

SEXUAL AND REPRODUCTIVE HEALTH OF SEX WORKERS IN TURKEY: Needs and Recommendations

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**SEXUAL AND REPRODUCTIVE HEALTH OF SEX WORKERS IN TURKEY:
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2015 / ANKARA

FOREWORD

United Nations Population Fund (UNFPA) in Turkey, as in other parts of the world, has been working on the protection and development of human rights, on ensuring everyone without any exception to access to universal reproductive health services, promotion of reproductive health rights, on meeting the data and information needs necessary for forming the economic and social policies in these areas and on performing political advocacy.

In this context, UNFPA provides support to Turkey in order it can achieve the Millennium Development Goals (MDGs). There has been a great success in the context of MDGs related to health achieved over the last decade. Especially in the fields of reproductive health, maternal and children health, it is observed that it has been reached to the related indicators to a large extent on the average, and one of the main problems is that those developments cannot be reflected on all groups across the country equally. Turkey Office is structured its 2011-2015 Country Program in a way to reduce the differences and to provide specific support for disadvantaged groups.

The Research “Sexual and Reproductive Health of Sex Workers in Turkey: Needs and Recommendations” has been primarily designed to identify this group's level of benefiting from health services and to address the dynamics of health seeking behavior. By considering the results of the research, the main goal is to identify the health information of sex worker and to develop the intervention tools to increase the access to health care services, the practice models and recommendations. In this way, it is expected that individuals in this group can enjoy the services in the fields of reproductive health and violence more effective and continuously. For this purpose, during the study, along with sex workers, local and central health authorities responsible for performing these services,

academics, nongovernmental organizations participated in the study with their cooperation willingly by providing their valuable contribution and support.

In this regard, the research has been conducted in Istanbul, Ankara, Izmir, Bursa, Mersin, Gaziantep and Diyarbakir. In the study conducted in those provinces, sex workers, health care providers and directors, related academics and NGO directors were interviewed. In the study conducted using qualitative methods: in order to collect information i) by analyzing the needs of sex workers regarding the sexual and reproductive health care needs that are not met and existing problems, ii) by identifying barriers to access to public health services and iii) by addressing the opinions on the necessary interventions to prevent the factors that restrict the access to health care. Because the main objective of the study is to reach sex workers, there was an endeavor to reach the significant number of sex workers from each province.

We would like to thank frankly Kemal Ordek in particular, sex workers, health care providers and directors, academics, NGOs and the others who contributed this research who conducted this research, which will illuminate right based approaches, universal human rights in providing services, Millennium Development Goals to be achieved for all individuals in an equitable manner and reducing the differences

UNFPA Turkey

ACKNOWLEDGEMENTS

This report has been prepared with the support of many people and institutions. We thank all these people and institutions who accepted to be interviewed and shared studies conducted on the subject and their views with us sincerely during the preparation of this report.

The agents of this study are sex workers. Their wills, efforts, struggle for survival as well as their motivation which has inspired us are the main reasons for the emergence of this study. We would like to thank all sex workers from 7 provinces that agreed to be interviewed and to share their stories with us despite time restriction.

Within the scope of the study, we conducted interviews with various NGOs which have been in contact with sex workers and which have been carrying out studies related to this subject on a number of occasions presently or in the past. In this context, the following associations have been interviewed: Red Umbrella Sexual Health and Human Rights Association in Ankara; Istanbul LGBTTT Solidarity Association, Human Resources Development Foundation and Positive Life Association in Istanbul; Black Pink Triangle Izmir LGBTTT Association in Izmir; Mersin 7 Colors LGBTTT Association in Mersin; and Hebun Diyarbakır LGBTTT Association in Diyarbakır. We would like to convey our thanks to the representatives from the abovementioned NGOs who agreed to be interviewed by us.

One of the most significant groups who contributed to the emergence of this report is the service providers. Within the scope of the visits we paid to the provinces, doctors from various fields of expertise were interviewed, and the views and recommendations obtained from these interviews have been integrated into the report. Due to their status, a significant number of doctors whom we interviewed requested that their names not be revealed in the report. Hence, we thank all the doctors whose names we cannot mention and who nevertheless agreed to be interviewed by us within the scope of the study.

Another important group who contributed to the completion of this report is academicians. We conducted meetings with academicians who have carried out studies or have been in contact with the institutions working on this subject in the provinces where we held interviews as long as we had the opportunity and time. In addition to these meetings, we received feedback on our list of interviews and questions from some of these academicians. Within this scope, we extend our thanks to Assoc. Prof. Emel İrgil from Uludağ University, Department of Public Health; Prof. Deniz Gökengin from Ege University, Department of Clinical Microbiology and Infectious Diseases; Assoc. Prof. Mustafa Kemal Çelen from Dicle University, Department of Infectious Diseases; and Assoc. Prof. Mehmet Akman and Assoc. Prof. Arzu Uzuner from Marmara University, Department of Family Practices.

In addition to the abovementioned people and institutions, we also had interviews with public health directorates in the provinces we visited as well as authorities at the Turkish Public Health Institution in Ankara. The majority of the authorities we interviewed requested that, due to their positions, their names not be mentioned in the report. Hence, we thank all the authorities of the public health directorates and the Turkish Public Health Institution whose names we cannot mention in this part and who nevertheless agreed to share their knowledge and views with us.

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TERMINOLOGY

Throughout the whole report, the expression “sex worker” has been used for people who provide sexual services in the sex industry and receive money, property or some other benefits in return for these services. There are many different concepts in the industry developed in accordance with their utilization within different political approaches. However, most of these concepts have features that stigmatize the people working in the industry. In addition to this, other concepts reject the notion that these people provide sexual services in line with the current demand, spend an effort for a certain period of time, and hence earn an income or benefit through this effort. Therefore, throughout this publication, the concept of “sex work” has been used, and a special attention has been given to eliminate the stigmatization of sex workers as well as their negative position in the current social perception through a labor-based expression.

Throughout the report, the people implied by the concept of sex work do not include victims of human trafficking or the children in the sector. Serious discussions are being conducted regarding both areas; however, sex work does not imply commercial sexual exploitation of children or human trafficking. Throughout the report, therefore, the term “sex workers” should not be understood as human trafficking victims or children facing commercial sexual exploitation.

In this publication, the people defined as “sex workers” are female, transgender, and male sex workers. There are sex workers with different genders and sexual identities. Sex workers who are defined as “transgender” in the report should all be understood as transgender women. All of the sex workers who are mentioned to be transgender, whom we interviewed, and whose problems and needs are articulated are all transgender women. There are also transgender men who are sex workers; however, their visibility is little and we could not have the opportunity to interview them in any case. Among the transgender

sex workers whose words were cited throughout the report, there are transgender women who have had their gender transition process completed as well as those who have not had this process completed and who still hold blue identity cards.

What is intended with the term “transgender sex worker” is rather an umbrella definition for transgender women sex workers. Some of the transgender sex workers whom we interviewed have completed their gender transition process, hold pink identity cards, and thus can work in registered brothels whereas the majority of sex workers with either blue or pink identity cards do sex work informally.

INTRODUCTION

■ Sex work in Turkey: A General Evaluation

Sex work is the provision of sexual services in return for a certain income or benefit. While sex work is done in return for a certain fee, as is generally perceived by the public, some sex workers do this job to gain access to a variety of properties and services. In other words, some sex workers do sex work for food, shelter, drugs, alcohol or for some other need.

There are sex workers who work in many different areas. The places where sex workers work have been shaped rather by the social factors surrounding the profession from the past till today in accordance with the related regulation and implementations of the state. While some sex workers work in brothels legally and are thus registered, others work in their own homes, their friends' homes, and homes of their customers, finding customers and work in hotels, pensions, massage halls, streets, highways, and public places like parks.

Sex workers are not a homogenous group. Contrary to the perception that dominates the public, there are also male sex workers aside from female sex workers. Regardless of their gender identities, sex workers may provide sexual services to people from different sexes and gender identities pursuant to their professional decisions. For example, a male sex worker who defines himself as homosexual or bisexual may offer sexual services to men; likewise, heterosexual female sex workers may offer sexual services to their female clients. These examples may be multiplied; however, the significance of the information that these examples provide us with is that sex work comprises many subjects from different sexes and gender identities, and there are many customers with different sexes and gender identities in this market.

Within the umbrella definition of sex workers, there are numerous different groups mentioned with different names in the market. Among these groups there are “general



women” working in brothels; female escorts, transgender persons, and men finding customers through the internet and providing sexual services in their homes or customers' homes or in hotels; gigolos offering sexual services to women and men; call-girls who are female and transgender sex workers working on telephone lines; female sex workers who work in clubs, bars, and night clubs and who are rather active in the entertainment sector; masseurs and masseuses providing services in massage halls or working through their own websites; and there are several other different sex workers.

In addition to the sex worker groups mentioned above, there are also immigrant sex workers who come to Turkey for sex work. Immigrant sex workers are considered separately from other sex worker groups due to the legislation that concerns them, oppressive practices developed as an effect of the legislation, and their level of victimization. Many of the immigrant sex workers who are not citizens of the Republic of Turkey cannot benefit from most of the services provided to the citizens, and it is difficult for them to gain access to services owing to social and cultural hindrances like language and cultural differences.

Sex work pertains to the offering of sexual services to people by women, transgender individuals, and men with their own consent in return for a fee, property or benefits. Debates regarding sex work are usually done from an erroneous perspective associated with human trafficking and child prostitution. Arguments in this report exclude the phenomena of human trafficking and child prostitution as there are differences between these two fields and sex work.

While sex work is a type of work, the other two phenomena involve elements of force, threat, violence, and oppression and therefore constitute a criminal act. Despite this, an important point to be considered is that many women, men or transgender persons enter the sector at a very early age and are abused. Additionally, a number of women, men, and transgender persons become victims of human trafficking.

According to the report named “File of Women Without Lives” which is found among “What Happens to Us”, a publication series which was published in 2004 by Ankara

Chamber of Commerce (ATO) and delves into social issues, 100 thousand sex workers are estimated to be working in Turkey who are Turkish citizens. In the same report it is stated that there are 56 brothels operating in Turkey and that 3 thousand registered women are working in these brothels. In addition to the number of registered sex workers working in brothels, the report includes the information that there are 15 thousand women who are certified and that 30 thousand women have applied to enter the brothels.¹

In an interview made with Kemal Ördök, President of Red Umbrella Association, which was published in Cumhuriyet Newspaper on 31 July 2014, it was stated that the number of sex workers has increased in time, that the phenomenon of hidden prostitution has increased in the underground market in the most insecure ways, and that the number has reached 100 thousands.² While the number of people doing sex work informally has been increasing rapidly, the number of brothels and other places where sex work is performed legally has been decreasing. The number “56” indicating the number of brothels in the 2004 report by Ankara Chamber of Commerce is no longer valid. According to the data kept by the Red Umbrella Association, only in 2013 brothels in 7 provinces were all closed and houses operating as brothels also were closed one by one. Within the last two years, brothels in Antalya, Ankara, Hatay, Erzurum, Yozgat, Isparta, and Afyon were closed completely and some houses operating within some other brothels were sealed.

If we are to make an evaluation according to the data above, we can say that the number of sex workers working formally in Turkey has decreased and the number of sex workers working informally has increased.

In line with this increase, it is possible to claim that the form of sex work done in Turkey has been changing due to various reasons. With the closure of the brothels one by one, the system within which sex workers wait for their clients on a formal basis in traditional terms, work indoors, are seen as laborers, and are given retirement rights within this framework is disappearing. We can claim that sex workers try to use each and every space for sex work as

¹ Ankara Chamber of Commerce: File of Women Without Lives, 2004, <http://www.atonet.org.tr/yeni/index.php?p=201&l=1>.

² “Prostitution Exploded During AKP Rule”, Cumhuriyet Newspaper, http://www.cumhuriyet.com.tr/haber/turkiye/100291/AKP_doneminde_fuhus_patladi.html

the area of registered sex work narrows down, the use of technology in the sex industry increases, the variety of violence forms against unregistered sex workers intensifies, and the number of organized crime groups increases. Whereas previously sex work was done in certain spaces, now massage halls, people's own homes, rented homes, beauty centers, daily rented homes, homes rented for a long term just for providing sexual services, highways, parks, squares, streets, cinemas, hamams, saunas, hotels, pensions where other citizens are around frequently, numerous institutions that seem to be registered as companies, bars, clubs, night clubs, and many other places have become places where sex work is done and deals are made with clients.

There are many sex workers from various age groups in the sector. It is a reality which we have been facing that more children are involved in the sector and exploited sexually and economically. Although official figures indicate that there are 500 children in the sex industry in Istanbul, the number is considered to be much higher and on the rise.³ The data mentioned involve no transgender persons and boys. If children from these groups were also taken into account, then it could be seen that the figure is even higher than what is estimated.

Numerous studies include data which indicate that sex workers enter the sector at a young age and even in their childhood. Factors such as types of violence that children are exposed to by their families, peers, persons that they encounter during their education life, neighbors or other people as well as factors that disrupt their education life, sexual abuse, discrimination, stigmatization developing through moralism and social exclusion and such should be taken into consideration while evaluating this issue. Many sex workers are exposed to the violation of their rights during childhood, and this condition exacerbates the marginalization that they suffer from.

According to an article by Dr. Neriman Açıkalın, which is based on the interviews held with sex workers, it was revealed that 27.5% of the women entered the sector when they were 13-15 years old and 50% of them did so when they were 16-20 years old.⁴ According to

³ Esin Küntay, Güliz Erginsoy. "İstanbul'da On Sekiz Yaşından Küçük Ticari 'Seks İşçisi' Çocuklar". Bağlam Yayıncılık, İstanbul, 2005.

⁴ Dr. Neriman Açıkalın, "Toplumda Fahişelik Kurumunun Vazgeçilmezliği Üzerine Mitler: Mersin Örneği", Uluslararası Sosyal Araştırmalar Dergisi, Cilt 1/4 Yaz 2008.

“Groups Under Risk Bio-Behavior Research” conducted by İKGV, ASD and AMATEM in 2010 with the support of UNFPA Turkey Office and published by PAN Publishing, the earliest sexual intercourse age for sex workers interviewed is 9 and the latest is 25.⁵

It is rather difficult to access the number of immigrant female sex workers who come to Turkey and start doing sex work. The immigrant women in this sector are pushed to invisibility due to the reason that they are continuously targeted by law enforcement authorities and face the risk of being deported back to their own countries. Another reason for their invisibility is that many immigrant female sex workers work with intermediaries and that these intermediaries “silence” these women through certain criminal activities that they commit. According to the Turkish Ministry of Interior, the number of foreigners for whom legal action has been taken with the justification that they do sex work is 6,264.⁶ As indicated before, there is a difference between when immigrant women come to Turkey for sex work or when they come with different reasons and start doing sex work and human trafficking afterwards.

On the other hand, another issue that we have to pay attention to is that in some cases the boundaries of human trafficking become ambiguous. In such a condition it becomes difficult to express an idea related to women's consent. There are numerous immigrant women that have been involved in the activities of illegal networks and have become victims. According to the data obtained from the IOM Turkey website, in total there are 1,247 people who have fallen victim to human trafficking between years 2004-2011.⁷

■ Legislation Regulating Sex Work in Turkey

Sex work is not considered a crime in Turkey. However, almost every step taken by sex workers to do sex work is considered a crime. An example to the primary legislation regulating sex work is the By-Law on General Women and Provisions that Brothels Are Subject to and Combatting Venereal Diseases Transmitted Due to Prostitution⁸, which

⁵ Doğan Güneş Tomruk, “Groups Under Risk Bio-Behavior Research”, İKGV, ASD, AMATEM, UNFPA Research Report, Istanbul, 2010.

⁶ İKGV, “Sex Workers and Laws: The Impact of Laws on Sex Workers in Turkey and Recommendations”, Istanbul, 2011.

⁷ IOM – Turkish website: <http://www.countertrafficking.org>

⁸ By-Law on General Women and Provisions that Brothels Are Subject to and Combatting Venereal Diseases Transmitted Due to Prostitution was formed with the decision of the Council of Ministers in 1961 and continued to be in action following a series of amendments made in 1973. It regulated the registered and unregistered “prostitution”. Please visit <http://www.mevzuat.gov.tr/MevzuatMetin/2.4.5984.pdf> to access the By-Law.

could be considered as a version of the Regulation on Combating Prostitution which was passed in 1933 and updated in 1961 and which is based on the Public Hygiene Law⁹ dating from 1930. The state regulates sex work in Turkey through this By-Law and other regulations that support this By-Law. With a regulatory perspective, the state on the one hand keeps sex work under control by getting sex workers to work in “brothels”, “intercourse homes”, and “homes for prostitution” and by acquiring the conditions stated in the abovementioned By-Law, it has formed penal measures with the aim of “preventing prostitution” through the Turkish Penal Code against people doing unregistered sex work, mediators, and other people who have connections with sex workers on the other. This situation creates a wide gap between women and transgender persons doing registered sex work on the one hand and the women, men and transgender persons doing unregistered sex work on the other in terms of the practices they are subjected to.

