because someone that is a sex worker, someone spitting on us, throwing us eggs (...)You know, it’s still difficult here. Because now the sisters you know what they will do, they will call another one and they will be like come, look this one she says she is a sex worker and now she says she is pregnant, now she don’t want that child. You know, they will make a joke about you.”*

(Participant two, 2014)

*“Because we are afraid to go to the clinics sometimes because maybe you know, we didn’t get the medication in time so we are afraid to go to the clinic because the sisters look bad at people and shout (...) I was afraid first. Because I remember, I get two times STI so I was supposed to go to the clinic on the second time to go to the sister I am a sex worker, that is why I get STI two times. And that time there is no condom that time, it was 1998. But I try my best, the sisters shouted at me. Then I tried my best to talk to the sister in charge to explain my problem to her and then she goes to take me to that sister and shouted at her. And they finally gave me the medication after shouting at me in front of everyone.”*

(Participant one, 2014).

Accordingly, the interviewees showed rather diverse experiences with health care providers, in cases of abortion, STI treatment and post sexual violence medical assistance. It was possible to understand that a number of them felt reluctant to disclose that they worked in the sex work industry, especially when it came to sexually transmitted diseases, sexual violence and termination of pregnancy. The overall response was more of indifference than of deep concern.

One of the reasons for this can also be the fact that SWEAT provides both psychological and physical (i.e. medical) care to sex workers. Most participants, when questioned about their experiences with health care providers in relation to the prevention of pregnancy and termination of pregnancy reported that they had support from SWEAT. In parallel with Abel et al's (2007) study, three out of four participants did not disclose their occupation to health professionals. The reason for this is the effect the knowledge of their occupation might have on their treatment for visitations not related with sexual health (Abel et al., 2007). In such cases, participants revealed that they would rather go to SWEAT for their sexual health concerns, such as pregnancy prevention instruments, counselling, sexually transmitted diseases treatments, amongst others.

So, a study conducted with sex workers who are not enrolled with SWEAT, could have had different findings in relation to health care provision. The assistance provided from SWEAT enhances a positive relationship with health care provision. The four participants of this study have also referred to the 'mobile clinic' that SWEAT provides to street sex workers. This clinic offers tools for prevention of pregnancy and sexually transmitted diseases (i.e. free condoms). It also provides treatment for specific medical concerns. Since the mobile clinic is precisely focused in sex workers, it withdraws from any stigmatized and judgemental behaviour towards individuals who work in the sex work industry.

### **Sex work, drugs and alcohol (i.e. Foetal alcohol syndrome)**

In one of the Mother to Future meetings to which I participated, the topic of consumption of drugs and alcohol was the main focus. Throughout the meeting, a number of women admitted to the fact that when pregnant they continuously consumed alcohol and drugs (i.e. wine, Marijuana and heroin were the most prevalent). Four out of the six participants of the focus group admitted to the consumption of narcotic substances and alcoholic beverages. This consumption took place both at home and at their workplaces.

Two Foetal Alcohol Syndrome specialists facilitated the meeting, explaining the consequences that the consumption of drugs and alcohol has on children. In a nutshell, Foetal Alcohol Syndrome is a birth defect caused by heavy alcohol consumption (usually in a binge pattern) during pregnancy. It is characterised by development retardation, facial and neural abnormalities as well as malformations of other organ systems. These effects of alcohol on the developing foetus are characterised by an array of disorders, termed Foetal Alcohol Spectrum Disorders (FASD). They include structural anomalies as well as behavioural and neuro-cognitive disabilities. Children at the severe end of the spectrum are defined as having the foetal alcohol syndrome (FAS). These children usually need further medical support and a sustainable social system throughout their lives, especially at a developmental stage (Olivier and Urban, 2013).

Additionally, the use of alcohol by the mother, and the cognitive damage of her child, places both generations in a higher risk of HIV infection than the average person. Research shows that the majority of women in risk are those living in poverty, facing struggles in difficult circumstances (Olivier and Urban, 2013). This group of women includes those who work in the sex work industry, constantly exposed to alcohol and drugs, living in extremely difficult circumstances. The women who participated in this study are no exception.

