



BARRIERS TO HEALTH SERVICES FACED BY SEX WORKERS

SRH Services Need Analysis Report Outcomes and Suggestions



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PREFACE

This report has been prepared to examine the problems and demands of sex workers regarding their sexual health, reproductive health, and access to justice. The main purpose of the report is to share the rights violations faced by sex workers and their basic demands with the public and other components of civil society.

Research carried out with the support of GILEAD SCIENCES; will examine the deprivation of sexual and reproductive health and access to justice rights of sex workers, who are legally and socially criminalized, from the perspective of basic human rights. This research focuses on the rights violations faced by sex workers who are excluded from social protection mechanisms and their basic demands arising from deprivation; It was revealed by the analysis of the surveys conducted by the Red Umbrella Sexual Health and Human Rights Association, with the participation of 132 sex workers in twelve cities of Turkey. The findings that emerged as a result of the analysis of the questionnaires were supported by the main and secondary sources on the subject.

The report consists of three parts. In the first part, regulations on sexual health, reproductive health, and access to justice rights of sex workers is discussed through drawing the basic concepts and theoretical framework in a historical and legal context. In the second part, the findings of the study based on the survey data are analysed. The section where the findings are analysed; Demographic Information has been shaped by dividing into four main headings: Access to Sexual and Reproductive Health Rights, Violations of Rights, and Basic Demands. In the third chapter, which is titled conclusion, the outputs of the study will be summarized in general terms.



A LOOK AT SEX WORKERS' ACCESS TO RIGHTS

1. Sexual and Reproductive Health Rights

In the Declaration of Sexual Rights presented and accepted at the 17th World Congress of Sexology held in Montreal, Canada on 10-15 July 2005, sexuality was defined as an integral part of every person. Sexuality, which has multiple dimensions such as sexual identity, sexual orientation, private life and reproduction; and occurs in all kinds of biological, psychological, social, economic, cultural, legal, historical, religious and spiritual contexts (WHO, 2015:5). Similarly, the Declaration of Sexual Rights states that sexuality is formed through the interaction between the individual and social structures (2005). In this context, people have some universal sexual rights. Sexual and reproductive health rights are at the forefront of these.

The concept of sexual health is defined as “the integration of the somatic, emotional, intellectual and social dimensions of sexuality in a way that enriches and develops personality, communication and love” (WHO, 2015: 4). The concept of sexual health has expanded its scope and content since the day it was defined. First of all, the concept that has a content about reproductive health; Today, it is used with the emphasis that sexuality has dimensions that go beyond the scope of reproduction. In this respect, sexual health emerges as a phenomenon that should be handled independently from reproductive health.

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However, access to sexual and reproductive health rights has an organic link with fundamental human rights. In this context; It is important not only to look at sexual and reproductive health rights from a medical perspective, but also to develop a holistic and universal understanding on the axis of basic human rights, taking into account the multidimensional nature of these rights.

A few sexual rights listed in the Declaration, which states that sexual rights are universal human rights based on freedom, dignity and each equality, are as follows:

The Right to Sexual Equality: The right to be free from discrimination, regardless of gender, gender, sexual orientation, age, race, social class, religion, or physical or mental disability. Within the framework of this right, the rights regarding sexual and reproductive health envisage a state of well-being for everyone, regardless of gender identity and sexual orientation.

The Right to Comprehensive Sexuality Education: This is a lifelong process from birth and should cover all social institutions.

The Right to Sexual Health Care: Sexual health care; should be available and accessible in the prevention and treatment of all sexual concerns, problems, and diseases.

Comprehensive sexuality education and sexual health care rights are imposed on all states with the adoption of the Universal Declaration of Human Rights; It is important in terms of reminding the responsibilities to remove the barriers to accessing the right to sexual health. In this context, it has been accepted as the responsibility of the states to develop public policies for citizens' access to sexual and reproductive health rights and to provide equitable and qualified services. In addition, the participation of relevant civil groups or subjects in decision-making is necessary for shaping the legal framework and effective policies (WHO, 2015: 6).

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To address sexual and reproductive health rights on the axis of sex work; First of all, it should start with the necessity of adopting a non-discriminatory and non-stigmatizing definition of sex work. With such an approach, people who earn income in return for sexual and/or emotional services are defined as sex workers.

Sex workers often experience sexual pressures. From this point of view, it should be noted that sex workers are a social group that is pushed to a disadvantageous position, facing various violations in terms of access to sexual and reproductive health rights. In order to prevent such rights violations, it would be beneficial to develop a perspective that accepts sexual and reproductive health rights as basic human rights, and to address the problems and needs of sex workers with a rights-based approach. Such an approach is suitable for a world claim where sex work is not criminalized and sexual and reproductive health rights are regulated on a legal basis.

2. Legal Legislation and Practices Regarding Sex Work

National legal regulations and practices regarding sex work are among the most important factors that will lead to the protection or violation of sexual health, reproductive health, and access to justice rights. In this context, legal regulations and practices will be evaluated in this part of the study.

In Turkey, sex work can be done legally in registered brothels thanks to legal regulations such as the Public Health Law, which entered into force in 1930, the Circular on the Fight Against Prostitution, and the Regulation on Combating Prostitution and Venereal Diseases Transmitted by Prostitution in 1933.

The Provisions to be Subject to General Women and Brothels and the Regulation on Combating Venereal Diseases Transmitted by Prostitution, which entered into force in 1961, made extensive changes in the sex work legislation. This Regulation is still applied today. Deciding on law enforcement practices for sex workers in accordance with the statute; Commissions for Venereal Diseases and Fight Against Prostitution were established, working under the governorships in the provincial centres and the district governorships in the districts. These commissions, which are stated to have been established to prevent disruption of public order; It aims to prevent prostitution and sexually transmitted infections. The charter has been drawn up from a limited and gender-blind perspective, recognizing only those of the assigned gender female. Article 15 of the Statute defines sex work as follows: “Women who make it an art to satisfy the sexual pleasure of others in exchange for profit and have intercourse with different men for this are called general women.” The commissions established in accordance with the statute are tasked with “taking the necessary measures to prevent the spread of venereal diseases transmitted by prostitution”. The executive power of the said commissions covers “detection and registration of brothels, uncovering the places where prostitution is made with secret prostitutes, bringing in people who need to be examined, closing the places that need to be closed”. Along with these, according to subparagraph a of the fourth paragraph of the Social Insurance and General Health Insurance Law, “general women”

are considered to be fully insured. This clause ensures that sex workers have the same rights as the insured, but sexually transmitted infections are not considered an occupational disease. This situation causes sex workers who carry any of the sexually transmitted infections not to receive any compensation for disability. In addition, sex workers who have been dismissed from the profession are not given the right to retirement due to disability. These legal regulations and practices point to the absence of a fundamental human rights approach in accessing sexual and reproductive health rights.

The Turkish Penal Code does not directly define sex work as a crime. However, many articles in the law are of a nature to cause sex workers to be criminalized and stigmatized. The crimes of “Immortal Acts”, “obscenity” and “Prostitution”, which are stated in the “Crimes Against General Morality” section of the Law, are at the forefront of these regulations. Moreover, the provisions of the Misdemeanour Law on “Contrary to Order”, “Noise” and “Disturbing” are also cited as reasons for the administrative fines of sex workers. The tendency of the current legislation to punish sex workers should be accepted as the main reason for the problems in access to justice. Arranging a legal framework that takes care of basic human rights is an important step to prevent sex workers from having access to justice.



RESEARCH DESIGN, DATA COLLECTION AND ANALYSIS TOOLS

This report, which is prepared with the principle that sex workers have a say in their own lives, is based on the data of the survey conducted with the participation of sex workers. Survey interviews with sex workers; evaluated in a context that focuses on sexual, reproductive and access to justice rights.