In Turkey, in order to work in a brothel which is operated legally, it is required that one be 21 years old and a Turkish citizen with a pink identity card. Brothels are inspected through the administrative scheme indicated in the By-Law on Venereal Diseases and Combating Prostitution. Interlocutors of this administrative inspection are three different groups: owners of brothels, i.e., bosses; representatives performing the administrative work on behalf of bosses; and female and transgender sex workers working in brothels.

Doing unregistered sex work means to become a target of every kind of rage and hatred. Female, male and transgender sex workers doing unregistered sex work are made targets by stigmatization, social exclusion, marginalization, discrimination, violence, and homicides. In addition to social oppression, the ones doing unregistered sex work also become targets of the practices developed through the legislation or arbitrarily brought up by the administration. Commissions on Combating Prostitution, which were established through the By-Law on Venereal Diseases and Combating Prostitution and which work as affiliates of governorates in provinces and district-governorates in districts, delegate authorities to law-enforcement officers with the aim of “preventing prostitution”. Within the scope of

⁹ For General Hygiene Law please visit : <http://www.mevzuat.gov.tr/MevzuatMetin/1.3.1593.pdf>

these authorities provided by the Misdemeanor Law¹⁰ or the Highways Traffic Law¹¹, there are certain penalties to be imposed with various justifications regarding sex work in public places like streets, squares, highways, parks or indoor places like homes, massage halls, hotels, and pensions as well as other similar areas.¹² Administrative penalties of different amounts are being imposed through the facilitating authority delegated by the commissions on combating prostitution in the cities and districts to the related security units. These penalties are used as a means of dissuasion for sex workers.

Through the authorities delegated to the law enforcement officers by the related articles of the By-Law on Venereal Diseases and Combating Prostitution and the Law of Police Powers¹³, when an act of sex work is detected in places other than brothels and other registered places, a raid is conducted and these places are sealed off for 1-3 months pursuant to the decision of the commission on combating prostitution.

Apart from the authorities delegated to the administration with the aim of preventing sex work, the acts of “encouraging prostitution”, “mediating prostitution”, and “providing space for prostitution” are considered to constitute a crime pursuant to Article No. 227 under the section “Crimes Against General Morality” of the Turkish Penal Code.¹⁴ These expressions that indeed target those who lead criminal groups or people to do sex work through the use of force, threat or other means of oppression are made use of for sex workers; and sex workers themselves experience victimization through detentions and penalties. Again in the same section, pursuant to Article No. 226, two acts have been defined as “obscene” and “impudent”. These acts mentioned in the Turkish Penal Code are defined in a very ambiguous way, and this way, aside from examples to all types of victimization that sex workers are exposed to in their daily lives, new types of victimization are emerging.

¹⁰ For Misdemeanor Law please see: <http://www.tbmm.gov.tr/kanunlar/k5326.html>

¹¹ For Highways Traffic Law please see: <http://www.mevzuat.gov.tr/Metin.Aspx?MevzuatKod=1.5.2918&MevzuatIliski=0&sourceXmlSearch=>

¹² For a study on penalties imposed on sex workers and the impact of those penalties on sex workers please see: Kemal Ördök, “Registered Theft in an Unregistered Area: Administrative Penalties Against Transgender Sex Workers as a Means of Taxation”, Red Umbrella Association, 2014.

¹³ For Law of Police Powers please see: <http://www.mevzuat.gov.tr/MevzuatMetin/1.3.2559.pdf>

¹⁴ For Turkish Penal Code please see: <http://www.mevzuat.gov.tr/Metin1.Aspx?MevzuatKod=1.5.5237&MevzuatIliski=0&sourceXmlSearch&Tur=1&Tertip=5&No=5237>

■ Violence Against Sex Workers in Turkey

In Turkey, sex work is not being regulated to secure fundamental human rights of sex workers; on the contrary, it is being regulated to control sexually transmitted infections and to prevent sex workers from doing sex work apart from the women working in the brothels. This situation leads sex workers to confront human rights violations which they are exposed to in their daily lives, increasing the risks that this group faces.

Along with the negative perspective of the society in general, the practices of the state which are based on the legislation or on arbitrary decisions lead to the increasing of stigmatization, social exclusion, othering, marginalization, discrimination, hate crimes, violence, and homicides that target sex workers.

Sex workers experience many different violence types. Battery, attacks with knives or guns, rape, torture or acts that can be classified as emotional and psychological violence such as threat, dismay, and insult are the types of violence that sex workers are continuously exposed to in their daily lives.

A variety of factors need to be pointed out when it comes to evaluating the causes of violence against sex workers. The social structure of the cities where sex workers live, the places where they work, whether they work with mediators or by themselves, their gender identities, ages, physical characteristics, whether they carry any disease or not, their relations with the law enforcement authorities, their income status, and many other similar ones may be listed among these factors.

The number of studies carried out related to the violence against sex workers in Turkey is quite limited. Although the studies conducted by NGOs working together with sex workers or by those established through the organizing of sex workers themselves and related to violence against sex workers have stood out lately, it cannot be said that these studies are sufficient to see the picture in Turkey thoroughly. There is a need to conduct studies related to violence against sex worker groups like especially immigrant sex workers, male sex workers, sex workers working in the brothels, and female sex workers working without

registration in different places.

According to the results of a field study conducted by the Red Umbrella Association between June-September 2014, which involved the accounts of 233 transgender women sex workers in 10 provinces of Turkey, 73.59 % of the participants have been exposed to physical violence once or more since they started doing sex work. Again, according to the same study, 53.88% of the participants have been victims of sexual violence once or more as of the time they started sex work, and the percentage of transgender women sex workers who have become victims of psychological violence is 68.24%.¹⁵

The report of the International Congress on the Trafficking of and Violence Against Women held in Madrid, the capital of Spain, in 2004 with the support of the United Nations lists Turkey as one of the 9 countries where female sex workers are exposed to violence the most. According to this report, 75% of sex workers are battered by their clients or are exposed to violence in different forms.¹⁶

With regard to a field study performed by the Kadıköy Municipality in cooperation with İKGV in 2005, 43 sex workers out of 50 have been exposed to violence. 37 sex workers who participated in the survey stated that they have been exposed to violence by the police.¹⁷

89.6% of the sex workers who applied to the Pink Life LGBTTT Solidarity Association for legal support between September 2008 – September 2009 considered the rights violations they have been exposed to as violence.¹⁸

According to a field survey conducted by the Red Umbrella Association, between November 2013 - January 2014, among 48 homosexual and bisexual male sex workers, 31% of the participants stated that they have been exposed to violence once or more. Among the participants who mentioned that they have been exposed to violence, 10% of

¹⁵ Kemal Ördem, "Violence Against Transgender Female Sex Workers in Turkey: A Struggle for Existence in the Face of Invisibility and Impunity", Red Umbrella Association, Ankara, 2014.

¹⁶ Assist. Assoc. Prof. Uğur Batı, "Back Streets of Life: Societal Violence Against Sex Workers", Dokuz Eylül University Social Sciences Institute Journal, Issue: 2, 2008.

¹⁷ İKGV, "Sex Workers and Laws: The Impact of Laws on Sex Workers in Turkey and Recommendations", Istanbul, 2011. İKGV, "Seks İşçileri ve

¹⁸ Pink Life LGBTTT Solidarity Association, "Sexual Intercourse with the Law: Judicial Encounters of Sex Workers", Ankara, 2011, p: 14.

them claimed that they have been exposed to violence by the police, 9% by their customers, and 8% by organized crime groups.¹⁹

According to other studies carried out related to violence against sex workers as well as to those cited above, while sex workers are exposed to violence by their customers, the police are mostly among the actors who inflict violence intensely on sex workers. Mediators, family members, partners or neighbors are among perpetrators of violence against sex workers aside from the police, customers and organized crime groups.

■ Sexual and Reproductive Health Status of Sex Workers

Sex workers are the members of a social group living under risk in general. They are perceived to be “sinners” who are socially “against general morality” due to the fact that social morality and sexuality are taboo subjects, and they become the target of social rage and hatred with the impact of these perceptions.

Being victims of social exclusion and marginalization with the impact of the state legislation regulating the field of sex work as well as the practices developed through the legislation, sex workers also become victims of various forms of violence intertwined with stigmatization and discrimination.

Sex workers encounter a considerable number of rights violations when compared with other workers and citizens, and thus they are in a disadvantageous position. Numerous health problems including malnourishment, insufficient intake of protein and energy, immune system weaknesses, sleep irregularity and disorders, skin diseases, liver problems due to excessive alcohol use, sexually transmitted infections, mental diseases, respiratory diseases, rheumatic and orthopedic problems and many other similar ones make them aggrieved.

In addition to general health problems, sex workers encounter health problems that originate from sexual and reproductive disorders the most. Those who change partners frequently and have sexual intercourse in an unsafe environment due to the criminalization

¹⁹ Red Umbrella Association, “Invisible Reality: Homosexual and Bisexual Male Sex Workers – A Preliminary Study”, Ankara, 2014, pp. 57-58.

of what they would otherwise tend to do are squeezed into places with inadequate hygiene, are not provided with or are prevented from access to the most basic information about sexually transmitted infections and reproductive health. They have limited access to contraceptives and seriously limited access to medical treatment services and medicine due to economic and social reasons, thus constituting one of the groups under risk in terms of their sexual and reproductive health.

Unfortunately, there is no systematic data study on sexual and reproductive health conditions of sex workers living in Turkey. The studies that have been conducted until now have been done so by reaching sex workers in certain indoor places in metropolitan cities. In addition to this, a majority of the studies carried out have identified female and transgender sex workers as the target group.

Therefore, there is no systematic data on male sex workers' sexual and reproductive health conditions, their level of awareness regarding safe sexual behaviors, prevention of HIV/AIDS, and contraceptives, and their level of information about diagnosis and treatment services. Until now, male sex workers had rather been targeted through a few training courses which are otherwise not common, not helping to increase the participants' knowledge, limited in number, and have been developed on the basis of the category which pertains to men having sex with men. Moreover, these studies do not present any data that could give us an idea about the sexual and reproductive health conditions of male sex workers.

With the beginning of the 1990s, we see that projects have been developed and implemented in Turkey especially by institutions and resources such as European Union, Global Fund, UNFPA, and UNAIDS in which, regarding the topic of sexual health, sex workers have been identified as the target group for bio-surveillance and bio-behavior. These studies display a level of knowledge which concerns sex workers and is related to safe sexual behaviors, access to health services, HIV prevalence among sex workers, social attitudes against sex workers, and the impacts of state policies on their general health conditions. To repeat, unfortunately these studies are based on data collected from local sex

workers and thus are not suitable for generalization.

According to the results of the projects that have been conducted so far, we can say that, as regards basic knowledge about HIV/AIDS and other sexually transmitted infections, sex workers interviewed in these projects have attained a higher level of knowledge. Especially with the increase of the number of civil society organizations operating in metropolitan cities, of awareness-raising trainings to a certain extent, and of informative activities, the level of knowledge among sex workers has also risen.

However, this situation is only valid for those sex workers working in certain districts of the metropolitan cities. There is no data available on the level of knowledge that various sex worker groups that work either outside of some of the metropolitan cities of Turkey or in other districts of these very metropolitan cities. It cannot be claimed that those sex workers who are said to have more knowledge on HIV/AIDS and other sexually transmitted infections according to the studies conducted so far have safe intercourse with their customers and perform safe sexual behaviors each and every time. In this respect, it cannot be said sex workers are sufficiently safe.

According to the “Service Research on Important Sexually Transmitted Infections and HIV” financed and conducted by the European Union between November 2006 - February 2007, while 44.8% of 252 unregistered sex workers interviewed in Istanbul, Ankara, and Izmir have no knowledge about HIV, 1.2% of them have no knowledge about AIDS.²⁰

In a field survey carried out with 112 unregistered sex workers in Istanbul within the scope of HIV/AIDS Prevention Support Program by the Turkish Clinical Microbiology and Infectious Diseases in 2007, a vast majority of sex workers interviewed stated that they have been informed about sexually transmitted infections. According to the same survey, a great majority of the sex workers have taken an HIV test and developed the habit of taking an HIV test regularly. The survey suggests that the participants are highly aware of using condoms and all the people who had been confronted with a sexually transmitted infection

²⁰ Republic of Turkey Ministry of Health, “Service Research on Important Sexually Transmitted Infections and HIV”, Ankara, 2007, <http://sbu.saglik.gov.tr/Ekutuphane/kitaplar/T%C3%BCrkiye%20CYBE%20%C3%B6nemli%20enfeksiyonlar%20ve%20H%C4%B0V%20ile%20ilgili%20hizmet%20ara%C5%9F%C4%B1rmas%C4%B1.pdf>

in the past consulted an expert doctor and received treatment. However, even though the same survey states that the participants have a high level of knowledge about the modes of transmission and have been informed about HIV/AIDS and other sexually transmitted infections, it also states that their level of knowledge is not sufficient.²¹

According to the “Groups under Risk Bio-Behavior Research” from 2010, sex workers have significant knowledge about sexually transmitted infections. Information obtained from the focus group interviews of the same survey verifies this data:

“All of them have heard about STIs/HIV/AIDS and they know about them. When they have gonorrhea, they either visit the doctor or take the medicine they are familiar with from previous infections. They explain that in the past they escaped from those who had AIDS and reacted against them; but now they accept this situation and do not exclude them. One of the women explains as follows: 'I know all the phases. One of my friends had AIDS. I looked after her until she died.' They say only “condom” does good for protection.”²²

“They had quite a lot of knowledge about sexually transmitted infections. They listed the names of diseases like gonorrhea, syphilis, hepatitis A, B, C, AIDS, mycosis. They immediately listed all modes of transmission. They talked about all phases of AIDS in detail, saying 'I know all, how it is transmitted and how it is treated.' They say they don't escape from the ones with AIDS and look after their friends. They say the only solution not to get sick is condom.”²³

According to the “HIV/AIDS Research on Sex Workers and HIV Test Assessment Report” published by Pink Life LGBTT Solidarity Association in 2009, the majority of female and transgender sex workers know about HIV.²⁴

According to the report prepared by İKGV, ASD and AMATEM in 2010, 92.2% of the female sex workers interviewed had used condom in their last intercourse with their

²¹ Dr. Taner Yıldırım, “HIV in Its Social Aspect”, KLİMİK Presentation Slide, 21 March 2008, <http://slideplayer.biz.tr/slide/1962321/>

²² This is a note on the focus group interview held with female sex workers by Prof. Nuray Özgülnar within the scope of the Groups Under Risk Bio-Behavior Research executed by İKGV, ASD, and AMATEM in 2010.

²³ This is a note on the focus group interview held with female sex workers by Prof. Nuray Özgülnar within the scope of the Groups Under Risk Bio-Behavior Research executed by İKGV, ASD, and AMATEM in 2010.

²⁴ Pink Life LGBTT Solidarity Association, “HIV/AIDS Research on Sex Workers and HIV Test Assessment Report”, Ankara, 2009.

customers. However, only 45.7% of the same female sex workers had used condom in their last intercourse with their partners or lovers. According to the same study, 92.3% of the transgender sex workers had used condom in their last intercourse with their customers. However, only 60.4% of the same transgender sex workers had used condom in their last intercourse with their partners or lovers.²⁵ These data show that sex workers pay attention to using condom during intercourse with their customers; however, they do not practice contraception during the intercourse they have with their partners or spouses as they do with their customers.

As has been viewed and underlined in the limited number of studies carried out with sex workers, it may be stated that, compared to other citizens, sex workers have got adequate knowledge about HIV/AIDS and other sexually transmitted infections due to the pressure inherent to the profession they perform. However, these data need to be verified in the light of current studies and to be formed after reaching a variety of sex worker groups. New studies that are needed to be undertaken should include female and transgender sex workers living in different cities and working in different places, male sex workers over whom a detailed and systematic study has not been conducted up to date, immigrant male sex workers, and sex workers with different demographic characteristics. Only this way is it possible to provide a view on the basic health knowledge of sex workers.

The level of knowledge that sex workers have about basic sexual health does not imply that they have been putting this knowledge into practice. In the surveys undertaken so far, it has been found that a significant number of sex workers use condoms during intercourse with their customers and pay attention to contraception. However, as indicated before, there is a need to verify this information through new studies to be conducted comprehensively. Testimonies of the sex workers interviewed in different studies show that factors like the environment of violence that sex workers are living in, use of alcohol and intravenous substances, reluctance of the customers, and poverty push sex workers not to practice contraception adequately and to continue engaging in risky sexual behaviors.

²⁵ Doğan Güneş Tomruk, "Groups Under Risk Bio-Behavior Research", İKGV, ASD, AMATEM, Survey Report not Published, Istanbul, 2010.

In addition to the limited number of existing studies related to sex workers' sexual health conditions, basic knowledge about sexually transmitted infections, their prevention, and access to diagnosis and treatment services, unfortunately no systematic study exists which concerns the problems of sex workers regarding reproductive health. The fact that there is quite limited data related to the field of women's, children's, and adolescents' health as well as women's reproductive health, which requires special expertise and includes those health problems that sex workers suffer from to a significant extent, reveals some of the drawbacks in addressing the possible steps to eliminate the problems of sex workers.