In the focus group discussion, one of the participants explained that she could feel that something was different in her child from the other children from her community. In her words:

*“I was six months pregnant and I used to drink. The baby when she was born she was 900gr. And then when she was growing up she was almost two years old but she couldn’t walk so I realized that there was something wrong. So I took her to the doctor, and they said that she had Foetal Alcohol syndrome. I didn’t know what that was you see. She could walk eventually but she is still very slow. In school is having problems they call me all the times.”*

(Participant six, 2014)

In parallel with the literature, the prevalence on the consumption of alcohol and drugs amongst the participants of this study shows that these women may be at an increased risk of exposure to these substances. This should be a cause of concern to program planners and policy makers. Programs that address the use of these substances should be made available for these women more often (Odukoy et al., 2013). While The Mothers To Future discussion took place, I could realize that a great number of participants were unaware of the

consequences the consumption of alcohol and drugs had on their children. Comments such as *'But I thought wine was fine'* or *'Some weed once in a while is fine, it's natural'* were common throughout the conversation. These only reflect the unawareness and lack of discussion amongst one of the higher groups at risk of this disease.

### **Sex work and motherhood**

Throughout the group discussion, it was common that one of the main reasons why these women entered the sex work industry was the fact that they were mothers. In fact, except personal financial struggles, all participants of the focus group explained that they had entered the sex work industry in order to provide for their children, siblings, and other family members. Four out of the six participants are single mothers, and therefore the main and often only providers in the household.

They showed deep concern with their children's future. Their younger children habitually came to the Mothers To Future meetings as they had no one to stay with. When they go to work, they usually leave their children with neighbours who watch over them, some leave them with family members, and others leave them alone at home (older children). They often choose not to disclose their involvement in the sex industry to their children and families, which makes it even harder to justify their absence (usually at night). Despite the difficulties that come from their work in the sex work industry and their role as mothers, many of these women reported that they continued to work to provide for their children, frequently to prevent them from having a similar future.

In parallel with Sloss and Harper's (2004) study, which claimed that most sex workers who participated in their research alleged that they continued working while pregnant, most of the participants of this study were no exception. As explained in the previous theme, most workers remain the consumption of alcohol and/or drugs, and continue trading sex until their delivery. In this sense, they have not generally altered their lifestyles in response to their pregnancies, mostly because they do not feel as if they have an option (Sloss and Harper's: 2004). While most women claimed they would enjoy some rest throughout their pregnancy, they need to provide for themselves and their future children. Although two women contrasted this argument by claiming that they did not make the use of any drugs and did not continue working through their pregnancy period, this could be that the two of them had partners and a greater social support system.

Within the stressful context where they work in, particularly their exposure to violence and abuse in their everyday lives, bearing and raising children is an even greater source of preoccupation in their lives. Although this does not in any way suggest that the participants of this study claimed that their children were ‘a stress’ in their lives, they showed concern and anxiety when it came to their fulfilment as mothers. One of the reasons for this is that they would rather spend more time with their children, especially while they were growing up. Many of these women found managing their “double-lives” as mothers and sex workers difficult. Yet, even though they showed great concerns regarding their children, three participants of the study claimed they were very proud of themselves, for being independent women who worked for their autonomy and their children’s well-being.

When questioned about her experience as being a mother and a sex worker, participant five said:

*“Nothing is easy. Being a sex worker in the time, you have to think about the child, you have to think. I have two kids. I just decide what the best is for me and what is the best for the child. And I didn’t go to families and friends to tell them I need something for my child. No, I tell them, I decided, I am going to be a sex worker. Because the time my daddy died I had to step up in the house. I had to support my mom, my children, and my brother. No one else had an income. So I stepped up and I provided for them. I am a very proud independent mother, and a sex worker.”*

(Participant five, 2014).

Along with the main objectives of the Mothers To Future group, most participants of this study merely wish for a better future for their children. They request better support for their children, especially when they suffer consequences from their mothers occupation. There is a pronounced amount of studies focused on sex work and women who work in the sex industry; however, a big part of their lives is often overlooked: their children. Hence, more comprehensive studies are needed in this area, along with the provision of better social, educational and legal support for these children (Sloss and Harper’s: 2004 and Maynard, 2011).

## **8. Limitations**

The first limitation of this study, crucial to mention, is that the project is not representative. It can be problematic in qualitative research, that in comparison with a quantitative study, a qualitative one does not represent an entire population. The reason for this is that although the group of participants can be quite diversified, it is constituted by a small sample (McCosker, Barnard and Gerber, R. 2001). In addition to that, the volume of data (i.e. transcription, analysis of each individual's response, amongst others) was extremely time consuming, which has required a rigid time management.

Another limitation of this study was the change of methodology. Due to time constraints, a slight change of methodology took place, where instead of eight individual one-to-one interviews, I undertook four, and a focus group of six women. The focus group was not as suitable for the study, as its participants all had different commitments and schedules, and the group conversation only lasted forty-five minutes. A significant amount of time was consumed by introductions and ethical reassurances on the objectives of the study, which resulted in a lot of information being unsaid in the short period of time.