The design of the research was carried out by the Red Umbrella Sexual Health and Human Rights Association, which has been working to bring the sexual health and human rights issues of sex workers to the agenda of the public and civil society since 2013. The research design was prepared in accordance with the mixed method, which is based on the use of qualitative and quantitative research methods together.

Within the scope of this report, 132 people who define their profession as sex workers; A questionnaire of forty questions was presented to determine the problems and needs in their professional lives. In the prepared questionnaire, questions were asked to learn about the awareness levels of sex workers about sexual and reproductive health, their health insurance, their access to protection mechanisms, and the violations of rights they have suffered.

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The questionnaire form consists of three parts:

1. Personal Information and Working Conditions: In this section, questions were asked about the sexual identities, ages, working hours and forms, social security, health status, and average monthly income of sex workers who participated in the survey.

2. Sexual and Reproductive Health: In this section, questions were asked about sex workers' access to sexual health materials, their knowledge of sexual and reproductive health, their awareness of sexually transmitted infections, and their experiences in the health institutions and organizations they applied to.

3. Violations of Rights: In this section, questions were asked about the negative experiences of sex workers due to practicing their profession. The questions in this section aimed to address the rights violations experienced by sex workers in a multiple and holistic dimension.

SAMPLE

The research was carried out with the participation of sex workers in Turkey. The legal legislation regulating sex work in Turkey regulates only non-trans women. However, sex workers are not a homogeneous group as the legislation assumes. From this point of view, this report has been prepared with a perspective that considers the diversity of sexual identity.

In addition, the report aims to highlight the problems and demands of sex workers working in the informal sector. For this purpose, the research sample was prepared to include sex workers working outside the brothel.

In this study, no stratification method was applied for the sample. The sample of the research was formed by using snowball and conventional sampling methods. Questionnaire interviews were conducted in twelve cities of Turkey for the representativeness of the sample (Table 1). Structural conditions were effective in the research sample including mostly western cities.

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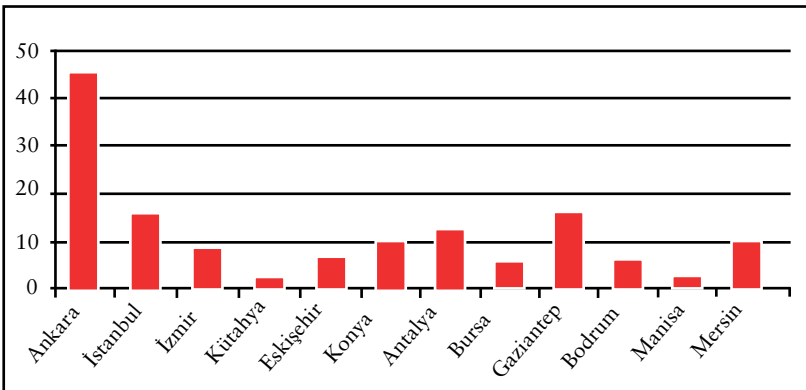


Table 1: Distribution of Sex Worker Sample by Provinces

INTERVIEW APPLICATION AND DATA ANALYSIS

Questionnaire interviews were conducted in places where sex workers could feel safe and comfortable. In order to reach the correct data, no intervention was made on the participants while filling out the questionnaires. All data of the interviews were analysed using statistical methods. Clusters were formed by paying attention to the words used by the participants regarding the rights violations they experienced; common problems and demands were determined by this method. The questionnaires made with the participants were examined one by one and recorded in a systematic way.

RESEARCH FINDINGS

1. DEMOGRAPHIC INFORMATION

In this section, an analysis will be made regarding the sexual identities, ages, working hours, average monthly income, social security and health status of the respondents. This section aims to make inferences about the demographic structure of sex workers. Demographic inferences to be made are important for producing studies that respond to the specialized needs of sex workers.

Age Groups

The age distribution of one hundred and thirty-two sex workers who participated in the survey within the scope of this research is as in Table 2. The age distribution is concentrated between 26-30 as seen in the table.

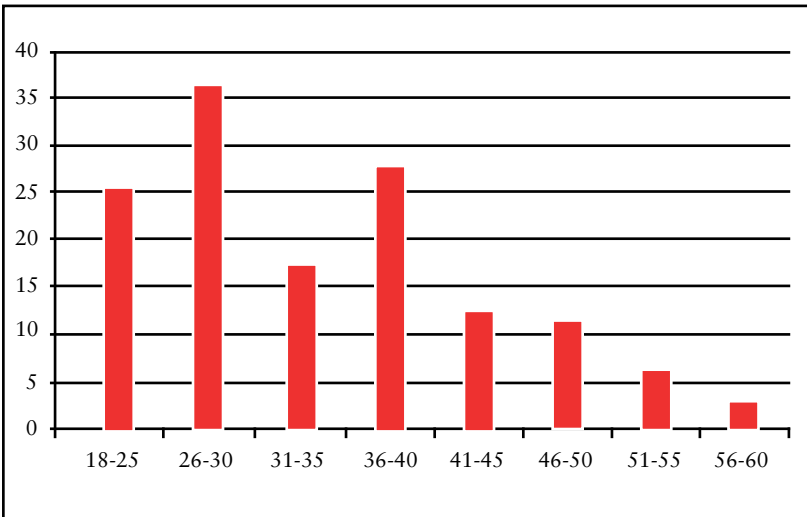


Table 2: Age Distribution

Sexual Identity

As mentioned in the Legal Legislation and Practices Regarding Sex Work, the national legislation regulating sex work in Turkey has a limited perspective that defines sex workers only as cisgender women. As a result of the survey, 73 of the participants defined themselves as trans women (55.30%), 24 (18.18%) as cisgender women, and 25 as cisgender men (18.93%). In addition, 10 sex workers (7.57%) who participated in the survey did not define their sexual identity within the binary gender category. These data show that; sex workers are a heterogeneous group contrary to what the legal legislation defines. The presence of sex workers who do not define themselves as non-trans women is an issue that should be taken into account in determining the problems and demands regarding the field.

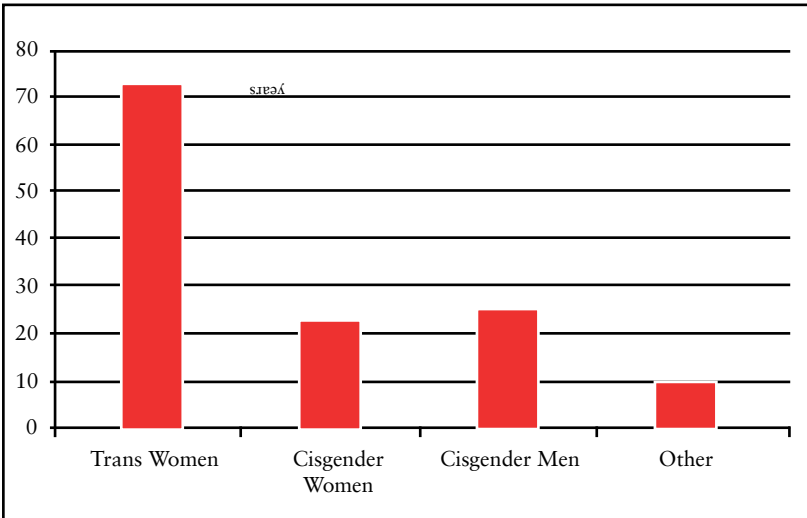


Table 3: Sexual Identity

Years Worked

Of the sex workers who participated in the survey, 37 (28.03%) were 0-5 years, 47 (35.60%) 6-10 years, 14 (10.60%) 11-15 years, 14 (10.60%) 16-20 years, 13 (9.84%) 21-25 years, 2 (1.51%) 26-30 years, 2 (1.51%) 31-35 years, and 1 (0.75%) stated that they had been doing sex work for 36-40 years.