Along with activities related to safe sexual practices, sex workers benefit from informative activities regarding their own reproductive health; the existing activities, however, are presented with a traditional mother-child and married women perspective. Sex workers' access to informative materials about reproductive health is limited. Those who face obstacles in access to health services due to various reasons experience the problem of not being able to have access to basic information about reproductive health. Early pregnancy, intrauterine hemorrhage, miscarriages during pregnancy, unwanted and unexpected pregnancies, not being informed about the methods of contraception, constant abortion, and similar reproductive health problems are listed as the factors which exacerbate the general health conditions of sex workers.

METHODOLOGY

This report aims to understand, reveal, and discuss the obstacles in front of sex workers' access to sexual and reproductive health and general health as well as to make an analysis of the needs of sex workers regarding the current problems and propose recommendations to the related persons and institutions. A detailed study was previously conducted specifically for this purpose. Therefore, in order to conduct this first study soundly, various persons and institutions were interviewed besides sex workers.

This study could have been conducted by interviewing only sex workers. However, in such case, the views of the NGOs, of academicians who have conducted or are in the process of conducting a study related to this subject, of medical practitioners providing services to sex workers and, most importantly, of the authorities defining the practices in light of the current legislation would be missing. To approach this subject with a holistic perspective, it is necessary to listen to both the authorities and other persons and institutions so that the problems can be considered in detail and recommendations can be developed for solutions.

Within the process of designing the study to be conducted in this field, interviews with service providers, academicians, NGOs carrying out studies with or for sex workers or vulnerable groups including sex workers, and authorities of provincial health directorates and the Turkish Public Health Institution in the field of sexual and reproductive health with a focus on general health services were decided to be held.

7 provinces of Turkey were visited between September - November 2014. Within this scope, interviews were held in Istanbul, Ankara, Izmir, Bursa, Mersin, Gaziantep, and Diyarbakır.



Since the main objective of the study was to reach sex workers, an effort was made to reach a significant number from each province. With the thought that sex workers from different genders and sexual identities could present different views about their problems and needs in the field, interviews were held with female, male and transgender sex workers. Within this framework, 55 sex workers from 7 provinces in total were interviewed. 25 of those interviewed were female, 20 transgender and 10 male.

The distribution of sex workers with respect to the provinces is as follows:

- Istanbul: 5 female, 5 male, and 3 transgender sex workers;*
- Ankara: 10 female, 5 male, and 5 transgender sex workers;*
- Izmir: 3 transgender and 2 female sex workers;*
- Bursa: 2 female and 2 transgender sex workers;*
- Mersin: 3 female and 3 transgender sex workers;*
- Gaziantep: 2 transgender and 2 female sex workers;*
- Diyarbakır: 2 transgender and 1 female sex workers.*

The following criteria were taken into consideration during the selection of the cities where interviews were held: a) Population and visibility of sex workers, b) Contact established with sex workers by the experts who conducted the study through the studies that had been conducted with sex workers previously as well as social acquaintances, c) Concern for regional distribution and representation, and d) Desire for making a needs assessment by comparing registered sex work with unregistered sex work.²⁶

Interviews with sex workers were held in a semi-structured way. With the aim of obtaining maximum information from sex workers and moving away from the danger of restricting their views, sex workers were only asked orienting questions and asked to tell their stories through these open-end questions.

Only during a small part of the interviews could a sound recording be made. The majority of sex workers did not want their voices to be recorded. The reason for this was that they did

²⁶ In two of the cities among the ones where we had interviews, there are brothels where registered sex work is done. Therefore in these cities sex work done is registered. These cities are Ankara and Bursa. The reason for selecting both of the cities is to compare the needs of sex workers in these areas through registered sex work and unregistered sex work.

not want to be visible regarding their life stories, problems in accessing sexual and reproductive health services or their criticism of the health system. The fear of being revealed, which dominates the lives of sex workers, became evident in this way while this study was conducted. Therefore the explanations provided by sex workers were recorded through the notes taken by the expert who held the interview. In addition to this, the fact that only a few of them consented to have their names mentioned in this report made us decide not to mention any of the sex workers' names throughout the whole report. Hence, none of their names was used; only their sexual identities, genders, ages, and information on the cities where they work were presented.

40 out of 55 sex workers were interviewed face-to-face. These interviews were held in places where there were no people other than sex workers themselves, so that they would not feel under pressure and that there would be no risk of being led by others while answering the questions. These places are mostly apartments where sex workers live or do sex work. In addition to this, the interviews with especially those who work without registration were held at the bars or night clubs where they work or in places like restaurants, cafes, and parks.

Female and transgender sex workers working in brothels were interviewed in their workplace. In order for the working women not to feel under pressure or not to be led by others, these interviews were held when the representatives of these places where they work were not around. The interviews with the women working in the brothels were held in the form of a focus group rather than face-to-face. Due to the fact that the places where interviews were held were places where the women worked, that these women were in a continuous working cycle, and that there was time restriction, questions whose answers were sought were prioritized and the duration of the interviews was shortened.

The number of service providers we interviewed within the scope of the study is 22. 14 of the medical practitioners interviewed work as family practitioners in health centers, and 3 of the rest of the medical practitioners are affiliated with provincial health centers and provide examination services to the women working in the brothels twice a week. 3

practitioners provide services at the departments of gynecology, dermatology, and family practice at private hospitals. Finally, 2 practitioners had then been retired; however, they still served as practitioners in the brothels in the provinces where they lived. Only 4 of the practitioners we interviewed stated that we could mention their names in the report. It was therefore decided that none of the doctors' names would be mentioned in the report. While the testimonies of the doctors were cited, only the information regarding their fields of expertise and the places where they work were presented.

The number of the authorities at the public health directorates whom we contacted and who accepted to be interviewed by us in the provinces we visited is 13. These provinces are Izmir, Ankara, Diyarbakır, Mersin, Gaziantep, and Bursa. 5 of these authorities were deputy managers and 8 of them were the heads of the sections responsible for women's, children's, and adolescents' reproductive health or infectious diseases. Similarly, 2 authorities we interviewed were from the Turkish Public Health Institution.

Apart from the 2 authorities from the provincial public health directorates and the Turkish Public Health Institution in Ankara, none of the authorities wanted their names to be mentioned throughout this report. Therefore, the only information related to the authorities that were provided in the report was the institutions where they worked and the sections they were responsible for.

The only public health directorate who refused to get in contact with us was the Public Health Directorate of Istanbul. Although our expert who conducted the interviews reached this directorate, he was informed that there could be no interviews about the subject matter. No justification was presented regarding this issue.

Some difficulties were experienced regarding the design and execution of this study during the visits made to the provinces. Primarily, we wish we could have visited a province located in the Eastern Black Sea region and held interviews with sex workers working in that region. However, we experienced difficulties in accessing the network of the people doing sex work in those provinces. There are numerous reasons for this. First, the networks in which immigrant sex workers are forced to be involved have certain criminal

characteristics, and for this reason it is difficult to gain access to this area. Secondly, there was restricted time for the execution of this study, and it would be troublesome to convince sex workers in this region to have interviews within a restricted time period. Besides these, the two sex workers whom our expert was able to contact refused to discuss the subject. One of those persons lives in Trabzon and the other lives in Samsun.

Moreover, another difficulty that arose within the study was that some of the authorities from the provincial or district health directorates with whom we tried to secure appointments refused to be interviewed. While some of the authorities presented their justification for why they refused to be interviewed, some did not feel the necessity to present any justification. Justifications presented were as follows: a) Permission required to be obtained from the related governorates for the interviews and the lack of such a permission, b) Probability of facing personal problems within the institution they work for upon the provision of information on sex work, and c) Fear and reservations regarding the possibility of being prosecuted by the Ministry of Health.

Some of the doctors we contacted for the interviews during the visits to the provinces also refused to be interviewed by us due to the fear and reservations articulated by some of the authorities from the public health directorates. Again, due to the same reason, only a few of the doctors who accepted to be interviewed by us gave consent for a sound recording during the interview.

Another difficulty that emerged during the study was that some of the sex workers first accepted to be interviewed and then they refused it. More sex workers were reached than the total of 55 sex workers who were interviewed in the field; but when they were told the purpose of the interview in detail, some of them withdrew from being interviewed. When the reason for their withdrawal was asked, they stated that they had reservations; even though they did not intend to refuse the interview, the sound recordings could be used against them and they were afraid of this possibility. This situation makes it clear how sex workers are pushed into fear, how they are removed away from the opportunities through which they could articulate their problems and needs, and how these circumstances create

an obstacle in front of their gaining access to sexual and reproductive health via the general health services.

A significant number of sex workers who were interviewed refused to have their voices recorded, and they also did not want their names to be mentioned in the report. For this reason, like in the case of the doctors and authorities from the local public health directorates, the answers of the sex workers to our questions have been cited in the report; however, their names were not used at all. In addition to this, none of the names used in the quotes reflecting the views of sex workers are real. Accordingly, we preferred presenting their views by taking into consideration the security concerns of sex workers.

FINDINGS OF THE RESEARCH

■ Demographic Information

We addressed questions to sex workers in order to attain demographic information which would shed light on this study. We asked questions such as how sex workers work in the sector they are involved, how their customer profile is, how long they have been involved in the sex industry, how old they are, their sexual identities, in what places they find their customers or offer sexual services to their customers, their economic situation and monthly income, whether they have social security or not, whether they use alcohol and drugs, whether they have any sexual or reproductive health problems or not. Our intention was to draw a holistic picture while analyzing the obstacles in front of sex workers regarding access to sexual and reproductive health and general health services as well as what is needed to eliminate these obstacles.

20 out of 55 sex workers whom we interviewed are working in Ankara. Out of the rest of the sex workers interviewed, 13 of them are working in Istanbul, 6 in Mersin, 5 in Izmir, 4 in Gaziantep, 4 in Bursa, and 3 in Diyarbakır. An issue that needs to be considered at this point is that almost all of transgender sex workers we interviewed have worked in various other provinces so far. Only 5 (25 %) of the transgender sex workers and 5 (20 %) of the female sex workers we interviewed have worked only in one province until now. The picture is different for the male sex workers than for the female and transgender sex workers. Only 2 (20%) of the male sex workers who are younger when compared to the female and transgender sex workers have worked in different cities for short periods of time. This situation indicates that the female and transgender sex workers we interviewed are more mobilized compared to their male counterparts.

One of the data to be considered during the analysis of the interviews conducted in the field



is the sexual identity information of the sex workers we interviewed. Those with different genders and sexual identities confront different rights violations, and they face varying obstacles when sexual and reproductive health is at stake.

Out of the 55 sex workers we interviewed 25 of them are female, 20 of them are transgender, and 10 of them are male sex workers. All of the 25 female sex workers provide sexual services to men. While 1 of these women defines herself as bisexual, another sex worker stated that she is lesbian.

5 of the male sex workers are working in Istanbul, and the other 5 are working in Ankara. When the males in this group were asked about their sexual identity, only 3 of them defined themselves as heterosexual. One sex worker who defined himself as heterosexual stated that he earns money by providing sexual services to both women and men. In other words, this person may be considered in the category of men having intercourse with men. Out of 3 male sex workers who defined themselves as heterosexual, 2 of them stated that they provide sexual services only to women.

7 out of 10 male sex workers are earning money by providing sexual services only to men. However, in this group, only 4 sex workers defined themselves as homosexual. And while the other 3 defined themselves as bisexual, they stated that they have got only male customers. They also claimed that in their private lives they have intercourse with women.

24 of the participants are in the age group of 18-29. While 25 of the rest of the participants are in the age group of 30-39, 6 participants are in the age group of 40-50. While 9 of the male sex workers are in the age group of 18-29, one of them is 35 years old. While 8 of the female sex workers are in the age group of 18-29, the remaining 13 are in the age group of 30-39 and 4 of them are in the age group of 40-50. While 7 of the transgender sex workers are in the age group of 18-29, 11 of them are in the age group of 30-39 and 2 of them are in the age group of 40-50.

Given the data above, since 90% of the male sex workers are under the age of 30, it is possible to consider them in the youth category. When the time period for these 55 sex workers within the sex industry is considered, the picture in front of us is as follows:

Number of people in the sector more than 20 years: 22

Number of people in the sector between 15 – 19 years: 10

Number of people in the sector between 10 – 14 years: 9

Number of people in the sector between 5 – 9 years: 8

Number of people in the sector for 5 years at most: 6

5 of the male sex workers have been in the sector for 5 years at most. While 1 male sex worker has been in the sector between 10-14 years, the rest of the 4 male sex workers have been in the sector between 5-9 years.

11 of the female sex workers have been in the sector for more than 20 years. And while 6 of the rest of the female sex workers have been in the sector between 15-19 years, 4 female sex workers have been in the sector between 10-14 years. And the remaining 4 female sex workers have been doing sex work for 5-9 years.

11 of the transgender sex workers have been doing sex work for more than 20 years. 4 of the rest of the transgender sex workers have been doing sex work for 15-19 years, 4 of them 10-14 years, 4 of them 5-9 years and 1 of them has been doing sex work for 5 years at most.

In light of these data, one of the issues to be touched upon is that 34 (61%) out of 55 sex workers whom we interviewed **started sex work under the age of 18**.

Information on where sex workers find their customers and where they work is diversified. 14 of the female sex workers are working in registered brothels. 6 of the rest of the female sex workers look for their customers on the streets and provide sexual services in their own homes, their friends' homes, hotels or their customers' homes. 2 out of 5 female sex workers find customers on the internet through advertisements, and they do sex work in their own homes. And the remaining 3 female sex workers work together with their mediators in the homes provided by the mediators themselves.

6 of the transgender sex workers are working in the brothels. 9 of the rest of the transgender sex workers look for their customers on the street and provide sexual services in their own homes, hotels or in rented homes just to have intercourse with their customers. 4 of the

transgender sex workers find customers on the internet through advertisements and do sex work in their own homes. And the remaining 1 transgender sex worker is working at a night club and finding customers in the workplace. She has intercourse with the customers in her own home.

3 of the male sex workers stated that they work in a sauna which provides services only to men. 5 male sex workers we interviewed said that they find their customers through the social networking sites and special web sites where they put their own ads. The remaining 2 male sex workers claimed that they look for customers on the streets and have intercourse with them in their friends' homes or in hotels.

51 out of the 55 sex workers we interviewed are Turkish citizens. The remaining 4, all of whom happen to be female sex workers, are immigrants who have come to Turkey for work.

All of the female sex workers we interviewed stated that they do sex work full time and without any other income resource. 18 of the 20 transgender sex workers declared that they do not have any income source apart from sex work and they work full time. The remaining 2 transgender sex workers stated that they do sex work on certain days, and even it is part time, they earn an income through some other jobs. One of these two persons stated that she does web designing, and the other stated that she works at a hair salon. 6 of the 10 male sex workers declared that they earn an income only through full time sex work whereas the remaining 4 stated that they do sex work part time through flexible working hours and prefer doing this in addition to their other jobs. One of these people stated that he works as a civil servant in a public institution; another stated that he works as a professional masseur in a luxury hotel; another stated that he works in a printing house as a designer; and finally the last one stated that he works as a barman at a club.

The data regarding the average income of sex workers we interviewed is as follows:

Sex workers earning at most 1,000 TL: 5

Sex workers earning at most 1,500 TL: 6

Sex workers earning at most 2,000 TL: 4

Sex workers earning at most 2,500 TL: 7

Sex workers earning at most 3,000 TL: 13

Sex workers earning more than 3,000 TL: 20

During the assessment of the income amount, it is necessary to consider a number of aspects. Due to the influences of the sector they are involved in, when compared to other citizens, sex workers spend more money and they do so more frequently. It is compulsory for a sex worker to pay expenses in various fields within their life practice. Many factors such as hairdresser's fee, cosmetic care, depilation, aesthetic surgeries, health expenses, continuous legal consultation expenses made against rights violations that they confront, high rents they have to pay due to discrimination, expenses of a child, of parents or other persons whom they are responsible for, and the economic burden caused by the frequent change of homes as a result of continuous practices of the law enforcement authorities bring about the obligation of assessing the monthly income of sex workers in line with different criteria. The monthly income amount, which seems to be high for an ordinary citizen, is indeed hardly sufficient for a sex worker to save the day.

13 of the 25 female sex workers we interviewed have a monthly income that exceeds 3,000 TL. While 6 of them have a monthly income of 3,000 TL at most, 5 of them earn at most 2,500 TL and 1 person earns at most 2,000 TL.

4 of the 20 transgender sex workers earn a monthly income of more than 3,000TL. 4 of the remaining transgender sex workers earn at most 3,000 TL. While one of them earns at most 2,500 TL, 2 of them earn at most 2,000 TL. The remaining 6 earn at most 1,500 TL.

The monthly income of 3 of the 10 male sex workers is above 3,000 TL. While 3 male sex workers earn 3,000 TL, 1 male sex worker earns at most 2,500 TL; the other 1 male sex worker earns at most 2,000 TL. 2 male sex workers earn at most 1,000 TL.

26 of the 55 sex workers interviewed have got no social security. 20 of them (14 female, 6 transgender) are working in the brothels. All those who work in registered brothels have got social security pursuant to the related legislation. Only 6 people working without

registration have no social security. Among the ones working without registration and with social security, 2 are transgender and 4 are male sex workers. All of the 4 male sex workers stated that they have got insurance through other jobs and thus have social security, and both of the transgender sex workers stated that they are registered as employees in two establishments where they pay for their premiums themselves and thus have acquired social security. As can be concluded from these data, none of the sex workers who are obliged to work without registration can have access to social security. Sex workers working without registration and having social security were able to gain access to this right either by working in another institution or through methods which are not regular.