Also, there were several psychological and emotional dilemmas in this study. A great part of the interview guide explored experiences that are often negative amongst the lives of sex workers. This process might have forced them to explore feelings that make them feel uncomfortable or distressed. In one of the interviews for instance, most conversation circled around participant two's experience with sexual violence.

It also had a couple of psychological and emotional consequences on me, as the researcher. Sex work is an extremely sensitive subject, an issue that is one of the biggest taboos in the society I grew up in, specifically, the Mozambican society. This has been one of the main difficulties I have had working in the field. I often felt helpless, as most experiences these women have gone through are out of my power, which is rather frustrating. It is still extremely difficult to engage with the subject, knowing that I grew up in a fairly stable middle-class background, when these women have gone through unimaginable challenges every single day of their lives. It was very challenging to acquire a more detached position towards the topic, in order to not compromise the project itself.

Finally, in this specific trend of research (qualitative research, semi-structured interviews), participants may frequently respond to certain questions in a way that is believed to be what the researcher expects to hear. Several times throughout the focus group, I felt that the participants answered the questions as ‘correctly’ as they could, which might threaten the credibility of the study (McCosker, Barnard and Gerber, R. 2001). As I have discussed in the methodology section, a reason for this could be the fact that the sex workers enrolled with SWEAT feel over-researched. During the eight months that I worked with SWEAT, a great number of interns and other researchers also focused their studies within SWEAT. This could influence in the participants’ responsiveness to the interviews.

## **9. Conclusion**

I have argued that the criminalization of sex work in South Africa only furthers the marginalization and stigmatization that characterizes the life of individuals who work in the sex work industry. Their criminalized status creates a sense of ‘legitimacy’ for the violent crimes committed against sex workers, specifically, sexual assault and police abuse (Gould and Fick, 2009).

Throughout the four individual interviews and the focus group of six women, I have argued upon a number of different themes, which often interlink with each other. This research explored the experiences of these women, by giving particular attention to the health care and legal system. It is a great concern for the women interviewed that these state representatives often provide an inadequate service towards women who work in the sex work industry.

The literature that focuses on these matters is by large mostly quantitative. In light of this, the project highlights for further research in this area of study, especially when it comes to the constant violence and abuse sex workers face in their day-to-day lives. There is also need to focus on groups that are associated with women (or individuals) who work in the sex work industry. The children of sex workers are a group of individuals who are often under-researched and neglected by the public in general (Beard et al., 2010). As this study has showed, the stigma by association they can acquire from their mothers’ occupation can often have several consequences on their education, their socialization, and their own access to legal and health-care provision.

Thus, while I focused on female sex workers' experiences with state institutions'', I also gave attention to issues around motherhood and sex work and the challenges that come from working in the sex work industry and fulfilling the role of a mother. Since the ten participants of this study were all a part of the group 'Mothers To Future', enrolled in SWEAT, issues around motherhood were of great concern to the women interviewed, especially regarding their children's wellbeing.

This paper explored these issues, aiming to contribute for this scholarly area, by contributing to fill the gap in the literature in this particular area of study. With gender-lenses, I have reflected on the power relations between female sex workers and state representatives, and how the power imbalances that reflect this relationship emphasizes the need to decriminalize sex work in South Africa (Sonke Gender Justice, 2014). As long as sex workers are considered criminals, their ability to negotiate basic human rights will always be compromised. Also, the probability of violence and abuse (from the police and other third parties) will be a characteristic of their day-to-day lives, often remaining unreported due to the lack of assistance from state institutions.

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## **Appendix**

T- So can you tell me a bit about your main aim for creating the mothers to future group?

Interviewee four- Oh. I came up with the mothers to future group as a support group because I have been recognizing in SWEAT and Sisonke, organizations that advocate for sex workers to decriminalize, and fight for human rights. I have been noticing that they cover fully support the sex worker alone. And I recognize that what makes us sex workers go to the road, go to work is our children, our family. So, SWEAT and Sisonke covers me, what about my children, what about my family? So I come up with this program to cover our children especially, and because the important thing is that criminalization affects not only me myself but it also affects my children.

T- How do you feel that it affects your children?

Interviewee four- I believe that I have the right to protect my child. It affects my child a lot, because myself as a sex worker, I am really vulnerable, and to go to our children is double and triple stigma and discrimination because as a child it's getting abused, people don't accept that I have a right to open a case for my child. They say to my child, you deserve it because your mother is a sex worker.