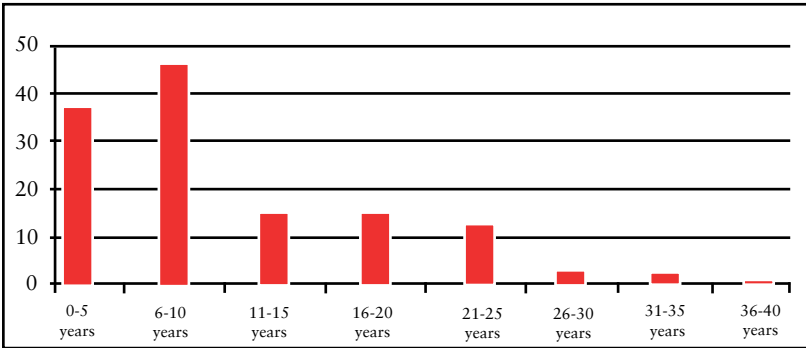


Table 4: Years Worked

Working Conditions

This study covers sex workers working in the unregistered area. In this context, among the sex workers who participated in the survey, there are no brothel workers.

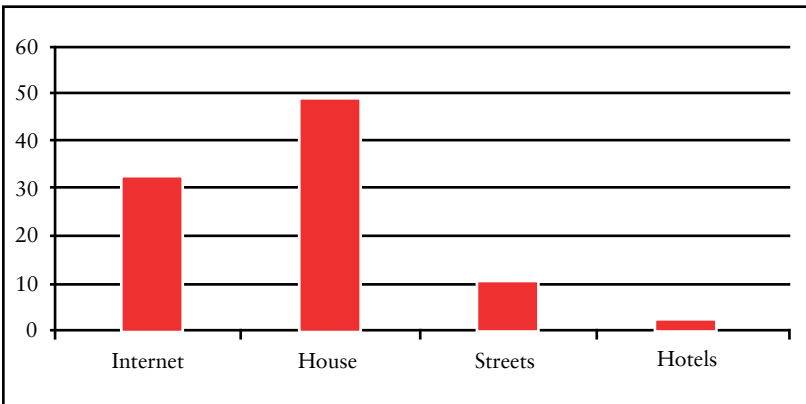


Table 5: Working Conditions

As can be seen from Table 5, a significant portion of sex workers practice their profession in their own homes. The internet, which ranks second, should be considered as an area where sex workers both reach customers and perform their profession. This is important as it shows that sex work is a profession that is also performed through technological tools and that its definition can be expanded in this context. In addition to these, “Where do you work?” the scarcity of “street” answers to the question; It can be dealt with in connection with the exclusion of sex workers from public spaces and the shift of workplaces to the internet.

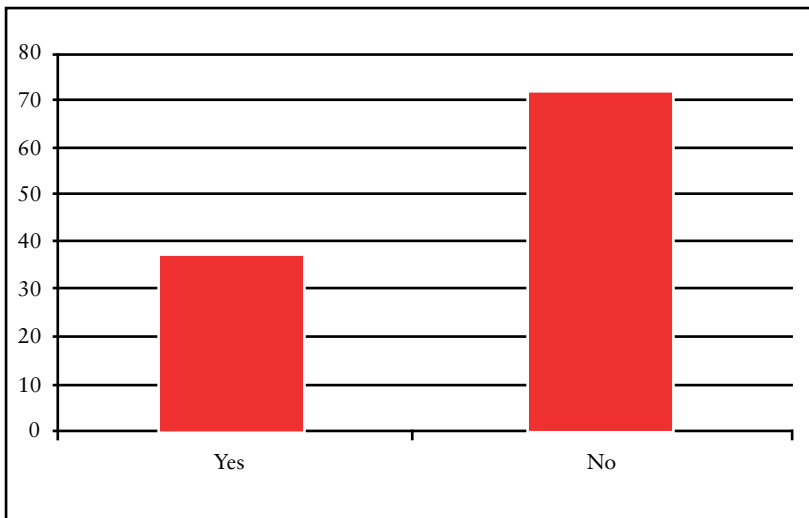


Table 6: “Would you like to work in a brothel?”

The question “Would you like to work in a brothel?” was posed to the sex workers who participated in the survey interviews. While 72 people (54.54%) answered “No” to this question, 37 (28.03%) answered “Yes”. The answers of those who said “No”; They are shaped by concerns that they will be kept under pressure and their income will decrease. Those who said “yes” mentioned that brothels are safe, secure working conditions and the accessibility of the measures taken against sexually transmitted infections.

“

Yes, it is more reliable and has health insurance. There are regular STI scans.

No, I wouldn't, because I like being free.

No, I wouldn't want to because my income is at a better state like this.

”

Income Level

Table 7 shows that; The average monthly income of sex workers differs for various reasons. The average monthly income of the sex workers who participated in the survey is between 4,000-6,000 and 7,000-10,000 TL. Low average monthly income is a factor that affects the quality of hospitals and access to sexual health materials such as condoms and lubricants, especially when sex worker trans women experience health problems.

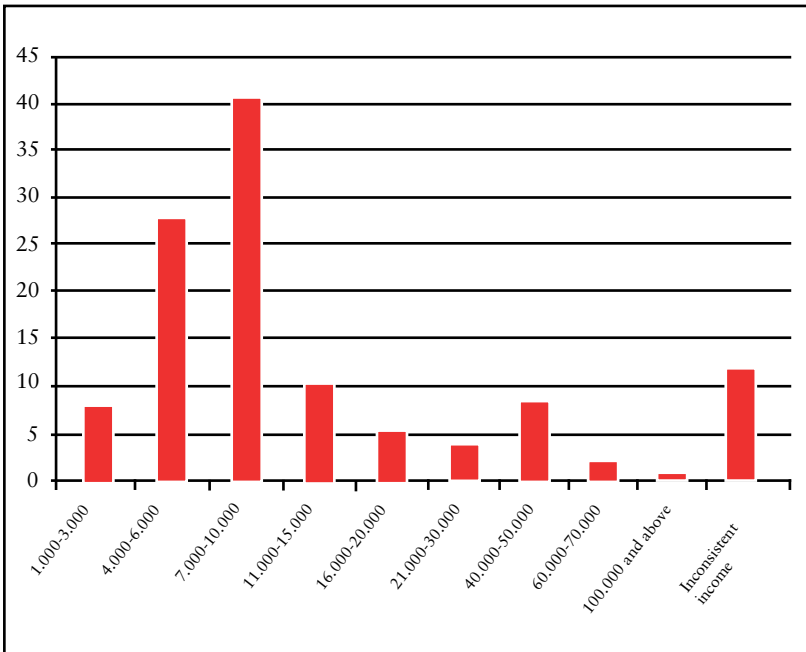


Table 7: Average Monthly Income (TL)

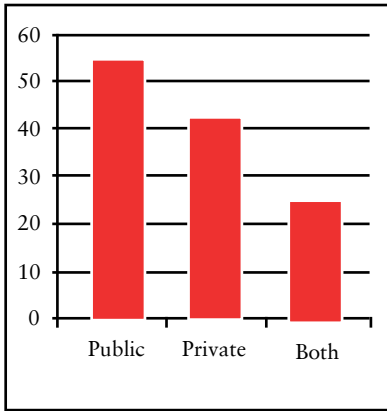


Table 8

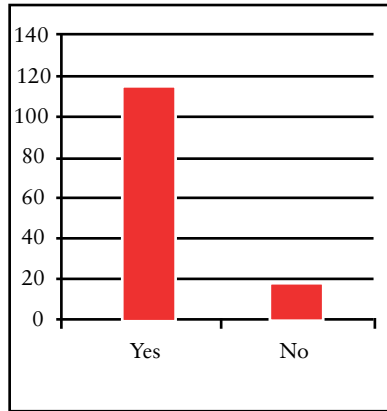


Table 9

In Table 8 the graph of the answers to the question “Do you prefer public or private hospitals when you want to benefit from a health institution in any case?” is shown. Although there were some who did not want to answer the question, 42 people (31.81%) answered that they went to private hospitals, 54 people (40.90%) to state hospitals, and 24 (18.18%) to both. The participants, who stated that they went to both, stated that the quality of the health problem was the determining factor in this situation. The reason why state hospitals are more preferred should be considered within the framework of the low monthly average income of sex workers.