When sex workers were asked whether they use alcohol or not, 37 participants stated that they do so. The participants in this group stated that they consume alcohol before or during sex work, and accordingly alcohol is a kind of tool for bearing the difficulties brought about by sex work.



“You have to drink, if you don't drink alcohol, how can you manage it? You go out on the street; some people constantly screw you around—from the man passing by to the police. All of them harass you. On the other hand you have to earn money. How can you put up with it? Of course”

(Transgender sex worker, 34, Ankara)

15 participants claimed that they use alcohol from time to time. The participants in this group stated that they drink alcohol when there is a social atmosphere. And the rest of the 3 participants expressed that they had never used alcohol.



“I don't drink. I was working on the streets before, drinking alcohol. Now here I am working in the brothel. I don't feel the necessity anyway, and if I start drinking this evil drink I know what it will lead to. Fortunately I took the decision to quit drinking before I became addicted. God forbid, perhaps I would have become addicted. I do not use it at all, I don't need it.”

(Female sex worker, 43, Istanbul)

In the words of the sex workers we interviewed, alcohol is a tool for bearing difficulties. There are varying data among different sex worker groups regarding the use of alcohol. A significant number of the sex workers who were forced to work out on the streets or do sex work in unregistered places use alcohol frequently. Sex workers working in these places experience victimization intensely within the cycle of stigmatization, discrimination, and violence. Most of the time, the intensification of victimization makes sex workers use alcohol more frequently. In the interviews held with the sex workers working in brothels, a few of them stated that they use alcohol while they work and this happens rarely, and the majority stated that they use alcohol only in a social atmosphere. All of the male sex workers stated that they do not use alcohol while working, and that they use alcohol only in a social environment.

When the sex workers we interviewed were asked whether they use drugs or not, only 19 of them provided us with an answer. While 16 of the 19 sex workers who answered the question stated that they use drugs, 3 sex workers said that they use drugs when the “occasion presents itself”. The remaining 36 sex workers stated that they do not want to answer this question. The participants answering the question, like in the case of alcohol use, explained that they use drugs due to “community pressure” on themselves or due to exclusion from the society, forms of violence they experience, and loneliness.



“I would be lying If I said I am not using (drugs). I am using (drugs). Since I got involved in this environment, I have been using it for around 15 years. Of course I have never tried chemical substances, I have always smoked weed. It makes you feel big in Japan, you relax. Only this way can one endure the hardships of the environment.”

(Female sex worker, 44, Mersin)

A sex worker who has never considered using drugs in her life explained how rights violations she was exposed to pushed her to use drugs as follows:



“They say don't use it. It's easy for the one who says so. Approximately for 10 years I have been smoking weed and also taking

drugs. When I first started this work I was despising the other girls using drugs. I used to tell them to have a strong will. After the incidents I experienced I always felt lonely, I started drinking alcohol. I felt it wasn't enough, I started experimenting (drugs). First I had a drug, felt like going to another world. I continued likewise. You suffer from police brutality, customers' violence every minute, robbery, rape... Let them come and try (drugs). I am sure they would also start (using drugs)."

(Transgender sex worker, 32, Istanbul)

When we asked sex workers whether they were using drugs and they did not want to answer this question, the answers they provided us with revealed how sex workers are imprisoned in a world of fear. A male sex worker claimed that he always confronts difficulties while doing this work and has got reservations as regards providing such private information like drug use with the following words:



"I don't want to answer this question. Don't ask the reason, I just don't want to. Amidst all sorts of difficulties we create a secure field for ourselves and we work, if I say 'yes' to this question and what will happen if this is revealed? An extra trouble. Let this information be mine only."

(Male sex worker, 27, Istanbul)

As is also seen in the quote above, sex workers feel the necessity to disguise the information related to whether they use drugs or not due to the difficulties brought about by being included in a group which is declared "criminal" both by the legislation and through various implementations. Sex workers who are continuously followed by the law enforcement authorities, harassed, and targeted both by the legislation and through arbitrary implementations do not want to be victimized through the information on drug use. Although they were informed that the interviews would be presented without revealing their personal information, the world of fear which sex workers are pushed into has made this info invisible. Whichever field or act the state "criminalizes" through laws and regular implementations, it gets even harder to gain access to information regarding the problems

experienced in that field.

When sex workers were asked whether they had ever used intravenous substances, 4 of the participants stated that they had used intravenous substances in the previous years. All of these participants claimed that they do not have such an addiction now.

Sex workers were also asked whether they had ever had a test for detecting sexually transmitted infections. Of course, the answer given to this question by the 20 sex workers working in the brothels was positive. This is because while genital examination is conducted twice a week by a doctor, blood tests are done every three months in the brothels. Answers given to this question by sex workers working without registration differ from one other. All of the sex workers (11 female sex workers) whom we interviewed and who work without registration stated that at various times they had applied to related health institutions for the detection of sexually transmitted infections.

Nevertheless, the information provided on the frequency of the tests by female sex workers who said they had had the related test done previously makes it a necessity for us to think about the subject matter. 5 of the 11 female sex workers working without registration indicated that they are tested every 6 months, 3 of them once a year, and the rest within a time period of more than one year. One of the female sex workers whom we asked when they last got tested gave the following answer:



“The last time I had it was more than a year ago. I used to have it frequently previously, now I am tired and also I have got other problems. You struggle with many people on the street, there are people you have to look after, believe me I am exhausted. Indeed I have to go to have the tests done, I will go this week.”

(Female sex worker, 45, Ankara)

Apart from the brothels, 11 out of 14 transgender sex workers stated that the last time they got tested to detect sexually transmitted infections was between 3-6 months ago. And 3 transgender sex workers stated that the last time they had the test was about a year ago. A

transgender sex worker who voiced the idea that transgender sex workers are more sensitive and knowledgeable about the subject matter compared to the other sex workers explained the following:



“Our girls are more knowledgeable than the others. Of course not all of them are, but if we calculate the ratio, (it could be said that) now we (transgender sex workers) know what to do. I have my blood test done every 3 months. Whichever test is required I take it. I made my friends aware as well, it was not like this in the past, but now many of them know that they have to have the test done. To what extent (how often) they have the test done I do not know, but at least they know about the necessity.”

(Transgender sex worker, 34, Ankara)

The majority of the male sex workers we interviewed stated that, for the detection of sexually transmitted infections, the last time they went to a health institute and had the test done was more than 6 months ago. 7 of the 10 male sex workers who were asked when the last time they had the test done vaguely told us that they had it done more than 6 months ago. One of the remaining 3 persons claimed that he had the test done one month ago, and the other two claimed that they had the test done between 2-3 months ago.

When we asked sex workers whether they have contracted any sexually transmitted infections, 6 participants stated that they live with HIV. 17 participants stated that they were infected with hepatitis but recovered upon receiving treatment. Again, 13 sex workers claimed that they had contracted gonorrhoea and they were treated. And 5 participants stated that they had received syphilis treatment in the past. 6 participants stated that they confronted both syphilis and hepatitis. And 14 participants stated that they have not contracted any disease.

■ Sex Workers' Level of Information on Sexual and Reproductive Health

One of the purposes of this study is to draw a picture of how sex workers will be protecting their health when sexuality and reproduction is at stake, whether they know which tools to

use, whether they can acquire any information on safe and risky sexual behaviors, how they can gain access to health services, and to what extent they can acquire the right information on sexual and reproductive health.

Within the scope of the study, as we interviewed sex workers in the provinces we visited, we asked some questions in order to measure the extent of the knowledge they have acquired on the aforementioned issues. The answers given to these questions are shaped by their genders and sexual identities, the places where they work, the time period they are involved in the sector, their ages, the violence cycle they are involved in, the discriminative practices they are exposed to, the opportunities for accessing the information, and many other similar factors.

All of the female and transgender sex workers we interviewed stated that they use condom during sexual intercourse. Sex workers who said that condom and lubricant are important contraception tools against the risk of the contracting sexually transmitted infections also stated that if condom is not used, there is a high risk of confronting severe health problems. A female sex worker who works in a brothel told about her consistent use of condom as follows:



“I always use condom. There is no exception. You cannot trust anyone. At the end of the day this is my body and my health. If I did not use condom now, I would be dismissed from here (implies the brothel where she works) due to an illness I would contract, and I would lose my livelihood. My life quality would be impaired. For that reason, I use it constantly. If the customer does not want to use condom, I say 'it's up to you' and do not have intercourse.”

(Female sex worker, 37, Gaziantep)

All of the female and transgender sex workers have displayed through the answers they gave to our questions that they are knowledgeable about the importance of using condom and lubricant. In the interviews where answers similar to the quote cited above were given, some of the sex workers stated that all sex workers say they use condoms, but in reality,

even though it is obligatory, only a few prefer using condoms.



“I use condom, look, regardless of whether the others you interview would say they use condom. Don't believe them, many of them do not use condom. They do not use it so as not to miss the customer. Most of the customers bargain about condom with you and the majority do not want to use it. What should the woman do, she is left without a condom. A customer is a customer. She does not want to miss him. Indeed the customers need to be trained for the sake of not making these men harm their health.”

(Transgender sex worker, 41, Mersin)

The problem articulated in the quote cited above shows that sex workers working in the brothels know about the obligation and necessity of using condom and lubricant no matter how the desire for earning money can lead them to provide sexual services without condom.

When sex workers working in the brothels were asked whether they knew about women's condom, none of the 20 people we interviewed stated that they had never heard of women's condom in their lives.

The data on the sex workers working without registration as regards whether they use condom and lubricant are worrisome when compared to the answers given by sex workers working in the brothels. First of all, we need to point out that the level of knowledge of the transgender sex workers working without registration about safe and risky sexual behaviors is higher when compared to the female and male sex workers working without registration. The transgender female sex workers we interviewed stated that they have been partially informed about the subject matter by NGOs working in the field for many years. Some of the activities or consultancy services that were provided in the past or are being provided currently by NGOs conducting activities for transgender sex workers are one of the ways for them to have access to more information. An explanation given by a transgender sex worker below is significant:



“When I started doing this work I did not know what condom was and how to use it... Then I met with the associations, from time to time they organize events related to sexual health, they conduct informative activities. Of course I cannot say these activities take place regularly; however, they are still important. I can at least get an answer when I go to the association and ask a question. Now I explain to my other friends the importance of using condom. I always carry condom and lubricant with me.”

(Transgender sex worker, 34, Ankara)

Contrary to the situation mentioned above, some of the transgender sex workers stated that they do not have adequate information on the use of condom. This situation is obvious in the provinces where there are no NGOs conducting activities for transgender sex workers.



“I have been doing sex work for about 5 years, I learned about the condom issue by asking my friends. But that is it; none of my friends is an expert. They have also learned from wherever they have heard (about it). Perhaps these are all inaccurate information. There is no association which would inform us or the state does not provide any training so that we could learn. Let alone using condom, it has been so many years and I still do not know where to have the test done.”

(Transgender sex worker, 24, Gaziantep)

It can be said that especially young transgender sex workers who do not have access to information have got less information about the necessity of condom use or why it needs to be used compared to their counterparts who have been in the sector for a long time. A transgender sex worker who has been doing sex work for 3 years stated the following:



“I look at the appearance of the customer, if he looks proper I do not use condom. I wonder what could be alarming, if he had any illness it would be visible.”

(Transgender sex worker, 26, Ankara)

As can be seen in the quote above, some sex workers lack sufficient information on sexually transmitted infections. This lack causes an increase in risky sexual behaviors and the non-use of contraceptives.

6 of the 10 male sex workers we interviewed stated that they use condom consistently while having sexual intercourse with their customers. 2 of them said they use condom in certain cases and the other 2 said they use condom if the customer asks them to. A male sex worker who stated he uses condom consistently explained the following:



“I learned through the internet why I have to use condom. I searched the diseases one by one, I learned all through the internet; how diseases could be transmitted, how I should be protected, where I could go if I get sick. I think the majority of the other jigos do not use condom, they even do not ask the customer. The customer desires intercourse without condom anyway except some knowledgeable customers. And this means risk. I hang up if the customer tells me on the phone that she does not want condom. What happens if the customer does not arrive? What if I don't get 250 TL? Instead of having this money and suffering all my life, I can live without this money, too. Everything depends on the level of awareness. I think the majority of the other gigolos don't use condom, they don't even ask the customer. To me condom is very important.”

(Male sex worker, 26, Istanbul)

Some of the male sex workers we interviewed unfortunately do not have any information about the necessity of using condom. A male sex worker who mentioned he uses condom if his customer wants stated the following:



“I do not purchase condom and carry it with me. I look at the appearance of the customer, if there is nothing I suspect I stay. If there is something to suspect I do not stay, so I do not think of condom very much. Some of my customers particularly want condom to be used and those keep condoms in their homes anyway. In such case of course I stay.”

Fortunately I haven't had any health problems so far.”

(Male sex worker, 29, Ankara)

More than half of the female sex workers (6 female sex workers to be exact) who don't work in the brothels stated that they always use condom. 3 of these women live and work in the same house. One of the female sex workers who live in an apartment provided by the mediators presented the information below regarding the situation of condom use:



“In our big sister Gönül's home you are obliged to use condom. Big sister Gönül trained us for the good. She said 'if you want to work in this home, you have use condom'. She said 'if you do not use it I will put you out on the street'. Of course she tells this to threaten us. But if she weren't here, girls here wouldn't use condom. Now we all know, we don't accept the customers who don't want to use condom.”

(Female sex worker, 32, Istanbul)

The other female sex workers stated that they use condom from time to time, sometimes there are occasions when they cannot use condom. Only 2 of the female sex workers working without registration claimed that they have heard about women's condom and yet do not know what it is. And the rest of the female sex workers stated that they are hearing about women's condom for the first time in their lives, they do not know what it is for or where they can obtain it from.

Some of the sex workers we interviewed claimed that they have intercourse with their customers using condom without any exception; however, in their relations with their partners the frequency of condom use decreases. This is due to sex workers' belief that monogamy or confidence through fidelity to their partners does not impact their own sexual health conditions.



“If there is any customer who wouldn't like to use condom I do not stay (with him). I cannot trust (him), but from time to time I have intercourse with my boyfriend without condom. I trust him, I believe he is loyal to me. I also know he hasn't got any health problems, I have seen his test results.”



And I don't have any health problems anyway. I have intercourse confidently.”

(Female sex worker, 31, Bursa)

Out of the total number of 55 sex workers we interviewed, only 22 of them said that they have detailed information on sexually transmitted infections. When they were asked where they got this information from, some of them stated that they got it through the internet and some others stated that they had participated in trainings through associations. And again, some sex workers stated that they were informed by doctors at the health institutes where they went to be tested. 14 of the 21 sex workers are the female and transgender ones working in the brothels. The remaining 7 are working without registration. 5 out of these 7 are transgender sex workers, one of them is a female and 1 of them is a male sex worker.

A female sex worker looking for a customer on the street elaborated on how she attained information for the first time on sexually transmitted infections and safe sexual behaviors as follows:



“They were my first years; my only concern was to earn money. I was in Ulus to look for customers, I was staying in hotels. One day the police took me into custody by force and took me to the Venereal Diseases Hospital for an obligatory test. Of course this meant a legal action; however, for the first time I saw a doctor for a test. I didn't know, something was clinging to my ear. Of course I am talking about the beginning of 200s. Following that day I always visited that doctor, asked questions, I took tests, I learned. And besides, the doctor was helping me with my other problems. She was really a good person, if I am protecting myself now it happened thanks to that woman's briefing and referral.”

(Female sex worker, 43, Ankara)

26 of the sex workers we interviewed stated that they do not have detailed information on sexually transmitted infections, but they have information on risky behaviors and thus use condom and try to get tested regularly. And the remaining 8 stated that they are not

knowledgeable about the subject matter.

35 out of 55 sex workers stated that they know which health institution they have to apply to in the case of any sexual or reproductive health problem. 12 of these sex workers who have acquired this information are women, 17 of them are transgender, and 6 of them are men. When 35 sex workers who stated that they are knowledgeable about the subject matter were requested to name the institutions that they need to apply to in the case of specific health problems, they listed the following: “family health centers”, “university hospital clinics”, “emergency service”, “state hospital”, and “private hospital”. Given these data, it can be stated that 63% of the sex workers we interviewed have adequate information about which health institution they need to apply to in the case that they have sexual and reproductive health problems.

20 of the sex workers we interviewed stated that they do not have information regarding where to apply. A male sex worker expressed this drawback about the subject matter as follows:



“If I have a problem I don't know where to go. I first recall the emergency service, but I don't know whether the emergency service is consulted in the case of a sexual health problem. We need to be informed about this.”

(Male sex worker, 23, Ankara)

Similarly, a transgender sex worker said he did not know where to take an HIV test:



“I read it in the paper recently, one had a very late diagnosis of HIV and therefore he developed AIDS. Believe me, I was really afraid, I haven't taken any tests so far. I have been doing this work for 3 years. I couldn't sleep all through the night, and as soon as I woke up in the morning I started searching on the internet. Perhaps you wouldn't believe, but still I do not know where I can go for the test exactly in this city.”