T- Do you know of people to whom that has happened to?

Interviewee four- Yah, there is sex worker's children who have been abused, who have been experiencing abuse and like from the community, even at the school the teachers they do not understand how the child, what is going on at the child when he is at home. And I think that it's very important for the child to know, that their mother is a sex worker and that they accept it. They see something wrong to play it hard to protect the child.

T- Alright. Can you tell me when you started working as a sex worker and what motivated you to do it?

Interviewee four- That time I was start to be working in the industry my aim was my financial, to sort out my problems and to see my children get education, and to have my own things as a woman. Because I have been in different relationships and there was a relationship I have been staying more than three years, and by the end of those relationships I have nothing and I have to start again. Even though I tried to start again, there were a lot of disappointments. I decided to be on my own.

T- Is it hard to be in a relationship while being a sex worker?

Interviewee four- Me myself as a sex worker, I would say to me to have a relationship is very very hard than being a sex worker. It's harder. Being a sex worker I am really proud of myself, I love myself more than the time I was having the relationship, there is no one owning me, I make decisions (laughs) with myself, to have my own things. Financial, empowered, strong women, to be a sex worker to me is to be being yourself. And not to pleasing someone, there is no compromising positions.

T- Hum. Now this is the part about prevention of pregnancy that I was trying to explore. Do you feel that as sex workers you have easy access to contraceptives in public services?

Interviewee four- Like I don't want to lie to you. As a sex worker you can't, it's not an easy thing when you get to clinic because you are a sex worker even though you are not a sex worker, the treatment of people working in the health facilities, they have attitude, they treat you like ah, in general. So it's not easy for sex workers to identify themselves as sex workers.

T- So if it's bad for the community, it's even worse for sex workers?

Interviewee four- It's even worse.

T- Do you know of anyone who has had a bad experience with...?

Interviewee four- A lot. One week ago there is one member of mothers for future who passed away. She was pregnant, eight months, and she was denied in the clinic. I don't know which document they wanted because I didn't get the chance to talk to her as she was new to the group. So she couldn't get the treatment she was supposed to get in the clinic because I don't know why. And after that she was sick, she needed treatment, she was staying under the bridge and she died there. And I've got another one member, she is not a member of the support group but she knows I am running this support group. So she called me last week and she was turned from the clinic to get RIV because she lost her card. Some they don't even go back if they lose their cards because they know they are going to get shout at. So there is a lot of things that make sex workers not go into clinics.

T- So where do they go?

Interviewee four- They rather come to SWEAT. They come here, condoms and everything. If when I was having a meeting with H, they mentioned very well with the full of voice to say

as we department of health, we give it to clinics and public clinics. I say to them you know what, you don't know when you are going there how the service provider treats people. I am not talking about the sex workers alone, I am talking about the community of South Africa. You can see how they treat the people. And when you go to report to ask, you end up coming back home.

T- What about rape?

Interviewee four- The time I was a peer educator, I was assisting my peer, my sex worker colleague, and she was raped. I was assisting her by having the information of what you need to do. So, it was take us from the morning to one o'clock in the next morning. You know when you are waiting for detective, how long you have to wait for him to come and take the statement. And waiting for the doctor, and then in that time I think that the perpetrator had time to run. Because the perpetrator was not knowing that she knows someone that had the information, they found the perpetrator. He was raping her because taking advantage that she is a sex worker because she was not going to go report him. But it doesn't mean that you should not go and report those cases. But the difference is that the women from the community they get that access. But sex workers to go through that process and get those detectives it's very difficult because they have to face the police. The police is our enemy. If you see the police you don't try. Most sex workers they are raped, and then they keep it inside. They don't go to report those cases because I won't say all police, but the police that know that sex work is criminalized in South Africa, they don't respect sex workers they don't treat sex workers fair. You will also see the police being the ones like raping them, taking money from them, taking their condoms. And you can't even report it, because you deserve it, because you are a sex worker! We are criminals.

T- Besides the police, how would you say the treatment is in the doctor?

Interviewee four- You know I remember one day I was collecting someone I was educating in the clinics in Guguletu and there was a couple of doctors. So SWEAT was signing for me a letter to say I was sick. So the doctor asked me what it means that name, I say sex workers advocate taskforce. And he say uau, tell me more. And I explain everything. And then the way he was so excited, he say don't you mind that I call some of my colleagues. I say no. And then they come in and they talk. And the way they were supportive. They were scared even to ask me: you are a sex worker? And then but the end of today they end up, are you? I

say yes I am. And I said you know what, what does a sex worker look like? In your main, in your brain, what does a sex worker look like.