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In Table 9, the graph of answers to the question “Do you have any difficulties in purchasing condoms and lubricants?” is shown. Sex workers have difficulties in accessing sexual health materials since their compulsory expenses correspond to a significant part of their income. At this point, the sex workers who participated in the survey noted that it would be good if the sexual health materials were covered by the state. In addition, the importance of nongovernmental organizations in accessing sexual health materials was emphasized.

“

I go to public hospitals. I cannot allocate a budget for private hospitals.

Condoms and lubricants became very expensive. At this point, I think the state should provide these products for free.

I don't have any financial problems with condoms and lubricants. I would still like it to be given by the state.

The state does not give any support, but we can access condoms and lubricants through associations.

”

Social Security and Health Conditions

As can be seen from the graph shared in Table 10; 72 (54.54%) of the participants stated that they had social security, while 56 (45.42%) stated that they did not have any social security. If it is stated that there are participants who do not want to answer the question, the number of sex workers who do not have social security is substantial. This situation indicates the difficulties experienced by sex workers in meeting health expenses.

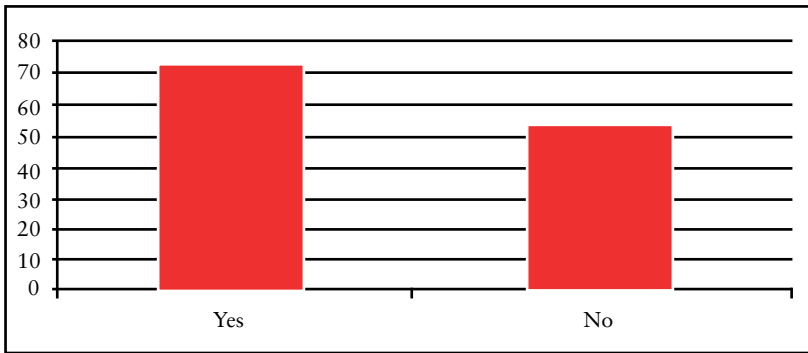


Table 10: Social Security State

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Of the participants, 93 (70.45%) stated that they did not have any health problems, while 33 (24.99) stated that they had a health problem. Participants who stated that they had a health problem mostly talked about their chronic diseases. However, “Do you have any health problems?” It should be noted that the question cannot be answered easily.

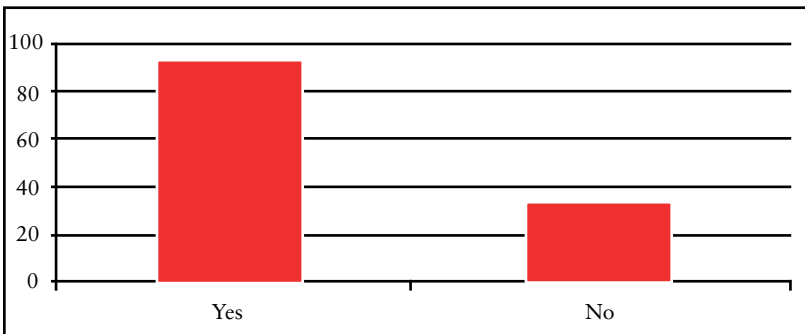


Table 11: “Do you have any health problems?”

2. ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

In this part of the research, first of all, the awareness of sex workers about sexual and reproductive health will be discussed through the findings. Then, the problems and demands in accessing sexual and reproductive health rights will be analysed.

Awareness Levels on Sexual and Reproductive Health

In Table 12, sex workers asked the question “Have you received training on sexual and reproductive health?” The graph of the answers given to the question was shared. At this point, 58 people (43.93%) stated that they received training on sexual and reproductive health, while 70 people (53.03%) stated that they did not receive any training on the subject. Those who stated that they received training on sexual and reproductive health emphasized the influence of non-governmental organizations, especially the Red Umbrella Sexual Health and Human Rights Association. In this context, considering the majority of those who answered “No”, it is important that non-governmental organizations expand training on sexual and reproductive health for sex workers. It should also be noted that; although the participants who answered “yes” represent a large part, sex workers in the general population do not always have the opportunity to receive training on sexual and reproductive health.

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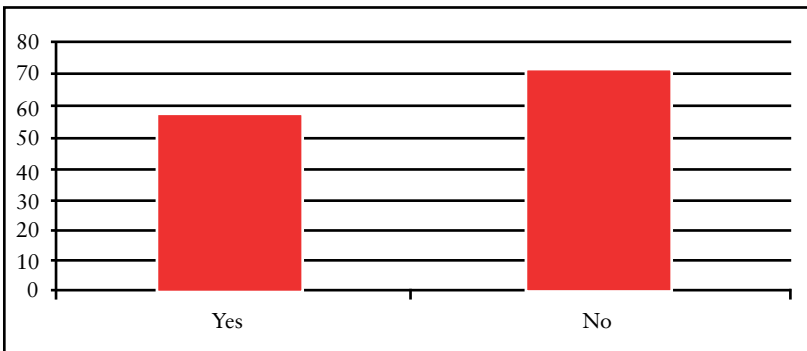


Table 12: “Have you received training on sexual and reproductive health?”

In addition, Table 13 shows the resources that sex workers use when accessing information on sexual and reproductive health. Although there are participants who do not want to answer the question; 44 (33.33%) of the participants are “civil society”, 46 (34.84%) are “internet”, 20 (15.15%) are “friends”, 10 (7.57%) are replied “school”. The findings in Table 13 show that the participants who did not receive training on sexual and reproductive health benefited from the internet to access information. While these findings reinforce the emphasis on the importance of non-governmental organizations in the field, they point out the deficiency of the education system in the field of sexual health and the necessity of a formal education system that is age-appropriate, inclusive and adopts gender equality as a principle.

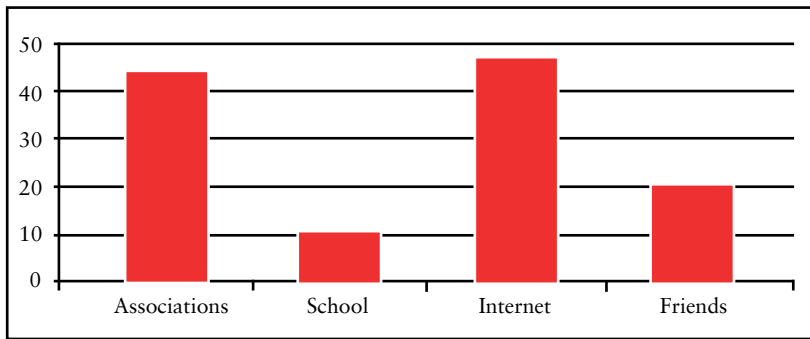


Table 13: “Where did you get your information about sexual and reproductive health?”