(Transgender sex worker, 28, Gaziantep)

Another sex worker stated that she learned about the contraceptives when she entered the brothel and that she did not have any information prior to her entrance:



“For 2 years I worked outside of the brothel and then I entered the brothel. I didn't know about contraception, I did not want to go to any of the health centers randomly. I was afraid. But there were methods for it. I had heard about contraceptive pills before; after I entered the brothel the doctor recommended IUD (intrauterine device). This is the most logical. While I was working outside I had a miscarriage, I had bleeding a few times. Then I visited a doctor but only for a while. I mean the doctor did not treat me well. Now I am comfortable; there is no problem like pregnancy. However, if you are outside (work outside of the brothel) it may take you years to access this information. How would you know? Nobody tells you.”

(Female sex worker, 37, Diyarbakır)

Sex workers interviewed were asked what comes to their minds when sexual and reproductive health rights are mentioned. Most of them stated that they do not acquire much information about this subject matter. In response to this question, 13 of them stated that they should not be discriminated against in access to health services.



“I do not understand these political discussions much, but I think the answer to this question is that if I do this work, the state has to respond to my health needs, too. I mean I shouldn't be discriminated against, I should also enjoy my rights, the state should grant me equal rights with others. If I experience any health problem I should not be excluded from the system. This is what I understand.”

(Female sex worker, 45, Ankara)

When sex workers were asked whether or not they are informed of any civil society organization which could provide them with consultancy on sexual and reproductive health apart from the health institutions in this field, 29 participants listed the names of various

NGOs. Sex workers working in Istanbul named Positive Life Association and Lambda Istanbul; those living in Izmir named Black Pink Triangle; those living in Mersin named Mersin 7 Colors LGBT; those living in Gaziantep named Red Umbrella; those living in Diyarbakir named Hebun LGBT; and those living in Bursa named Red Umbrella as well. In addition to local LGBT NGOs, sex workers from each province also named Red Umbrella. In those cities where there are no local LGBT NGOs or an NGO working in another field, some of the sex workers directly named Red Umbrella. Despite these data, many sex workers are not aware of the NGOs from which they can obtain consultancy services about sexual and reproductive health.

■ **Awareness of Service Providers related to the Needs of Sex Workers concerning Access to Health Services**

In addition to sex workers, in order to obtain data as regards to what extent medical practitioners are informed about the access of sex workers to sexual and reproductive health and general health services, we addressed questions to the doctors themselves. The data we obtained show that the majority of the doctors haven't got any information regarding the problems experienced by sex workers in access to health services. It was determined that 16 out of 22 doctors in total whom we interviewed have got information regarding the problems that sex workers might encounter in access to health services only through hearsay or had an idea dependent on the information they have got from other doctors.



"I have been a family practitioner for 6 years. I have worked at a number of family health centers. However, to be frank, I haven't got much idea about what kind of problems sex workers might experience apart from the ones I see in the newspapers and on television. I can only guess. For example, I wonder if they are discriminated against at the FHCs? Perhaps, yes. I don't recall any problem as such at the center where I've been working currently. The other two practitioner colleagues have not talked about such an issue. I have not heard anything from the nurses,

either. Perhaps a sex worker has never been here or s/he has disguised her/his profession. All is possible. But really, I have no information.”

(Family practitioner, Istanbul)

In addition to their lack of information about sex workers, a family practitioner who works in a private university hospital explained the problems caused by this situation as follows:

“While I was working in another institution, a practitioner colleague of mine came and told me -with his expression- a “shemale” visited him and he was afraid. Seeing a transgender woman for the first time in his life, my colleague, regardless of his obligations, stated that he even could not communicate with the patient because of his prejudice.

Actually many practitioners do not know (about sex workers). Nobody thinks that there are also sex workers living in this community and they may go to hospitals and FHCs as citizens. Of course their visibility has increased in time, but for me the same problems exist. A significant number of practitioners do not have any information about the needs of sex workers.”

(Family practitioner, Ankara)

The 22 practitioners we interviewed were asked whether they were given any in-service training about the special needs or sensitivities of sex workers related to sexual and reproductive health and general health services at the faculties where they received their education or during post-graduation when they started with their career or afterwards. Out of the 22 practitioners we interviewed, only 5 of them gave a partially positive answer to this question.

“We did not have a course at the faculty like what the needs of sex workers are, how health services could be made to comply with their needs. Let alone sex workers, indeed I think there is not even such sensitivity related to all the women at the faculties. Perhaps there is a

▶ *need to think about the other social groups and consider their needs, too. But despite that, we were not given any specific course, in one or two lectures on public health our professor explained a little about the subject matter. That was all.”*

(Family practitioner, Istanbul)



“Some trainings were held in the past, they were organized with the partnership of the NGOs, and from time to time representatives of provincial public health directorates also participated in these trainings. Some of our academicians touched upon this subject while they lectured on sexually transmitted infections. Of course the subject was lectured only from the perspective of public health and controlling STIs. In other words, the right of sex workers to access health services was not discussed as a category of right.

(Family practitioner, Istanbul)

The rest of the practitioners stated that no lecture was ever given on this subject, no information was shared regarding this subject in the courses they took, and they did not receive any in-service training specifically on this subject.



“We did not have any course on this subject at the faculty. I think the country still has to move forward until it reaches that level. Therefore the information reaching our ears are the ones explained by some of our sex worker patients or the ones we hear from around. Apart from these we do not know what the needs of this group are as regards health. We did not receive any in-service training, either. It would have been nice if we had received one. Prejudices could be overcome, these people could visit family health centers more. But nobody considers this; it's been a long time, and yet I haven't seen such an effort up until now, either.

(Family practitioner, Istanbul)

It can be stated that among the practitioners interviewed, a few of them who served sex

workers in the brothels turned out to have a higher level of knowledge about the subject compared to the others. These practitioners who provide genital examination to the women in the brothels twice a week know about the health problems of female sex workers completely, refer them to the related health institutions in the case of any health problem other than their field of expertise, and have technically more advanced knowledge than other practitioners have.

Nevertheless, we cannot say that all of those practitioners who provide examination services to the female sex workers working in the brothels know entirely about the sensitivities of sex workers as a group, provide examination services in line with these sensitivities, or provide services with the quality desired by sex workers. As is touched upon in the following sections, some female and transgender sex workers whom we interviewed and who work in the brothels state that they have complaints regarding the treatment they receive from brothel practitioners.

Certain practitioners we interviewed stated that they have got many sex worker patients and thus are knowledgeable about the problems and needs of sex workers. Especially those practitioners working at the family health centers in the districts where sex workers reside in higher numbers have gotten more patients doing sex work compared to other practitioners. Similarly, when gynecologists or practitioners providing examination services in the field of infectious diseases to sex worker patients are compared to other practitioners, it can be stated that the former are more knowledgeable in the field of sexual and reproductive health of sex workers than the latter.

In addition to this, as the number of the NGOs working with sex workers has increased, some practitioners have contacted these NGOs and acquired information about the subject.



“In Istanbul there is an association called SPoD (Social Policies, Gender Identity and Sexual Orientation Studies Association). It carries out studies only in the field of LGBTI; however, you can obtain partial information regarding the problems of sex workers since many transgender women do sex work. They organize mental health

▶ *workshops, prepare guides for the ones working in the field of health. They have already contacted us. I don't know, sometimes they refer the patients (to us). This is very valuable work. I believe that as these studies continue and practitioners are contacted, our level of information will rise.”*

(Family practitioner, Istanbul)

■ **Awareness of Public Health Directorates in Provinces related to the Needs of Sex Workers concerning Sexual and Reproductive Health**

Apart from practitioners, we asked questions to the representatives of public health directorates or provincial health directorates whom we interviewed in the provinces we visited to determine the level of knowledge regarding the obstacles in front of sex workers' access to health services, their sexual and reproductive health rights, and the needs and sensitivities of this group. These questions were developed over concerns such as whether the local authorities are in contact with the groups of sex workers or not, whether they are acquiring knowledge about sex workers' needs in access to health services or not, and whether there are any demands addressed by sex workers themselves or not.

First of all, none of the authorities we interviewed in the public health directorates or provincial health directorates have gotten information about sex workers apart from the ones in the brothels – if there are brothels operating in their provinces, that is. The information at hand is rather related to the operation of the brothels and to the control required to be exercised through the current legislation.

The local authorities are not interested in sex workers' access to health services and their needs in the related fields except from whether the brothel doctors undertake treatment through the public health centers or through related family health centers in line with the legislation which arranges brothel-related issues; whether the entrances-exits of the women working in the brothels and related procedures are undertaken through the commissions on combating prostitution located in the provinces or districts; and similar

administrative tasks. Moreover, again through the “fighting against prostitution” perspective of the commissions on combating prostitution, which is deemed to be appropriate by the legislation and in which authorities from public health directorates as well as provincial and district directorates are involved apart from implementations for sex workers working without registration, there are no activities geared toward sex workers' access to health services and their needs in this field. In short, public health directorates and provincial health directorates holding activities locally do not spend any effort for a perspective that favors sex workers' -whether they are working with or without registration- sexual and reproductive health rights and access to the services sex workers need apart from the mandates of the “prevention of prostitution” or the controlling of the brothels where sex work is done legally as a right which is delegated to them by the legislation.

There is a great gap between sex workers and the authorities providing services locally. Apart from the execution of the routine controls of the women working in the brothels by certain practitioners as well as administrative issues, sex workers do not have any intention or spend any effort to reach the authorities; nor does vice versa take place. While this situation hinders both groups from acquiring information about each other, it also causes a delay in the development and implementation of services sex workers need to attain.

The public health directorate authorities we interviewed stated that they are not informed about the needs of sex workers working without registration.



“The routine controls of the women working in the brothels are carried out by our community health center. However, this is a process that is constantly overlooked by the legislation. But indeed we have no idea about what the problems of the greater group, that is, sex workers working without registration are. Actually, in the legislation, instead of aiming to conduct a study on what these problems are, mechanisms have been formed to prevent prostitution.”

(Public Health Directorate, Deputy Manager)

Another public health authority stated that they do not receive any demands from sex workers, and he explained how this situation causes a problem when it comes to observing the problems of sex workers as follows:



“Up until now, no application has been made to us by the ones performing this business. I wish they applied to us so that we could learn about their problems. In such a condition we don't know, I mean, indeed if they could apply to us and come to see us, if we could talk about what we could do, I believe it would be very useful.”

(Public Health Directorate, Head of the Section of Infectious Diseases)

Another public health authority stated that the subject matter is a sensitive one and studies that would be made on this subject could receive negative reaction of the government.



“Indeed as the state, as the authorities we may learn what the problems are by reaching the people earning a living by doing this business personally. Considering that we are working in the areas of sexual health, infectious diseases, reproductive health, and women's health, we should also be able to touch upon these people's problems in these areas. However, we cannot do it because we refrain from the issue. For example, let's say we organize a training for sex workers; here we are afraid of thinking about how the reaction of the Ministry of Health would be. People are right to be afraid because there is a constant danger of being prosecuted. I think we cannot make further steps as a result of the pressure we might encounter if we get in contact with the NGOs working in this field, give them training, conduct informing activities or reach sex workers together and provide services to them directly. Of course, because of this reason, the problems of the people doing this business outside are growing incrementally.”

(Public Health Directorate, Deputy Manager)

The public health authorities, each of whom are medical practitioners, think that they know about the problems in this field partially; however, in order to acquire more information, the Ministry of Health has to have a political will, and the mechanisms to reach sex workers should be designed and developed. It is necessary that the legislation regulating the field of sex work should be reviewed and revised in accordance with the needs of sex workers at the point of determining and developing solutions for their needs in access to sexual and reproductive health and general health services. This is because the aforementioned legislation designates the local institutions not as institutions which follow the needs of sex workers and develop solutions but as institutions which inspect sex workers, control them, criminalize them, and aim to prevent sex work. Therefore, local authorities do not know about the problems of sex workers and the existing problems have been growing incrementally.

ACCESS OF SEX WORKERS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES: ISSUE AREAS, EXPERIENCES AND NEEDS



■ Stigmatization and Discrimination

Sex work is far from being perceived as a form of business in Turkey. In the societal perception, sex work is accepted as “sin” or “shame” in relation to religious references. From this perspective, sex workers are perceived as people who are sinners.

An important factor which both consolidates the abovementioned societal perception and is nourished by this very societal perception is the laws that frame sex work. Even though sex work is not considered a crime in Turkey, almost every step taken to do sex work is considered to be a criminal act, or sex workers are punished through administrative implementations. The laws have defined sex work as “immorality”. We can say that this rather vague definition which pertains to the perspective of the state and the society is shaped through values which could be defined differently according to each group.

We can say that sex workers come across with barriers in access to health services as a result of the stigmatization developed through the moralistic perspective mentioned briefly above whenever they experience any problems related to sexual or reproductive health.

A female sex worker living in Istanbul stated that she doesn't visit the family health center with the following words:



“This neighborhood is not conservative; but nor is it a modern one. Thinking there would be rumors about me, I keep my relations with the neighbors at the minimum level. I have no choice. In any case I leave home at night and come back towards morning. I am blonde, I don't know, I am well-groomed , etc. I withdraw myself. Now I refrain from

going to the health center here where the neighborhood residents go. Actually I have been once there, but I drew so many looks, I could not go there once again.”

(Female sex worker, 32, Istanbul)

When explaining the reasons for not going to the health center in her neighborhood or to state hospitals, a transgender sex worker working in Diyarbakır emphasized the moral sentiment of the society as follows:

“I go neither to the center here nor to any state hospital. I go to a private hospital because as long as you pay at a private hospital nobody picks on you, harasses you or, I don't know, people do not giggle. Now, as a transvestite how can I go to the health center in the neighborhood? They would automatically stigmatize me as a prostitute and the treatment would be accordingly. State hospitals are similar. You go and wait for a long time. While you wait in the line they annoy you in every way. In short, this moral sentiment tells you if you are a transvestite or if you are a prostitute, then don't go to the hospitals, die.”

(Transgender sex worker, 27, Diyarbakır)

A family practitioner we interviewed stated that a transgender sex worker registered in his patients' list came to the center only once and never came again. He explained this as follows:

“Here people live from all identities – Kurdish, Alevi, transvestite, sex worker, Gipsy, etc. In such a social structure, a transgender sex worker came to our center only once. He did not come afterwards even when I called. Regarding the reason for his not coming he claimed that he was disturbed by people's looks. I think he was also disturbed by the attitude of one of the nurses here. The community perspective is very important, you can make as many laws as you like, but you cannot abolish the

▶ *existent stigmatization against these people, you cannot attract these people to the health service.”*

(Family practitioner, Istanbul)

10 of the 14 family practitioners we interviewed serve in neighborhoods or districts where transgender sex workers reside in high numbers. Despite this, it was only three family practitioners that claimed that those sex workers that s/he her/himself attends, or some other practitioners in the family health center where s/he works attend, visit the center. 2 of the rest of the 7 family practitioners stated that the transgender sex workers who are in their patient list visited the family health center only once and due to some biased attitudes or other irritating attitudes they stopped visiting these centers. And the remaining 5 family practitioners stated that there are no transgender sex workers who have applied to them or to other practitioners working in the same center. This situation shows that the majority of transgender sex workers do not prefer visiting the family health centers in their own neighborhood.

A female sex worker in Izmir told about the negative environment she was exposed to in a hospital apart from the brothel due to having a sex worker's license as follows:



“I went to a center upon the referral of the doctor working in the brothel; I was going to get my test results. I was the only one from the brothel in the line. There were other men and women. When it was my turn, one of the nurses took my identity card, entered it in the system, two nurses giggled among themselves. I was irritated. Badly. I asked why they were laughing, they kept silent as if there was nothing. It was an actual psychological torture. They disgrace the person. I work in a brothel, so what? I pay my taxes, I work like everybody. But the point of view sees you with a bad eye. It says 'bad person'”.

(Female sex worker, 37, Izmir)

As can be seen, starting from the most basic health services to each and every step of it, sex workers face certain barriers due to social stigmatization. The social moral sentiment,

sexuality being a taboo, ostracizing attitudes and manners against sexual identities, and the prejudices and the negative perception related to sex workers hinder the access of sex workers to health services severely.

The stigmatization of sex workers caused by the social moral sentiment along with social exclusion paves the path for discriminative practices. Coded as “the other” in the society, sex workers are exposed to rights violations more intensely and are subjected to discrimination in all fields due to the influence of social exclusion.

We asked the sex workers we interviewed about whether they have ever been exposed to discrimination during the applications they made to the health institutions up until now. 34 of the 55 sex workers we interviewed stated that they have been exposed to discrimination once or more. 15 of those sex workers who stated they have been exposed to discrimination are female sex workers, 15 of them are transgender sex workers, and 4 of them are male sex workers.

All of the men who were exposed to discrimination in health institutions claimed that, as a result of their sexual identities matching with sex work and of being stigmatized through this, they were subjected to discrimination. All 4 of these male sex workers define themselves as homosexual. When we asked the other male sex workers who claimed that they have not been exposed to discrimination about whether they would be exposed to discrimination or not if they told about their profession to the employees of the health institution, all of them said that this condition would certainly create a negative effect and they could be subjected to discrimination.