And they say, human beings. I say yes, that is what I look like. And they say we need to talk more about sex work. Some doctors and service providers, if you talk about this, they do understand. And even if you say to them you can get a sex work patient and training that can come help you guys. You know all those things make people confused, but to speak out and to tell the people the truth, the thing exists. It's happening really. So people start, like me I am a Zulu, I don't understand the information of some cultures, but after I understand it. So people need to get information especially from the person's mouth.

T- So how do you feel that this information should be given to them?

Interviewee four- Workshop, pamphlets, technology, knowing as much as we can. Sending messages.

T- Alright, what about abortion?

Interviewee four- You know Mpho, the time at South Africa when they were really discussing the people who were advocating for abortion to be illegal in South Africa. I would never think I could do that. But one of the days when it was happening to me and I was not ready, and I was not having the choice. I was having the choice because I choose, from those limited choices to do it. I look at my situation and I think I have to make choices. I must keep this pregnancy or I must not keep this pregnancy. But how can I do it, and then lucky that time I was like, I don't see the importance. But the time I was in that situation I never even think about going somewhere else. I go to the clinic straight and I ask in the clinic, I ask them can you give me information about abortion and they tell me everything. Then I said no I want to do it. And I do it, and I come back safely. Even though the process made me sick, but I tolerated it.

T- So in general, do you think that sex workers can get safe abortions?

Interviewee four- Not even the sex workers only. But particularly a woman. When you're thinking about choice, even though from limited choices, but it's a choice, you need to respect that. There is a law in South Africa, it's legal, but it's not implemented. Because it's like immoral, stigmatized. But in the sex industry I've got my friend who passed away. She

was pregnant from a client but she didn't tell us about it. She drink, and took drugs to make an abortion to herself.

T- But she didn't know she was going to pass away from it?

Interviewee four- No. And I think the feelings that she was not having the knowledge of abortion. Because she was thinking I have black children and now I am going to have a white child so she decided to do that. But if she had the knowledge, that is why I came up with this project, because sex workers they must know their rights. If I was knowing, yes I knew about adoption, but not necessarily full information. They don't give you, even social workers, they don't give you the full information. Like when you make choices, but my choice was doing abortion.

T- Yah... Do you think a lot of women have that problem? One of the women I interviewed had a Chinese child, it was from a client. So the child had a lot of stigma from the community. Do you think that a lot of women have this problem?

Interviewee four- They have. I remember there is my cousin, who, she everyone, the time we grew up we knew she was working in the restaurant we don't know others. And the community didn't know she was a sex worker. And this child was the only one that was white at home. But the mother for my cousin she was very understanding. But even though, everyone was excited, we love that child, the child is there speaking Zulu with a white skin. Everyone is scared of what people are going to say, so a lot of them just go get not safe abortions.

T- What can you tell me about pregnancy and sex work?

Interviewee four- Ah, since I was in sex work, you know around my experience I never knew about condom until I came to the industry. I started using condom. But then one day the condom burst so I do the abortion. So the time I do abortion, when I come back I realized that there are a lot of people that get pregnant like that. A lot of the women go to the road pregnant anyway, in the cold, they come to the road every day until they give birth. They don't like, they give birth and they come back soon, like three four days. And I recognize come outside with their children, leave the children after the bridge. You know that when you give birth that you are bleeding, and the time when you are bleeding, you need time to be in a warm place because you see, but if you are not like, if you don't get those things, I always see that these women are struggling. Because when you go into the road you are not going to

work for yourself only, you are going to work for your small child, and another children, and even your men and the household itself. And you don't make a lot of money sometimes. Some they don't even go to clinic because they are pregnant. Most of the time they must stay in the road, because they must collect money for the next couple of months.

T- And hum, we were talking about the drugs and alcohol, do you feel that this is a big problem?

Interviewee four- It's a big problem. Because I have been noticing, even though they are pregnant they still carry on using drugs and alcohol. And while they are using those things they are spending money. And then when there is the time when they are giving birth they are calling me. How much they spend for a night. They get a client, they go to smoke. They spend their money with their drugs and alcohol when they can use this money to save it and give birth. So that they can support themselves for a couple of months, and then they can go back to work.

T- But not even the money, but the health of the child.

Interviewee four- Yes.

T- Hum, do you think it's easy to balance being a sex worker and a mother?

Interviewee four- Very tricky. But it's not tricky to the person who knows why to get to the sex industry. Why when I wake up I push myself to go to the street. Myself, what makes me go to the street is my children going to school. It's my choice.