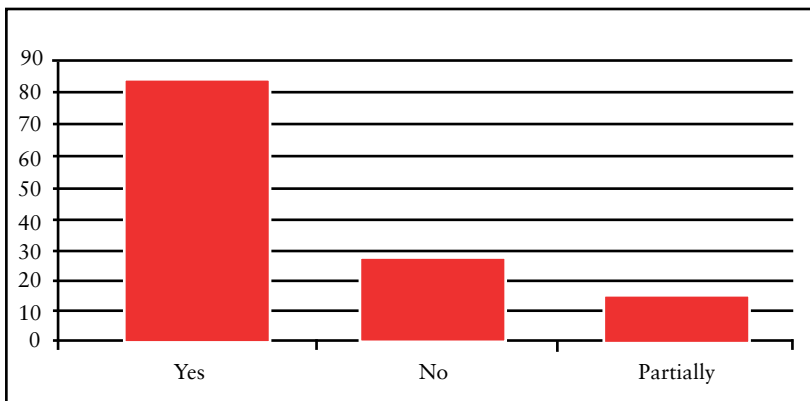


Table 14: “Do you think you have enough information about sexual and reproductive health?”

Table 14, “Do you think you have enough information about sexual and reproductive health?” It shows the graph of the answers given to the question. While 84 (63.63%) of the participants answered “Yes”, 29 (21.96%) answered “No” and 16 (12.12%) “Partially”. Other graphics supporting the findings in Table 14 are shared below.

“What ways do you think HIV is transmitted?” It was seen that 10 participants (7.57%) gave wrong answers to the question. While 5 of these 10 participants say that they have sufficient knowledge about sexual and reproductive health; 3 of them noted that they had partial knowledge and 2 of them noted that they did not have enough knowledge. 114 people (86.36%) gave correct answers about the transmission routes of HIV. Common mistakes such as “kissing”, “nail clippers”, “towel”, “skin contact” stand out in wrong answers. The correct answers were shaped within the framework of “blood route”, “transmission from mother to baby”, “unprotected sexual intercourse”.

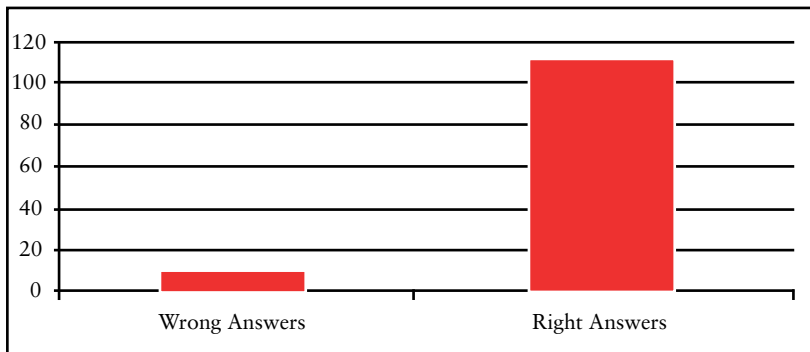


Table 15: “In what ways do you think HIV is transmitted?”

The most basic method of protection regarding sexual and reproductive health is the use of condoms. In this context, among the survey questions, “Do you have intercourse with your client using condoms?” to measure the awareness levels of sex workers. question is included. While 115 people (87.12%) stated that they used condoms with their customers, 17 participants (12.87%) stated that they did not use condoms. The problem of not using condoms is mostly based on financial constraints. In this case of sex workers who state that they do not use condoms; factors such as reliable and constant customers, pressure from the customer or overpayment.

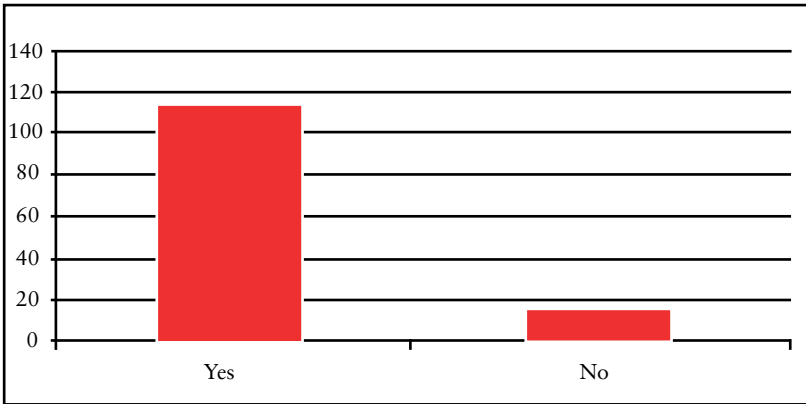


Table 16: “Do you have intercourse with your clients using condoms?”

“

It varies from client to client. I don't use it for customers that I think are reliable.

When I trust the customer, I can do it without a condom.

I can do it without a condom if he offers too much money.

I do not meet with any of my guests without a condom. I've been with two or three boyfriends who were in my life at the time without a condom.

”

Table 17 shows the other precautions taken by sex workers, apart from condoms, regarding sexually transmitted infections. “What are the other precautions, if any, regarding STIs other than condoms?” Two basic answers were given to the question: hygiene and vaccination. While 86 participants (65.15%) stated that they paid attention to hygiene, 28 participants (21.21%) stated that they had vaccinations such as HPV and Hepatitis. Considering the existence of the participants who do not want to answer the question, it should be noted that; The low rate of “vaccine” response may be associated with social insecurity and limited monthly income. In this context, it can be thought that sex workers develop individual strategies to prevent sexually transmitted infections.

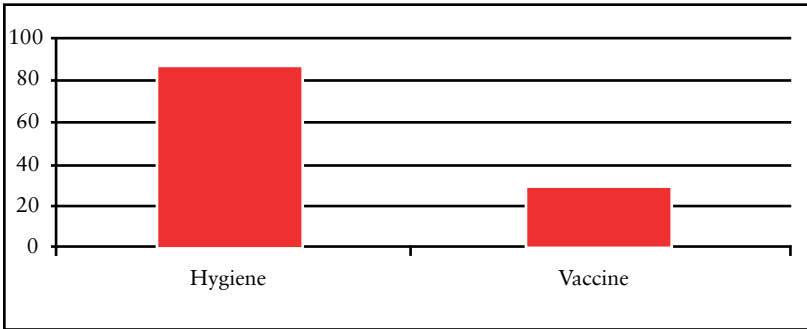


Table 17: “Other than condoms, what are the other precautions you take regarding STIs?”

Within the scope of the research, 19 people (14.39%) stated that they did not undergo regular health screening for STIs, while 111 people (84.09%) noted that they had undergone regular health screening for STIs. Participants stated their frequency of undergoing health screening as quarterly or every six months. While the World Health Organization recommends that HIV-negative sex workers be tested at least once a year, it emphasizes testing after unprotected sexual intercourse (WHO, 2017:123-124).

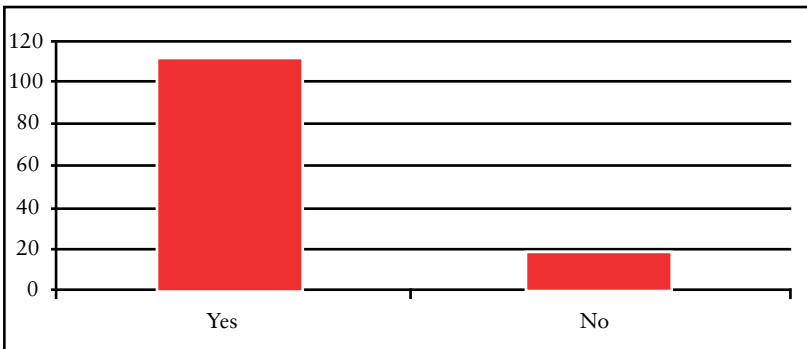


Table 18: “Do you regularly undergo health screening for STIs?”