“At the end of the day you are a man. Of course it would be a problem if I said I have intercourse with men in return for money. My appearance might not be associated with my profession, and when it is found strange, I might be confronted with bad treatment. I am not feminine at all; however, if I said I stay with men in return for money, this would be revealed. I may not enter that health center ever again.”

(Male sex worker, 24, Ankara)

The majority of the transgender sex workers stated that they have been exposed to discrimination at the health centers once or more in their lives. A transgender sex worker living in Mersin explained how he was once exposed to discrimination at a state hospital:



“To take a blood test I went to a hospital through the referral of my friend. Whomever I asked about the department I would visit, people either answered halfheartedly or they did not answer at all. In the end when I reached the related department, first the nurses did not want to deal with me. Then they talked to me with a harsh tone. I was supposed to wait, etc. I waited for more than an hour, there was no waiting line, nothing. They treated me like a piece of shit actually.”

(Transgender sex worker, 46, Mersin)

A female sex worker living with HIV explained how she was treated after she was found to be HIV positive as follows:



“My doctor knew my profession. There was no problem, I didn't hear anyone speaking about it, either. After the last test I took, I learned I was HIV positive. I collapsed, I had a psychological trauma. While I was trying to recover one day when I went to the hospital I heard the health attendant standing at the door say to her friend 'the whore with HIV came'. All the attitude of the personnel had changed in one day. I gave them the folder, they didn't want to touch. I asked a question, they turned their faces. I couldn't believe. Both my profession and my sickness were revealed. In rage I headed out for the chief doctor. First they didn't let me see the chief doctor, but when I made a fuss he had to meet me. I said 'you are insulting and discriminating'. I myself even could not believe what I did, indeed I am not like this. But I was so frustrated I couldn't keep calm. Nothing happened apart from me being HIV positive. They despise me for both being a prostitute and being HIV positive. Now I go to another hospital, no trouble. But thinking about the possibility of being

discriminated, I couldn't go to hospitals for a long period of time.”

(Female sex worker, 36, Ankara)

An immigrant sex worker living and working in Ankara claimed that, as she is blonde and cannot speak Turkish properly, she might be exposed to stigmatization at the health centers; and even though she might not be treated badly, she prefers not to go to the health centers provided that she hasn't gotten any serious health problem:



“In my daily life I use my Turkish name, but this is not my real name. In this country there is a 'Natasha' image, if you speak improper Turkish and you are blonde you become the target of long and strange looks. They consider you as 'Natasha'. This means a prostitute. Yes, I do this job, but I can't tell I am doing it. Why am I supposed to tell it? Although I do not tell, they find that term suitable for me. They say 'This is Natasha'. For that reason when I go out I pay a lot attention to my clothes, speech, behavior. I suppress myself.

“One day I hit my leg at the corner of a glass coffee table, it was cut, it bled. I had my friend at home, s/he took me to the emergency service of a hospital. They took care of me, but while one part of my mind was involved in the pain in my leg, the other part was involved in other patients, nurses, attendants, and the doctor. What will they say, how do they look at me, whether they would gossip about me. If I have no emergency case or visible health problem I do not go to the hospitals. Those looks disturb me.”

(Female sex worker, 35, Ankara)

The factors which trigger stigmatization and discrimination are as follows: a) Social moral sentiment, b) Sexuality being a taboo, c) Homophobia and transphobia, d) Lacking the traditional and accepted appearance of a woman or a man, e) Hostile emotions for sex workers, f) Having other features apart from being a sex worker (living with HIV, disability, migration, ethnical or denominational belonging [religious sect], etc.). Apart from these,

many other factors consolidate the stigmatization and discrimination that sex workers face.

Contrary to the examples of discrimination given by sex workers we interviewed, a public health directorate deputy director stated that discrimination is not practiced at the health institutions in Turkey:



“Turkey is not the same anymore. I don't think there is discrimination. The one who does prostitution also benefit from the health services like other citizens do.”

(Public Health Directorate, Deputy Director)

As can be seen in the quote above, there is an obvious difference between the perception of some of the authorities in the provinces and the implementations stated to have been experienced by sex workers in access to health institutions. While the majority of the sex workers we interviewed stated that they are hindered from gaining access to health institutions due to discrimination, the majority of the representatives of public health institutions state that discrimination is avoided and does not exist. 8 out of 13 public health directorate authorities (deputy director, head of section) stated that discrimination is not practiced against sex workers at the institutions they are responsible for.

A public health authority, on the contrary, claimed that there is a possibility of discriminative practices against sex workers; however, in such case sex workers need to inform the authorities about the subject matter:



“I think there are those who discriminate against sex workers. I mean in a country where the social structure and moral sentiment are so conservative it would be strange not to have a negative attitude towards the ones who perform this profession. I believe they experience discrimination. However, if they recognize it, they should inform our institution. They shall inform us so that we can take the necessary measures. I think sex workers should be informed about this.”

(Public Health Directorate, Head of the Section for Infectious Diseases)

A transgender sex worker who stated that he hasn't confronted discrimination in access to health services to date explained the following:



“I have not faced discrimination. I think there had been more discrimination in the past, I don't know. I am (only) 26, perhaps other sex workers might have been exposed to it more. And here is a metropolitan city, there are associations, I don't know, you necessarily know about your rights more. In other provinces I think there may be problems. In the provinces I mean. Or I think there may be discrimination in certain parts of the metropolitan cities. I live in Çankaya in Ankara. Therefore the health institutions I visit are located also in this region. People are not much discriminated here. But there may be discrimination in Keçiören, Cebeci or Eryaman or in other places, I don't know. I hear from the other girls but I have not experienced it. I think I am lucky.”

(Transgender sex worker, 26, Ankara)

■ Impacts of Sex Work Legislation: Criminalization and Violence

As has been mentioned in the previous parts, sex work has not been defined as a criminal act in the Turkish Penal Code. Although it has not been defined as a criminal act, almost every step taken by sex workers to perform this profession constitutes a crime. Acts defined in the Turkish Penal Code as “promoting prostitution”, “mediating”, “providing place”, “benefiting from the income of the one who does prostitution”, “obscenity”, and “exhibitionism” constantly target and abuse the people in the sex industry. Having these acts defined as criminal acts and described so vaguely and general victimizes sex workers themselves. The act of sex work, which is not defined as a crime, turns out to be a crime directly through the articulation of the aforementioned vague concepts as crime.

A transgender sex worker we interviewed explained how she was victimized by the law enforcement authorities through a female sex worker whom she works together with in the same apartment as follows:



“I am a transvestite. And for two years I have been working together with a woman in the same apartment. We share the rent, each of us earn on our own. But the rent seems to be my responsibility. One day a policeman called me as a customer, and after we agreed on the price he came to our apartment. As soon as he arrived, the other policemen busted us. They fined us, took us to the police station to have our statements issued. They sealed the apartment in two weeks. And as if this was not sufficient, they filed a lawsuit. The story was that I was 'marketing' the person whom I work with even though the police haven't gotten even one proof. My friend's statement is against their claim. They base their claims only on our rental contract. Only my name writes on it. For that reason I am the one called to be providing place (for sex work). And I was supposedly marketing my female friend. I mean they victimized me in all aspects.

They say don't work at home. You go out on the street and you are fined every minute. Where shall I work?”

(Transgender sex worker, 45, Ankara)

Similarly, since the By-Law on Combating Prostitution defines only registered brothels, intercourse homes, or homes only for prostitution as places where sex work could be done, unregistered sex work is targeted with administrative implementations, and a vast majority of sex workers in Turkey are victimized this way. According to the By-Law on Combating Prostitution, sex work is prohibited unless it is done in the places mentioned above. Through the authorities it has delegated to the law enforcement officers, the state aims to combat unregistered sex work. Therefore the objective is to prevent unregistered prostitution.

Making use of the description of sex work in the legislation as a field to be fought against, the administration penalizes sex workers through various implementations. However, the penalties mentioned here is undertaken through administrative means. For example, when

people are detected to be doing sex work on the streets, at homes, night clubs, hamams, massage halls, hotels or similar indoor places, they are busted by the law enforcement officers, and these people are fined through the Misdemeanor Law in reference to the articles of “wrongful act”, “disturbing the environment” or “causing noise”.

İKGV's report titled “Sex Workers and Laws: Impact of Laws On Sex Workers In Turkey and Recommendations”, which was published in 2011, explains what kind of negative impact administrative fines create on the sexual health conditions of sex workers as follows:

“In recent years, in order to prevent prostitution being done on the streets explicitly, instead of legalizing hidden prostitution, they started to impose primarily the Misdemeanor Law and articles of the law protecting the society on sex workers to an extreme extent. Sex workers are fined so as to deter them from sex work, this way forcing them to work in isolated conditions. This situation may cause sex work to be open for exploitation and violence as it would continue in the underground market. It also may cause STIs to be spread easily. Sex workers have gotten almost no chance of bargaining for condom and the prevention of 'venereal diseases', which is one of the fundamental objectives of the legislation on prostitution that is ignored.”²⁷

Through the authorities delegated to law enforcement officers by the By-Law on Combating Prostitution as well as the Law of Police Powers, homes where sex work is done are being sealed within the scope of preventing prostitution. Sealing time may vary between 1 and 3 months.

Brothels are places where female and transgender sex workers work in safety compared to when they do unregistered sex work. Therefore, many sex workers doing unregistered sex work desire to do sex work in protected and safe places like brothels. However, the state policy encourages the brothels operating in various cities of Turkey to be closed one by one. Only in 2013, licenses of the brothels in 7 provinces were cancelled. In addition, among the brothels currently operating, many homes terminated their activities due to the cancellation

²⁷ İKGV, “Sex Workers and Laws: The Impact of Laws on Sex Workers in Turkey and Recommendations”, Istanbul, 2011.

of licenses. There is thus a process of brothel closure, progressing gradually with severe negative effects.

While on the one side brothels are being closed, on the other side first entrances to the brothels are not issued although the legislation permits it. Applications made to the related institutions by those women who comply with the provisions required by the By-law that regulates the operation of brothels, and those who want to enter the brothels are rejected due to various justifications. In Turkey, the first entrances are issued only to 2 or 3 brothels. This situation causes a rise in the average age of the women working in the brothels and a decrease in the attractiveness of the brothels for the customers, causing the brothels to gradually become non-operational.

Through many implementations and policies mentioned or not mentioned above, it is aimed to abolish the activities of the brothels in Turkey in time. This causes sex workers who work with social security and insurance, take medical tests regularly, are protected against physical violence, and have pension rights to be pushed towards unregistered sex work.

Closing the legal and safe workplaces one by one and pushing sex workers towards unsafe areas with implementations like administrative fines and the sealing of homes, these policies affect the sexual and reproductive health of sex workers negatively. As sex workers are pushed to work without registration in an unsafe environment, the dimension of physical, sexual, and economic exploitation also increases. Lack of registration increases violence, and the violence can result in deaths. Constantly disturbing sex workers, who are pushed to work without registration due to administrative penalties mentioned above with the intention of preventing prostitution, the administration does not contribute to the “protection of general health“ articulated in the By-Law on Combating Prostitution; to the contrary, it causes the general and community health to be affected negatively. Similarly, the perspective which is termed in the articles of the related legislation as the “protection of the public order” or “protection of general morality” and which thereby causes sex workers to be aggrieved more indeed paves the way for sex workers to be exposed to further rights violations and thus to be exploited further in all aspects as well as the emergence of criminal

groups. The public order is not protected; to the contrary, sex work continues with indifference and lack of inspection, sex workers are imprisoned within a cycle of violence, and social uneasiness increases.

The explanation provided by a female sex worker who used to be registered in a brothel before about the policy of closing the brothels elaborates on the negative impacts of this policy as follows:



“I had my entrance into the brothel in 1995. Lastly, when the brothel in Ankara was closed in 2012, my license was cancelled completely. Now I look for customers around the corner in Ulus. I have two kids, I have expenses. I have to work. It is really difficult to work on the street. I constantly endure the abuse and violence of the customers. And above all, the police take me to the police station all the time. There happens to be a complaint about me; for that reason they take me to the police station. They fine me at least 10 times a day. You calculate, every time 91TL. Each day I am made to owe about 1000 TL to the state. What is my fault? I am not guilty. When I tell the police I will not pay this amount, I get beaten up. This is what is deemed appropriate for a mother of two kids by the state. Am I looking for customers on the street willingly? Well, the state demolished the building. I want the brothel to be opened again. I have been thrown out on the street, I have no security.

(Female sex worker, 47, Ankara)

Again, following the demolition of the brothel in Ankara, a sex worker who has started working in the Ulus district of Ankara stated that brothels are very important places to preserve the sexual health of sex workers:




“We used to have vaginal examination twice a week. We would have blood tests every 3 months. These are the benefits of working in a brothel; health checks are done continuously and regularly. You don't have the luxury to say 'no' to tests or examinations. This is important because we

do this job with our body; therefore we have to keep our body healthy, we have to protect ourselves. We were trained in the brothels by the state, we were taught about how to use condom, how to have intercourse with the customer, what risky behaviors are. Now these are all gone, why? It is because they demolished the brothel. Women who would have regular health checks are now working idly on the streets. Some of them try to finance their checks on their own, and some others have other problems and so do not care about having examination done anymore. The street is dangerous; when you are out on the street you are concerned with earning money in the fastest way. Inside (the brothel), however, we were both earning money and protecting our sexual health as well as that of the customers. If you ask me how many of those on the streets are examined regularly, I think at most 3 or 4 out of 10.”

(Female sex worker, 43, Ankara)

An authority we interviewed from the Turkish Public Health Institution emphasized the importance of (official) places from the perspective of sexual and reproductive health like brothels which are constantly inspected and controlled:

 *“The brothel in Ankara was demolished. I wish it hadn't been demolished because, in terms of the consequences, this has caused severe harm regarding public health. The women working in the brothels were being examined regularly. In addition to this, we were training them. We were making those women conscious. It is a kind of a series of regular training. You would see significant differences in terms of the level of knowledge between the women working in the brothels and those working without registration outside. The women who are working or have worked in the brothels know what risky behaviors are, what contraceptives are. But the ones working without registration do not know much because these trainings are not given to them.”*

“So you see the conditions of Ulus after the demolition of the brothels.



Women have started to look for customers on the streets until very late hours. Without protection, uncontrolled, without inspection. The local tradesmen, those women, and the public all complain about this situation. And the greatest victims are those women themselves. The women now have to pay for the health services they used to receive free of charge before because they have no more social security. I think if public health is considered, the brothels have to be opened again with better conditions because closing them means increasing uncontrolled and unhealthy prostitution.”

(Turkish Public Health Institution Authority)

Touching upon the harms of abolishing registered sex work gradually, a public health authority stated that this policy would lead to severe negative impacts regarding sexually transmitted infections in the future.



“The state is responsible for preventing unregistered sex work pursuant to the legislation. When it does not do this, it violates the legislation. We carry out our activities through this legislation. If the commission on combating prostitution finds out that unregistered prostitution is done, then it immediately shall take the necessary steps. However, if you ask to which extent it is effective, I think it is not effective. I mean, the current legislation should be changed I think. There are continuous home raids, we issue sealing decisions, and the police impose administrative fines. Prostitution does not end, and it won't end. If places with good conditions were opened like the brothels here and the ones working without registration start operating legally, then good policies would be pursued. At least the women could have health checks, and this would even be a positive step. What I see is that in other cities there are steps taken to close the brothels, rather. Here there is no such demand yet.”

(Public Health Directorate, Deputy Director)

A transgender sex worker working in Bursa stated that, following the brothel closure at the beginning of 2000s, criminal activities have increased in number and this has affected sex workers and the community negatively in general. He said the following:



“I am underage, I could make it to the end of the brothel period. During that time there were less people working on the streets, the brothel was popular. I entered the sector before the brothel was closed down, and in time many things have changed. I mean, now there is a criminal organization at every corner, women wander on the streets, some of them have transferred themselves to other cities but most of them have stayed here. Now there is sex work everywhere. What shall people do, if the places where they could work are closed, they are necessarily pushed out onto the streets, they open massage halls, I don't know, they work in dangerous places. Believe me, none of those girls want this, but they are obliged. Health is not a concern anyway, the knowledgeable ones who used to work in the brothels in the past know some things more or less, they get tested, but the rest – if anyone pokes them, then they go to a health institution. Since violence has increased, people have been in such a state that they cannot think of their sexual health. Now if I am facing the danger of being killed every day, I cannot think of anything else. You say 'I shall not die, I shall earn money quickly'. All is related to each other.

(Transgender sex worker, 32, Bursa)

Law enforcement officers exercise intense pressure on sex workers working on the streets through the policy of “prevention of prostitution” encouraged by the legislation and administration. This pressure creates an obstacle in front of sex workers in terms of preserving their sexual and reproductive health. Oppressed by these detective methods while they work on the streets, sex workers want to bargain with their customers quickly and leave the district where they do this in order that the law enforcement officers do not to

notice them. Sex workers who go with their customers before the police arrive lose the opportunity to bargain with their customers about condom in order not to be fined, be taken to the police station, and suffer from violence by the police.