“Do you know about PEP and PREP?” 91 people (68.93%) answered “No” and 25 (18.93%) answered “Yes” to the question. Those who answer “yes” have generally accepted information about the drugs in question. This situation can be handled through the fact that the limited access to drugs leads to lack of information. Supporting this claim, Table 20 shows that; “Did you use PEP and PREP?” In the question, 99 people (74.99%) answered that they did not use it, while 2 people (1.51%) said that they used the drugs by obtaining them from abroad. The low level of information and access to PEPs and PREPs, which are important for sex workers who are more likely to encounter sexual violence and sexually transmitted infections due to their profession, is an issue that needs attention.

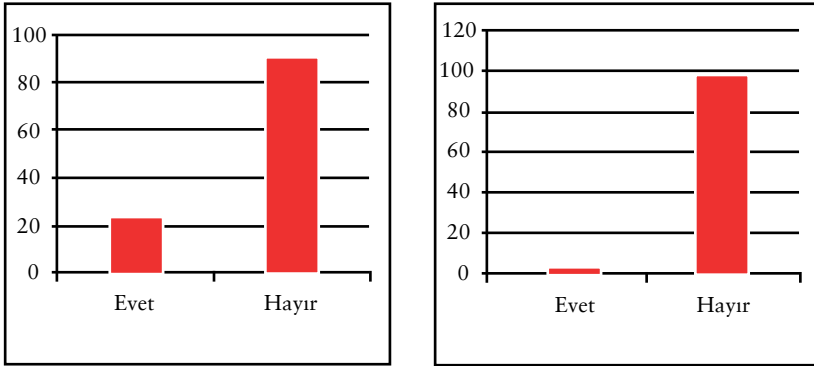
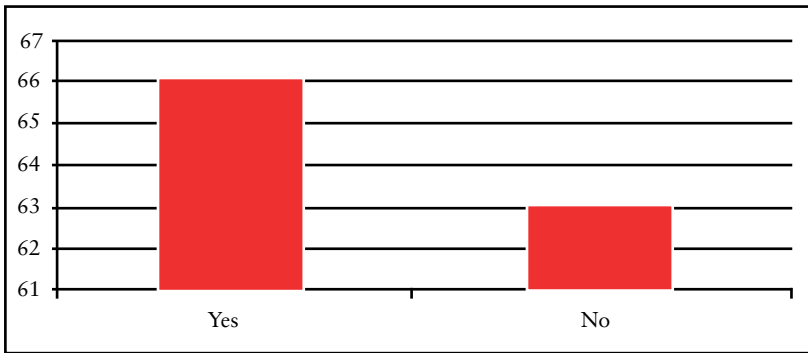


Table 19-20: “Do you know about PEP and PREP?”- “Have you used PEP and PREP?”



Problems and Demands in Accessing Sexual and Reproductive Health Rights

Table 21 shows the graph of the question asked to sex workers about their use of family health centres. While 63 people (47.72%) answered no to this question, 66 people (49.99%) answered yes. Although there are those who do not want to answer the question; Some of those who answered “yes” stated that they went to family health centres for their chronic and daily illnesses. Feedback was shared among those who answered “No” that the service was inadequate and their attitudes were bad.



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Table 21: “Do you benefit from family health centres?”

Within the scope of the research, 59 (44.69%) of the participants stated that they hide their profession in the health institutions they applied. Participants who state that they hide their profession or identity have the opinion that they will not be able to receive service if they do not resort to this method. 71 people (53.78%) stated that they did not hide their profession or identity. The participants in question stated that they would not be able to get the right service if they concealed their profession or identity.

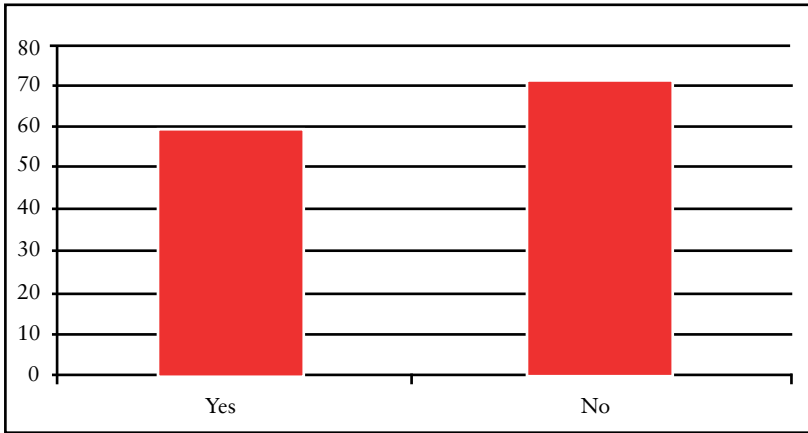


Table 22: “Are you getting service by hiding your profession or identity in the institutions you apply to?”

However, as seen in Table 23; “Have you been exposed to discrimination or ill-treatment due to your profession or identity in the health institutions you applied to?” 70 people (53.03%) answered “No” to the question. At this point, it is noteworthy that the majority of the participants who answered “No” received service by hiding their profession. 58 people (43.93%) who answered “yes” noted that they were faced with judgmental looks, mocked and called by the names assigned to them by the health personnel.

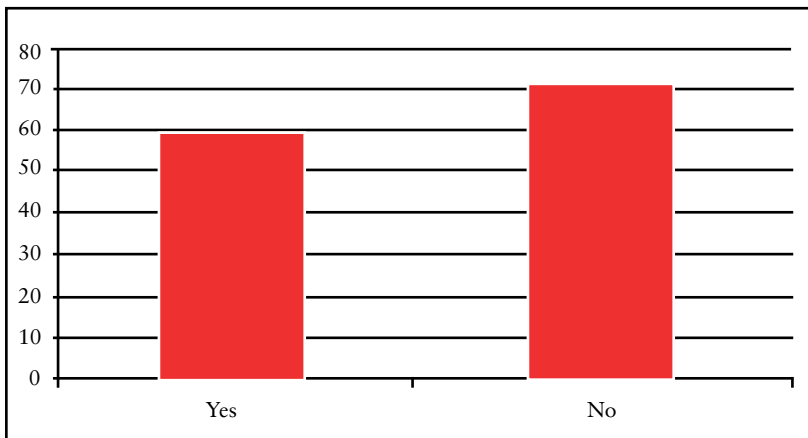


Table 23: “Have you been exposed to discrimination or ill-treatment in the health institutions you applied to because of your profession or identity?”

“

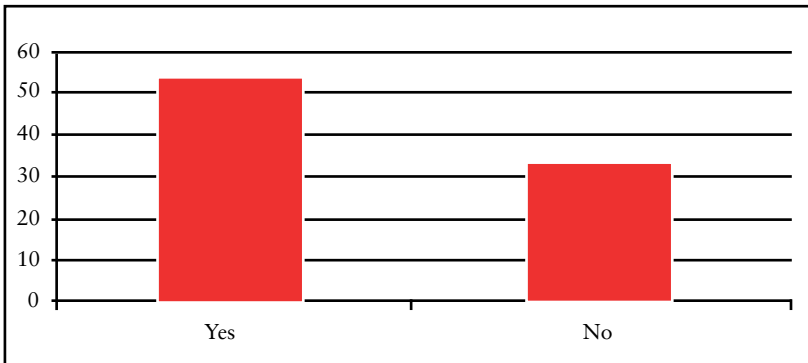
Yes, they excluded me because I am trans. They called me by my assigned name, shouting it even though I warned them.

I did not have such a problem because I concealed my profession.

Yes, I have experienced both situations. Even though I said not to call by my assigned name, they called me by my assigned name.

”

Another finding that supports Table 22 and Table 23 is summarized in Table 24. “If you are getting service by hiding your profession, do you think that if you tell the health personnel that you are a sex worker, their attitudes towards you will change?” 54 people (40.90%) answered “Yes” to the question. Participants who answered “Yes” to this question stated that they could face phobic attitudes if they did not hide their profession.



24

Table 24: “If you are getting service by hiding your profession, do you think that if you tell the health personnel that you are a sex worker, their attitudes towards you will change?”

“Do you think that the services offered to you by the health institutions you have access to in terms of sexual or reproductive health are sufficient?” 60 people (45.45%) replied that the services provided in sexual and reproductive health are insufficient. In this direction; It was stated that non-governmental organizations should carry out more training for health workers, and health personnel should have knowledge about gender. The basic demands of sex workers are to train health personnel on “order”, “hygiene”, “sex work”, “sexually transmitted infections” and “LGBTI+s”.

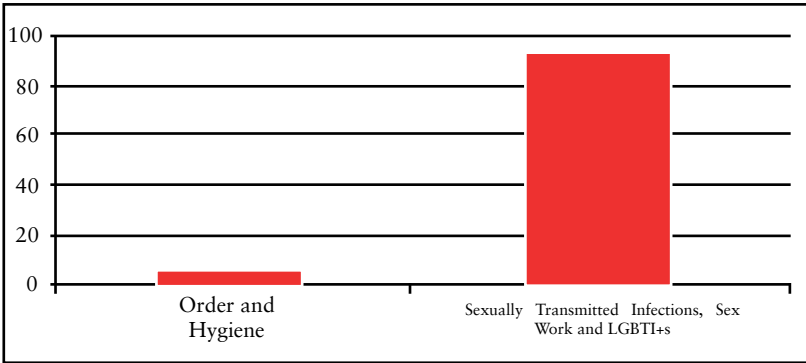


Table 25: “On which subjects do you think health personnel should be trained?”

Finally, the participants emphasized the importance of Voluntary Counselling and Testing Centres despite the inadequacy of health institutions. VCTCs currently operating in Ankara (Çankaya), Istanbul (Şişli and Beşiktaş), İzmir (Konak), Mersin, Bursa; offers anonymous and free HIV testing and voluntary counselling.

“What do you think of the opening of anonymous, voluntary counselling and testing centres designed for sex workers?” 93 participants (70.45%) gave positive answers to the question. It should be noted that a significant part of the participants who say “I have no information” live in cities where there are no VCTCs.

25

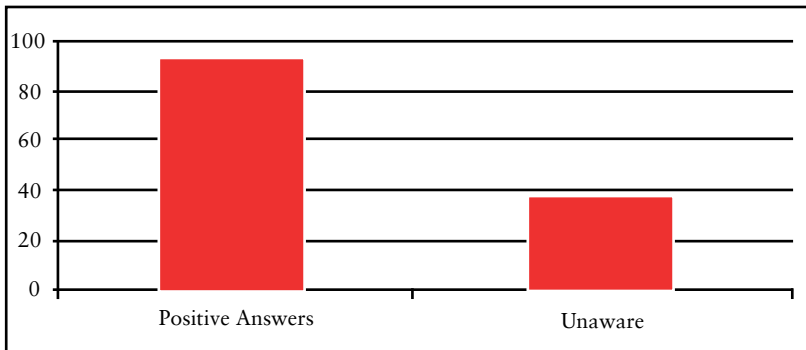


Table 26: “What do you think about the opening of anonymous, voluntary counselling and testing centres designed for sex workers?”

“

I would like VCTCs to be in all cities.

I think it should definitely be in every province and district.

Very good idea. It is wonderful to receive service from people without prejudice and sincerity.

”

3. VIOLATIONS OF THE RIGHTS OF SEX WORKERS

In this part of the research, the negative experiences of sex workers while performing their profession will be examined. The main purpose of this section is to evaluate the rights violations faced by sex workers within a comprehensive framework.

Table 27, “Do you feel safe while practicing your profession?” summarizes the answers to the question. To this question, to which 103 participants (68.93%) answered “No”, 11 people (8.33%) answered “Partially”. Those who answered “no” generally mentioned the negative attitudes of customers and law enforcement officers. Those who answered “partially” stated that their state of feeling safe changes according to the conditions.

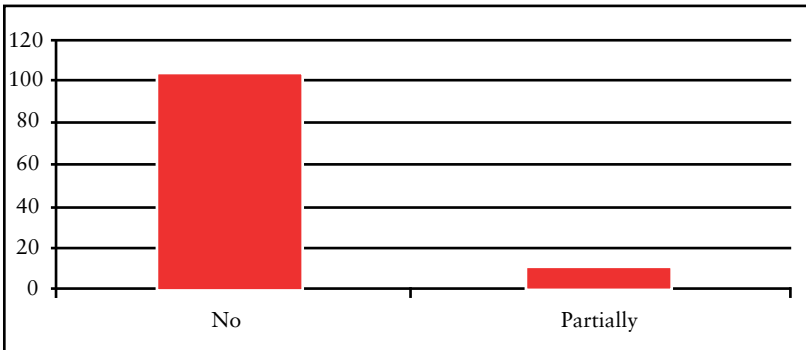


Table 27: “Do you feel safe while practicing your profession?”

Table 28, “Have you been physically, sexually or verbally abused by your customers?” supports Table 27 in terms of showing the answers given to the question.

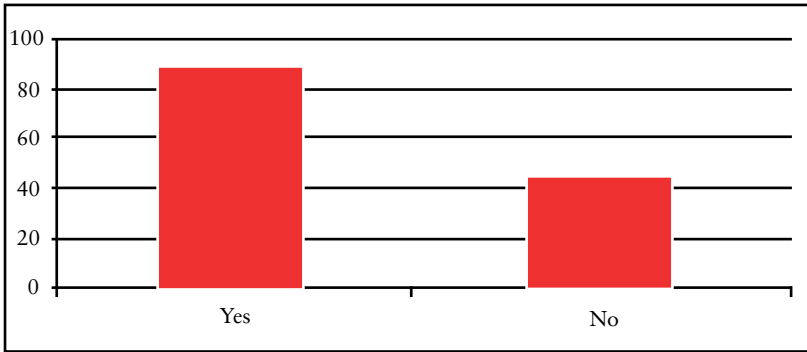


Table 28: “Have you been physically, sexually or verbally abused by your customers?”

Within the scope of the research, 87 people (65.90%) stated that they were exposed to physical, sexual or verbal abuse by their customers. On the other hand, 44 people (33.33%) answered “No” to the question of Table 28. There is 1 participant who does not want to answer the question. Some of the participants who answered “yes” in addition to their answers; they noted that they did not apply to any institution in the face of the ill-treatment they suffered, and that even if they applied, they could not get any results. This situation is important in terms of showing that sex workers are excluded from the mechanisms of access to justice. Legal regulations that carry the spirit of punishing sex work and different sexual identities make subjects who have been violated reluctant to access justice. With this, The experiences of sex workers regarding access to justice point to a widespread phenomenon of discrimination. For example, “Have you ever been sexually assaulted?” 48 people answered “Yes” to the question. 26 of these 48 people stated that they did not apply to any health institution or protection mechanism after being sexually assaulted.

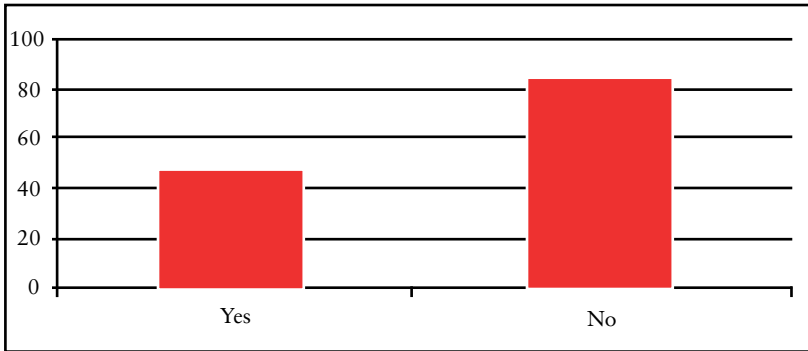


Table 29: “Have you ever been sexually assaulted?”