A transgender sex worker working on the street in Istanbul explained that the police constantly disturb and threaten sex workers; because of watching out for the police, sex workers cannot find customers, and when they find customers they cannot bargain with them.



“If you are working on the street you have to have many eyes, your one eye should view the police, one eye the customer, one eye the residents, and one eye the local tradesmen because you are dealing with tons of shit. The customer approaches you with his car, you are to bargain over the price and condom but you see the police coming. When you see the police coming, you sneak into the customer's car and end up having to reach an agreement without bargaining. You might be staying (having intercourse with the customer) without condom. You just wish the police do not detain you so that you don't miss the customer. This is how it goes on the street. What happens if this is the case, who knows what kind of diseases you would contract because you do not use condom. But you cannot think about that at that moment. The police have harmed us so much that I am really exhausted I swear.”

(Transgender sex worker, 36, Istanbul)

A male sex worker we interviewed explained that while he was looking for a customer on the street, an undercover police approached him and treated him in a degrading way. The male sex worker who was aggrieved stated that the police took the condoms he had with him as a proof that he is doing sex work.



“Not many – I had 5 condoms with me. They were in my pocket. While I was wandering in the park as usual, an undercover police approached me and asked me what I was doing in the park. I said I was just

wandering. He started to insult me, calling me a “faggot”. He searched me, saying he knows I am looking for a customer; he did a general information gathering check (he checked my ID). While he was searching me, he saw the condoms and jumped on me saying 'you are prostituting' and tried to take me to the police station. I said 'you don't have any evidence that I am prostituting', he teased me and said 'you are carrying condoms; what other evidence do I need anyway'. He took me to the police station, they fined me through the Misdemeanor Law, and they released me. Of course with a lot of threat and insults...”

(Male sex worker, 27, Ankara)

Belgin Çelik from Red Umbrella, one of the civil society organizations we interviewed, assessed the issue of the police considering condom as evidence and making it an oppression mechanism with the following words:



“Until a few years ago, the civil society organizations working with sex workers used to disseminate a substantial amount of condoms and lubricants. It was really an important and valuable task. We too used to distribute these condoms to sex workers regularly to enable them to have safe sexual intercourse. Then we realized that the police register the condoms sex workers carry as 'evidence for prostitution' and take legal action. I mean, while the state distributes condoms on the one side, those condoms are considered “criminal” evidence on the other side. Whatever happened did happen to sex workers as a result of this contradiction, because this time they started not carrying condoms with them. And this turned out to be the end of safe sexual intercourse.”

(Belgin Çelik, Red Umbrella, Ankara)

Another transgender sex worker stated that the continuous implementations of the police exacerbate the violence against sex workers working on the street and, as a result of violence, sexual health risks may occur.



“You take the customer into the car and go home without looking the customer up and down, without seeing what the customer has or doesn't have with him, thinking that the police will come (and cause problems). Perhaps (the customer) has a gun or a knife with him, you never know. It happened to me like this once, every 5 minutes the police was patrolling and they were disturbing me. I was sick of the disturbances by the police, I had a customer, I decided to take my customer and go. I took the customer without caring much about his appearance. The man had a gun. He forced me to have intercourse with no payment. He threatened me with murder. I tried to resist, but how much (could I resist). The man could have killed me. The man had intercourse with me free of charge, I mean he raped me. No condom, no nothing. Both my physical and sexual health was in danger. The police think this policy is useful; to the contrary, they are playing with our health and right to life.”

(Transgender sex worker, 37, Ankara)

The prevention of sex work, and the legislation which delegates authorities to the law enforcement officers through this prevention perspective, make the immigrant sex workers more vulnerable to violence, discrimination, and sexual and reproductive health risks. Being forced to get an HIV test upon continuous prostitution operations, immigrant sex workers are then sent back to their countries. This situation imprisons them into a cycle of violence. The laws and implementations victimize sex workers by targeting them directly instead of targeting the violence against sex workers.

Immigrant sex workers who are forced to get an HIV test as a result of continuous sex work raids are deported to their countries after the test. Sex workers who succeed in surviving the operations by staying invisible and doing sex work secretly do not apply to the law enforcement authorities in case of violent action since they are criminalized. When exposed to physical and sexual violence and abused in different ways, immigrant sex workers keep silent with the fear of being deported if they apply to the police.

An immigrant sex worker living in Istanbul explained how she had to keep silent after being raped a few years ago as follows:



“I am doing prostitution secretly. I came to Turkey for this purpose. But this situation aggrieves me. A few years ago my customer raped me. He said if I complained to the police then I would be deported to my country. I got frightened as the man raped me, but I could do nothing.”

(Female sex worker, 34, Istanbul)

As can be seen in the quote above, the vulnerable position of the immigrant sex workers result in their not being able to access justice against rights violations they are exposed to. Along with the cases of rape, other cases of violence have been on the rise, and this situation has been increasing the sexual health risks that immigrant sex workers are facing.

43 (78%) out of 55 sex workers we interviewed stated that they have been raped once or more. When they are asked by whom they were raped, almost all of them mentioned the customers and the police. In addition to the customers and the police, they claimed that they were also raped by members of the family, neighbors, their partners, and third parties they do not know.

21 of the sex workers who stated they have been raped are female, 17 of them transgender and 5 of them male sex workers. To make an assessment in light of these data, 84% of the female sex workers, 85% of the transgender sex workers, and 50% of the male sex workers we interviewed were subjected to rape.

A sex worker working in the Ulus district in Ankara said that the implementations by the police sometimes result in violence, and this threatens their sexual health:



“There was again an implementation by the police; from the 'Sledge Team' an undercover police got out of the car and walked toward me. I did not run away because I knew he had noticed me. If I ran away he would anyway catch me, then I would be beaten. He took me to a dark point on the street at midnight. He threatened me and said 'I will take you,

► *fine you, you won't be around here again, I'll kill you'. A lot of threats (he directed at me). Before I said anything he said 'I would let you go on one condition; you will have intercourse with me'. I kept swearing, was very nervous. They are supposedly protecting morality when they propose any kind of immorality. I said 'no, take me and fine me or you might forbid me to go out on the street.' I said 'I'll go and complain about you'. He pulled my hair, he hit me in the face, hit my head on the wall. He didn't take me, he left me. I was really afraid then, my eyebrow was wounded, a friend took me to the hospital, I couldn't tell anything to the people there. He was troublesome. The next day I didn't go out on the street, it turned out he asked about me. I was afraid even more because I thought he was screwing around me. The day after when I went out on the street he came to me and said 'you will have intercourse with me'. 'Otherwise I won't let you' he repeated. I had intercourse with him forcibly. In order to run away, when I said we shall use condom he insulted me, he actually raped me. He didn't bother me again."*

(Female sex worker, 35, Ankara)

The sex work legislation and the implementations by the police push sex workers to unregistered sex work run by organized crime groups. Sex workers who encounter constant violence from the police and customers are forced to work with criminal networks which supposedly provide them with safe working places and protect them against the troubles that they would face. This situation happens to result in the sexual and economic exploitation of sex workers. Sex workers who in most cases are obliged to pay tribute to the organized crime groups get impoverished. In addition to this, sex workers are made to face sexual violence and serious health problems.

A female sex worker working in Ankara stated that in recent years there has been bandit groups increasing in number, and these groups have been confiscating the money of the girls working on the streets with the excuse of protecting them:



“Bandit groups spread in this region after the state closed the brothel. In the past we used to pay taxes to the state, we now pay tribute to the bandits. I wish the money went to the state and the working conditions were developed. Why should the money go to the ones earning it over us or to the police? When you resist, the bandit groups attack you, rape you, and threaten you using your kid. You cannot do anything.”

(Female sex worker, 45, Ankara)

While the current legislation and the implementations involving sex work make sex workers prone to face violence, they also block the ways to contraception in terms of sexual and reproductive health. While sex workers who become susceptible to violence identify survival as the most important priority, using condom or avoiding risky sexual behaviors happen to be less important priorities. The legislation and the implementations which nurture unsafe and dangerous environment where sex workers work turn out to threaten their sexual and reproductive health at the end of the day.

A transgender sex worker working in Ankara stated that his priority is to survive, and while trying to survive he might not think of using condom:



“Every night I work with the fear of being killed, somebody passes by and throws a bottle at me, the other one tries to rape me, another one beats me. In such conditions who would think of using a condom? If you want sex workers to use condom, you first have to ensure their physical security. Otherwise you cannot tell a transvestite, who is concerned about whether one day her throat will be cut, to use condom.”

(Trans seks işçisi, 37, Ankara)

Sex workers are victimized through intense and systematic stigmatization and social exclusion along with discrimination. Discrimination creates violence when both social prejudices and the legislation and the implementations by the state shaping sex workers' lives coexist. Female, transgender, and male sex workers who have to continue with their daily lives within a cycle of discrimination and violence cannot preserve their sexual and

psychological health conditions. Sex workers who are battered, abducted, raped, and made victims of attacks with guns and knives encounter sexual and reproductive health problems as well as general health problems, and their access to health institutions are interrupted due to criminalization and discriminative implementations. While discrimination and violence make sex workers a vulnerable group in terms of sexually transmitted infections and reproductive health problems on the one hand, their access to the right to health, which is one of the fundamental human rights, is restricted on the other.

■ Use of Alcohol, Drugs and Intravenous Substances as an “Obligation” Status

As has been articulated in the previous sections, 37 (67 %) of the sex workers we interviewed stated that they use alcohol constantly. 15 (27 %) of the rest of the sex workers stated that they use alcohol in a social environment. Only 3 sex workers stated that they do not use alcohol at all. Only 19 participants responded to our questions on whether they use drugs or not. While 16 sex workers stated that they use drugs, 3 of them stated that they use drugs when “the occasion presents itself”. Only 4 participants stated that they had used intravenous substances in the previous years, but for a long time they have not developed an addiction like this.

According to a 2009 report by Pink Life LGBTTT Solidarity Association, while 68% of the female sex workers who participated in the survey stated that they use alcohol once a week or frequently, this rate is 50 % in the case of transgender sex workers.²⁸ According to Survey on the Bio-Behavior of Groups Under Risk²⁹, which was conducted with the cooperation of İKGV, AIDS Struggle Association (ASD), and AMATEM, while 62,6 % of the female sex workers stated that they drink alcohol once a week, more than once a week or even more frequently, 71,1 % of the transgender sex workers stated that they drink alcohol once a week, more than once a week or even more frequently. Again, according to the same study, while 35,2 % of the female sex workers stated that they use drugs, 44,4 % of the transgender

²⁸ Pink Life LGBTTT Solidarity Association, “HIV/AIDS Research on Sex Workers and HIV Test Assessment Report”, Ankara, 2009.

²⁹ Doğan Güneş Tomruk, “Groups Under Risk Bio-Behavior Research”, İKGV, ASD, AMATEM, Istanbul, 2010.

sex workers stated that they use drugs. Lastly, according to the findings of the same survey, 7,8 % of the female sex workers and 1 % of the transgender sex workers have used intravenous substances.

Those sex workers who are pushed to do unregistered sex work encounter stigmatization, social exclusion, discrimination, and violence constantly due to lack of regulation in the unregistered area when the human rights of sex workers are considered. Sex workers who are imprisoned in a cycle of rights violations go for certain tools which would make them feel psychologically secure in their daily lives. These tools usually consist of alcohol and drugs. Alcohol and drugs are a kind of tool for “relaxation” for many of sex workers. In the interviews we had with sex workers, it was observed that the ones who use alcohol and drugs stated that they feel “secure” during, before, and after sex work.

Alcohol and drugs are said to help sex workers isolate themselves from the world where they live socially excluded in a cycle of violence and “moderate” all types of oppression they are exposed to, being a kind of “final remedy” which sex workers cling to.

Having positive meanings when evaluated through sex workers' own perceptions, alcohol and drug use reveal the severe harms related to the general health or specifically the sexual and reproductive health of sex workers. Their diet is spoiled and their livers are harmed. Other health problems also appear. Sex workers using drugs encounter certain health problems depending on the type of the drug and the frequency of use. Those who use intravenous substances suffer from severe health problems, and many of them are led to death due to alcohol and drug use. A number of sex workers are led to suicide with the effect of drug use.

While doing sex work under the effect of alcohol or drugs, sex workers may take the wrong decisions, lose their bargaining capacity with the customers, fail to evaluate the customers, and may confront certain security risks. Despite having to use condom during sexual intercourse, sex workers who do not use it and do not pay attention to this due to being under the effect of alcohol and drugs encounter serious sexual health risks. Again, sex workers who cannot assess the customer well due to the effect of alcohol and drugs they use

become victims of physical and sexual violence, and this situation is likely to cause sexual and reproductive health problems.

A female sex worker working on her own stated that she uses drugs during the day and only this way could she continue her relations with her customers. The same female sex worker said that in some cases she doesn't use condom and she might not pay attention to this when she is on drugs:



“So many different guys come, you can see... To earn money you have to accept every customer. If I had been in a better condition with nobody depending on me, I would be accepting only those customers that I would be choosing. But it is not the case now. I smoke weed, start smoking in the afternoon until nighttime. You cannot stand them otherwise. I try to use condom but sometimes I am so big in Japan that I either forget or do not care. And the customer does not want, either. I was once like a robot, the customer wanted to use condom. I would not have made him use it if the customer had not wanted to.”

(Female sex worker, 36, Ankara)

■ Precariousness and Poverty

As has been mentioned in the previous parts, the majority of sex workers work without registration. Sex work done legally in brothels is falling from the agenda and the area of unregistered sex work is expanding, meaning that sex workers are deprived of certain rights within this unregistered area.

Sex workers working in the brothels have social security: once they issue their entrance into the brothel, their monthly insurance premiums are paid and they hold the status of an employee in accordance with the legislation. With this social security, there are not many financial obstacles in front of sex workers in access to health services including sexual and reproductive health services as they can benefit from the health institutions free of charge. A number of female sex workers get retired after working in the brothels, and since they

have social security, they do not experience any problem in access to health services even at old ages.

Sex workers, the majority of whom engage in unregistered sex work out of the brothels, continue their lives precariously. Sex workers working without registration benefit from health insurance either by paying general health premiums or by seeming to be working for some other establishment and paying the premiums themselves. Forcing sex work to be done without registration pushes sex workers and certain enterprises that try to gain access to social and health security to irregularity. However, sex workers who pay their general health premiums or who seem to be working for some other establishment and try to achieve a kind of security this way spend a significant amount of their income that they try to earn through a variety of hardships on premiums. Sex workers are made obliged to have fewer rights than other citizens who hold a normal employee status.

26 of the 55 sex workers we interviewed have no social security. 20 of these sex workers have already been working in the brothels and thus have social security. 6 of them do unregistered sex work and have social security either because they have got other jobs or because they seem to be working for some other establishment and pay the premiums themselves. The remaining 29 sex workers have no social security.

All of the women working in the brothels we interviewed stated that their premiums are paid and, since their insurance also includes the sickness insurance, they do not experience problems in access to health institutions. However, a female sex worker working in a brothel stated that in almost all of the brothels, although insurance premiums need to be paid by the boss personally, they are deducted from the women's daily gains and thus are paid by sex workers themselves as an additional expense and not by the boss.

This situation constitutes an additional economic burden on sex workers working in the brothels and also paves the way for them to get impoverished. Although sex workers do not experience any difficulty in access to health services as their premiums are paid by their bosses through the money they themselves provide for employment, they still are in the position of working more as they are made to pay the premiums themselves which indeed

need to be paid by the establishment.

A female sex worker we interviewed stated that she was insured that her premiums were being paid as she got her entrance to the brothel issued; however, she recognized afterwards that her premiums were not being paid:



“The first few months my premiums were paid. Then I did not follow, I trusted, I have been working for 17 years. The premiums of my first year were not paid. This means a delay in my retirement. I recognized that my premiums were not paid when I got sick, I was told I did not have insurance. I filed a case.”

(Female sex worker, 40, Mersin)

Lacking social security is the most basic obstacle in front of access to health services. Made obliged to work without registration, sex workers can benefit from the health services to the extent that they can earn money. Many sex workers try to maintain a health insurance by only paying general health premiums; a significant number of sex workers stated that they do not know how the health insurance system operates. A female sex worker we interviewed stated that since she couldn't pay her insurance premiums, she has been indebted to the state substantially:



“I have just learned about the system called general health insurance. I hadn't had any health insurance up until now anyhow, I work on the streets. When I went to the hospital I paid out of my own pocket – I mean when I had money. Then I heard from my friend, she said 'there is a new system, (put into effect) just last year. Only then did I visit the district governorate and had the income test and I was enrolled into the system. But all the debts I had not paid until that time showed up, to my surprise I was indebted to the state. Without paying that debt I couldn't benefit from the system. How can I pay it? The debt amount is around 3 thousand TL. I can't pay. For that reason I can't benefit. I do not earn that much.”

(Female sex worker, 39, Ankara)

A transgender sex worker working in Ankara said he lives with HIV and cannot afford HIV medication. He stated that he survives with his friend's support, is not registered in the general health system, and life imposes different priorities.