“How does the fact that law enforcement see sex work as a crime affect your sexual and reproductive health and access to justice?” 75 people (56.81%) answered the question that they were adversely affected in many ways. These effects are of physical, economic, psychological and social nature.

“

I was sexually assaulted and applied to institutions. They did nothing because I am trans and a sex worker.

I was sexually assaulted, but I did not apply to any institution because I could not get any results.

Customers get knives and guns. I am scared. I called the police once, they came much later. The person was already gone.

”

“

I was subjected to all kinds of abuse. I went to the police station, but they were interested.

I was abused. I have not made any complaints, because I think the state is not interested in this issue.

I don't think justice works very well. We are punished before any LGBTI+phobic law enforcement officer or judge. We are also exposed to violence when we seek justice.

”

“

When we experience any violence, I can't complain because I don't believe it will work out. I can't even complain about the doctors who make fun of me when I go to the hospital.

I am psychologically affected badly. I'm worried about how to explain this situation. I consider myself guilty. I remain silent, I hesitate to apply even if I am right.

It breaks my trust in justice because justice ignores me.”

”

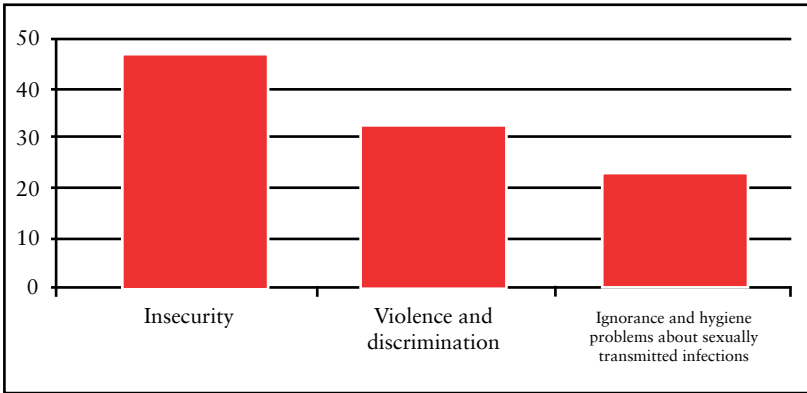


Table 30: “If you were to list the problems you experienced while practicing your profession, what would you put in the top three?”

Within the scope of the research, attention was drawn to the problems experienced by sex workers. In this context, the main problems can be grouped under the headings of “insecurity”, “violence and discrimination”, “ignorance about sexually transmitted infections and hygiene problems”. 46 people (36.36%) mentioned the state of insecurity while talking about the problems they experienced, 33 people (25.75%) talked about their experiences of violence and discrimination, and 24 people (18.18%) talked about ignorance and hygiene problems about sexually transmitted infections. In addition, 29 people did not choose to answer the question.

“

Exclusion, humiliation, and being treated inhumanly...

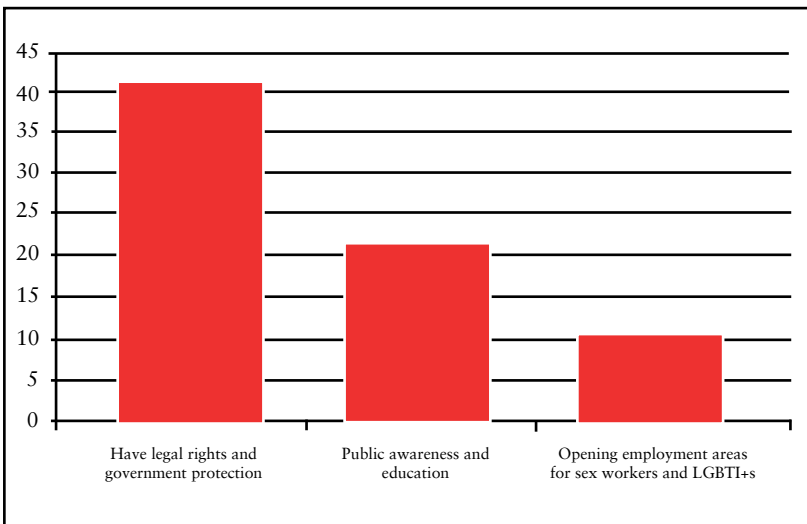
I would like a more comfortable working environment, I would like healthy and hygienic conditions for myself and my customers.

Lack of life safety, community perspective, kidnapping and hate crime.

”

4. BASIC REQUESTS

Finally, in the survey study, “What would you say if you were to produce solutions for the problems you experience while practicing your profession?” question was posed. Table 31 summarizes the responses given based on the identified word clusters.



30

Table 31: Basic Requests

At this point, sex workers participating in the survey; dissemination of informative content on sexual identity, sexual orientation and sexual health, training health personnel and law enforcement officers, opening different employment areas for sex workers, facilitating access to sexual health materials and body adaptation process by the state, improving the legal framework on sex work, stated that the arbitrary practices of the laws should be ended, the access to justice and health services should be strengthened, the threat of violence should be eliminated and protective legal regulations should be prepared.

“

I wish sex work had the same rights as any other profession.

There should be job opportunities. There must be freedom. There should be equal rights for everyone. The state should support the harmonization process and provide job opportunities.

”

“

Laws protecting trans sex workers need to be regulated.

I would give trainings that would inform the whole society about health and hygiene.

”

“

The state's protection, raising awareness of people about sex work, the proliferation of brothels and everyone doing their job safely.

I would change the law. I would make arrangements on human rights so that no gender is discriminated against. No one should be discriminated against because of their orientation and identity.

”

“

I certainly don't think it will improve in the long run. That's why I would like the Istanbul Convention and sexual identity to be included in the constitution.

To inform people more about sexuality and sexual orientations in general. Education is essential.

”

CONCLUSION

This study focused on the rights violations that sex workers face in terms of sexual health, reproductive health and access to justice due to prejudices in the society. Suggestions for solutions to the rights violations experienced by sex workers; It cannot be implemented for many reasons such as lack of protection mechanisms, discrimination, hate crime, violence, arbitrary practices of law enforcement officers.

Despite the rights violations they face, sex workers are reluctant to access rights due to discriminatory, punitive, and marginalizing legal regulations and practices. In other words; In order for sex workers to exhibit effective behaviours in sexual health, reproductive health and access to justice, first of all, basic values regarding human rights must be accepted and marginalizing social norms must be eliminated. In this direction, this report should be read from the perspective of social transformation and awareness. Policies aiming to prevent sex workers from being stigmatized because of their profession and sexual identity should ensure social transformation.

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The research shows that a significant part of sex workers practices their profession without health insurance, with a low level of income, and having difficulties in accessing sexual health materials. Chronic problems in accessing health services leave sex workers vulnerable to sexually transmitted infections.

However, the punitive spirit of the legislation and arbitrary practices prevent sex workers from accessing protection mechanisms. As the basic demands of sex workers show, information and awareness activities should be carried out within the scope of the society, especially health personnel and law enforcement officers. In addition, sex workers also mentioned the necessity of legislative arrangements that protect them. Sex workers should have some economic and social rights on the legal plane. At this point, public policies should be developed by taking the views of interested civil society components and subjects. Such a tendency is one of the most important steps to be taken to prevent violations of rights.

Regulation of sex work in an egalitarian legal framework will facilitate working conditions, access to sexual and reproductive health rights, and access to protection mechanisms. In conclusion; sex workers will achieve well-being in an environment where their basic demands are met.



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