“I earn at most 700 – 800 in a month. I am old and on top of it I have HIV. I live in a single room. I can only afford this place with the money I earn. The customers coming to me pay me very little. Thankfully I am on my own, there is nobody I have to look after. But it's still not enough. In time I contracted HIV. I learned I had to be tested when it was discovered I had HIV, it dawned on me. It was a bit too late of course. The time problem regarding the medication required started. The medicines are very expensive, I remember thinking for a few months how I would buy and what I would do. If I pay monthly to the state, this would be health insurance or something, I went to the district governorate. But it is not enough, not enough. Both the medicines are expensive and the monthly gains are not enough for me; and additionally I have monthly payments. And the medicines cannot be afforded in such poverty. Would it be too much (of asking) if the state helped me?”

(Transgender sex worker, 49, Ankara)

A female sex worker who works in a brothel explained that there are old sex workers working in the brothels and they are obliged to work even though they are retired because these women have not had any savings till today. Old sex workers working in the brothels earn less money and cannot resist their customers' wish not to use condom. A female sex worker working in a brothel stated the following on this subject:



“The woman is 70 years old, what customer would pay her more money? Nobody does. The woman works at most for 10 TL. Despite this situation she can't even use condom because the customer does not want condom. And in order for her to get the money she needs, she does not use condom. So here are a lot of health risks.”

(Transgender sex worker, 36, Gaziantep)

Poverty is one of the major problems of sick and/or old sex workers as is explained in the example above. Sex workers struggling with poverty cannot avoid risks in terms of sexual and reproductive health which target themselves. Sick and/or old sex workers working in the brothels or without registration outside cannot fight against the pressure of not using condom in order to get the money they need and they have intercourse without contraceptives.

Service agreements of the registered sex workers that are infected with HIV or diagnosed with Hepatitis C are annulled with the decision of commissions on combating prostitution, and their contracts with the brothels are terminated. This situation pushes sex workers who continue their lives working in the brothels towards unregistered sex work and a risky environment. Besides this, sex workers who are confronted with such infections because of the profession they perform cannot acquire any security after they are dismissed from the brothels due to the reason that these infections are not classified as professional diseases. In an interview we had with a former brothel doctor, we learned that Izmir Governorate Human Rights Council has established a subcommittee to determine the rights violations that sex workers working in the brothels are exposed to.

The retired doctor who is also a member of this subcommittee stated that HIV should be registered as a professional disease and women should be provided with social security accordingly:



“A brothel worker who is HIV positive is dismissed from the brothel. What will this woman do? She will continue working outside. Besides, we will not know to what extent she uses contraceptives. And this woman will continue to be deprived of the securities she used to have upon her dismissal from the brothel. If the state at least paves the way for sex workers infected with HIV or Hepatitis C within the period in which they have worked in the brothel to be considered to be included in the class of people with a professional disease, these women may benefit from social security or, I don't know, they may be given a certain salary.”

(Retired brothel doctor, Izmir)

Along with working precariously without registration, sex workers also struggle with poverty. Poverty is one of the problems that most sex workers suffer from. When compared with other citizens, the amount of money earned by sex workers seems to be more; however, since the expenditures of sex workers are much more than those of other citizens, a substantial amount of the money they earn is not saved.

As has been articulated in the previous sections, sex workers are obliged to pay expenses such as cosmetics, hairdresser's fee, aesthetic operations, legal support expenses imposed by the sector, administrative fines imposed by the law enforcement authorities through the legislation or arbitrary action, bribery demanded by the police, moving houses constantly due to home raids and the sealing of homes, hospital expenses, and many others.

In addition to the expenses paid, with the closure of the brothels where sex workers used to work securely and earn a regular income compared to unregistered sex work, sex workers are now pushed to work without registration and this situation leads to impoverishment. Continuous police operations mean fines and bribery. This condition pertains to the fact that a substantial part of the money that sex workers earn goes to the state or to the law enforcement authorities through illegal means. As many sex workers are aggrieved by the implementations justified by the laws or imposed arbitrarily by the law enforcement authorities in addition to the expenses caused by old age, diseases, and other reasons, they find themselves unable to work a way out. Sex workers who are obliged to work without registration get poorer, trying to survive without social insurance. This situation creates a serious barrier in front of sex workers in access to sexual and reproductive health services.

A transgender sex worker working in Ankara explained that he is indebted to the state substantially, and these debts have emerged due to the administrative fines imposed by the police:



“I am 45, I have done sex work on the street for years and I still continue to do so. I am sick and cannot walk easily, I am aging. As I try to earn my livelihood, the police detain me and bring me to the police station. They fine me. I am bored with these fines, I have got 40 thousand

TL of debt accumulated just because of these fines. I am not able to pay. I am not able. Let them come and kill me so that I get rid of it. The state says 'don't go out on the streets' and 'don't do prostitution' and fines you as much as it can. And in order to be able to pay these debts I am obliged to do more prostitution. I have thought of committing suicide many times but I couldn't. Let them shove that debt in my face, I will not be able to pay it anyway. So what right to health are you talking about, I have no right to life in this country, how can I talk about health? I have this much debt, what security, what health..."

(Transgender sex worker, 45, Ankara)

One of the family practitioners we interviewed explained that sex workers have to be given their rights as laborers and only this way can they benefit from the right to health regularly:



"Almost all sex workers are unregistered. These people need to get their money's worth. They work a lot, are harmed but can't get their money's worth. I think the state should provide this opportunity to all sex workers who do not want to be registered and make the steps that will ensure the conditions of this opportunity. Sex workers should have social security but in a fair way. It should be accepted that they do heavy duty and they should be able to retire early. Otherwise these people will continue to constantly struggle with violence and poverty. And it will be impossible for them to access health services. Actually this is the current situation, so it should come to an end. Conditions in which they would live and work humanly need to be provided."

(Family practitioner, Bursa)

A female sex worker working in Istanbul stated that if she is promised to be given her rights she could pay taxes to the state.



"They fine you constantly on the street. Am I am obliged to pay these fines? I am not. If they told me 'pay your taxes so I recognize your rights

▶ *as a laborer, I will provide you with a secure workplace', then I would pay my taxes with pleasure. Why shouldn't I pay? Then I would have social security, pension rights. I mean I wouldn't be aggrieved. I would give some of my income to the state so that it provides me with its opportunities. Bu presently we earn money confronting many bad incidents with difficulties, additionally the police come and fine us and then ask for bribes. Why should I give money to them? Why should I give so much money to a state which doesn't give me my rights?"*

(Female sex worker, 41, Istanbul)

An immigrant female sex worker we interviewed stated that she has been doing sex work in Turkey for 6 years; however, in order to make use of the opportunity to work here she has to constantly give money to the mediators. Having to give money to the mediators regularly to obtain residence permit, the sex worker stated that this condition affects her economic situation extremely negatively, a substantial amount of the money she earns goes to the mediators, and she can hardly make a living with the money left.



"In order to obtain a residence permit I pay 5 thousand dollars every 6 months. I don't even know the mediator very well, but I have to give this money to him so that I can get a residence permit from the police department. Otherwise I cannot stay here and I don't want to go back to my country. They would kill me there, I was tortured by the police there many times because I do this job. I escaped here, now I am tired of making payments. I pay this much, I have my residence permit, but I have to go to a private hospital if I need to have an examination. I cannot go to the state hospitals, I don't want to. I have only residence permit, no citizenship. There is no social security, either. I spend tons of money on everything. I earn well in name only, but actually not at all..."

(Female sex worker, 35, Ankara)

■ The Lack of a Health Policy Responding to the Needs of Sex Workers

In order for sex workers to gain access to sexual and reproductive health within general health services, it is necessary for the state to develop a health policy in line with the sensitivities and needs of sex workers. Unfortunately, the government in Turkey ignores the needs and demands of sex workers in terms of their sexual and reproductive health. This situation causes sex workers to be perceived as a social group which is considered only with the perspective of “prevention of prostitution” and fighting against this group.

There are no programs or studies conducted by the Ministry of Health regarding the sexual and reproductive health rights of sex workers. Civil society organizations which have been working with sex workers and making an effort to provide this group with a variety of services for many years criticize the Ministry of Health with the claim that it ignores their problems and does not meet their demands.

All of the civil society organization representatives stated that the Ministry of Health ignores sex workers, does not spend an effort to solve their problems, and does not comprehend the seriousness and emergency of the subject. Nejat Ünlü, a representative of Positive Life Association, expressed the Ministry of Health's perspective regarding sex workers with the following words:



“The Ministry of Health looks at the issue from a moralistic angle. It shouldn't be like this, however, as many of the people working at the ministry are practitioners. And since they are practitioners, they need to approach the issue with a scientific perspective. Sex work is a phenomenon that exists in front of us. There is a need to see this phenomenon, detect the problems in the field, and come up with solutions by interviewing those in need. This is not done, and thus the problems multiply.”

(Nejat Ünlü, Positive Living Association)

The perspective of the state regarding sex workers' health problems, which involves the definition and inspection of the brothels by provincial health directorates of the Ministry of Health, has been developed only in the context of controlling infectious diseases and hindering sex workers who work in the brothels and are infected by sexually transmitted infections from working at these establishments. In other words, the perspective of the local public directorates and the Ministry of Health regarding sex workers is that sex workers are carriers of illnesses and they should be kept under control. It is necessary for sex workers to be treated equally with other citizens with a holistic approach, and they should be able to access the policies and services concerning their sexual and reproductive health and not only those policies and services concerning sexually transmitted infections. When we asked a public health directorate authority what kind of problems they face in terms of the sexual and reproductive health of sex workers, s/he stated that the head of section for infectious diseases is in charge of sex workers:



“This subject is not within our field of study. You may interview our head of section for infectious diseases; he would give you detailed information. Health examinations are carried out in the brothels through our public health center.”

(Public Health Directorate, Head of the Section for Children's, Adults' and Women's Reproductive Health)

As can be seen in the quote above, sex workers are only seen as carriers of infectious diseases, and for this reason they are perceived to be citizens to be kept under control. It is worrisome that sex workers are evaluated in the context of sexual health, and indeed only as regards the sexual health of women working in the brothels as if they have nothing to do with reproductive health. When we explained to the same public health directorate authority that many sex workers are mothers, have miscarriages, deal with unwanted pregnancies, cannot access reproductive health services, and lack information on contraceptives, the response that s/he gave us was remarkable:



“I actually did not hear anything about such problems of those women doing sex work. When we don't receive any request, we don't have

▶ *any information, either. What you tell is important for me; however, we haven't had any study conducted about these women, I don't think there will be any in the upcoming period, either.”*

(Public Health Directorate, Head of the Section for Children's, Adults' and Women's Reproductive Health)

Demet Yanardağ from another civil society organization, Black Pink Triangle Izmir, claims that the Ministry of Health does not focus on the problems of sex workers; to the contrary, it leaves sex workers to death:




“Doesn't the Ministry of Health know the problems of sex workers? It does. Despite this, it doesn't take a step. There are many doctors at the ministry following this issue; it is not possible that they do not know. Although they know it, they disguise it. But the issue is so big that in the future we will have to deal with it. The Ministry of Health, without developing a policy, says 'we neither give you condom nor meet your demands for rights'. In short they say 'die'.”

(Demet Yanardağ, Black Pink Triangle Izmir Association)

Working with sex workers as the requirement of a social state principle and with the belief that sex workers are a social group which faces barriers in access to contraceptives, civil society organization representatives state that the Ministry of Health should distribute condoms to sex workers free of charge in cooperation with NGOs. Sex workers who are economically vulnerable and in poverty are obliged to buy condoms that are available in the market, and this becomes evident as condom is the greatest expense item among the monthly expenditures of sex workers who constantly provide sexual services. Many of the sex workers stated that they cannot afford buying condoms all the time, and therefore they use condom if the customer brings it with him.


A female sex worker working in a brothel stated that neither the owner of the brothel nor the state provides them with condoms; women earn money in difficult conditions and spend some of it monthly on condom:



“About 400 TL is spent on condom monthly. If I am an employee here, either the brothel owner or the state has to meet this need. If the brothel cannot afford it, the state should certainly afford it. Why should I pay this much money? If the state gives me a license, then it should also take the necessary measures to protect me professionally. I wonder how many of the women here go and buy condom for such an amount. Not all of them can afford. Some are in their 60s, how can they make that much money and buy condom? They cannot. This means risk. But the state does not see this risk or does not want to see it. It is as if they want to get rid of us.”

(Female sex worker, 38, Gaziantep)


An officer from one of the public health directorates whom we interviewed stated that the directorate provides condom from time to time; however, this is not sufficient:




“Condoms are distributed once a month, but this is not enough. There is no program involving condoms, these condoms are rather distributed in the context of family planning. Of course they are not sufficient in number for the women (sex workers). So the women provide the condoms themselves.”

*(Public Health Directorate,
Head of the Section for Infectious Diseases)*

Female and transgender sex workers working in the brothels explained that previously local authorities had provided trainings on safe sexual behaviors to women through the brothel doctors; however, these trainings have not been given for a long time. The women we interviewed in 5 brothels stated that the trainings for women or transgender sex workers on sexual health and reproduction used to be given many years ago.



“In the past they were giving trainings; now, let alone trainings, they try to close these places. I think each woman starting to work in a brothel should be given training. Apart from this, there should also be routine trainings. A single training is not enough; these places should be like



school. We work with our bodies, and the state should teach us how to protect our bodies.”

(Transgender sex worker, 45, Diyarbakır)

A doctor we interviewed in Izmir conducting the examinations in the brothel stated that the trainings should not be only for sex workers but also for the customers of sex workers. Commenting on the fact that many of the women confront the oppression by the customers regarding not using condom, the doctor suggested that one of the ways to prevent this problem would be to train the customers of sex workers about safe sexual behaviors.



“I think the trainings should also be given to the customers visiting the brothel. I know men in this country do not like to talk about these issues, but we have to. If such areas are formed by the state and if the female citizens of this country are working in these areas, the state has to protect the health of these women and of the customers and even has to do so effectively. This would not happen only by saying 'use condom'. Meanwhile, the customer should also be encouraged to use condom. And the way for this is training. The local authorities should integrate trainings for the customers into their work. If the Ministry of Health promotes this, then surely the local authorities would undertake this work.”

(Brothel Doctor, Izmir)

A family practitioner working at a family health center in Bursa thinks that the Ministry of Health does not consider providing condoms to sex workers and, what is more, its approach regarding the provision of condoms is restricted to family planning.



“As you know, now there is the idea of having at least 3 children. This idea is being articulated so much that although we provide women with a lot of trainings on reproductive health, they all become futile. While we say women, mothers, and families need to be made aware of the female body, sexuality, reproductive health, and similar issues, a politician

saying 'you have to give birth to at least 3 children' means he is not concerned with women's health. For that reason there are delays in the provision of condoms even for family planning. And the number of condoms delivered is quite low, I mean not sufficient. It is not enough for the families – let alone sex workers. Normally sex workers may get condoms from family health centers, but this is up to the family doctor. Apart from this, the amount of condoms which is not enough for the families cannot be sufficient for sex workers, either. The Ministry of Health should carry out programs for vulnerable groups like sex workers with a public health perspective and distribute condoms.”

(Family Practitioner, Bursa)

One of the criticisms directed at the Ministry of Health about the access of sex workers to the right of sexual and reproductive health and to health services is that the ministry does not have a program regarding the needs of sex workers and does not inform and train sex workers, service providers, and the public. One of the barriers in front of sex workers, who comprise a vulnerable social group in access to health services, is that they lack adequate information on safe sexual behaviors; nor do they have adequate access to contraception tools, tests, diagnosis and treatment services with mechanisms preventing infections from being transmitted through all sexual means, and health centers. Civil society organization representatives and sex workers stated that they could reach different sex workers through local public health directorates of the Ministry of Health, inform them about the aforementioned subjects, and develop training programs.

Yağmur Arıcan from Mersin 7 Colors LGBT Association said that indeed the Ministry of Health does grant sex workers the right to information and explains the following:

“The Public Health Directorate in Mersin can give us sexual and reproductive health trainings. If they contact us, we can certainly facilitate their reaching sex workers. If we prepare training programs about fundamental knowledge and hold them regularly, then sex workers

will have a raised awareness of safe sexual behaviors, institutions they could reach in case of a health problem, test centers, and similar mechanisms. But unfortunately there hasn't been any effort like this so far.”

(Yağmur Arıcan, Mersin 7 Colors LGBT Association)

Belgin Çelik from Red Umbrella Association stated that the Ministry of Health should develop policies by taking the realities and the needs in the area into account, and not through a specific political approach:



“The Ministry of Health should stop ignoring sex workers. We exist, we are everywhere. If the Ministry of Health is concerned about a problem like public health, it is useful if it cooperates with us. The ministry talks about conservatism as if being conservative means not being scientific. It is not...You may be conservative, but as you keep ignoring the problems of this society, you won't be conservative but will be people who do not respond to the needs of the society. I always dream of a Ministry of Health in this country which organizes training programs in cooperation with NGOs, prepares informative promotional materials, provides trainings to sex workers, and establishes centers for tests and consultancy free of charge. Only this way may problems be eliminated. And now it is not bearable anymore. If the ministry continues to 'play the blind and the deaf', the problems of sex workers will continue to grow incrementally.”

(Belgin Çelik, Red Umbrella Association)

It is also necessary that the Ministry of Health informs its own personnel apart from sex workers about the needs of vulnerable and sensitive groups like sex workers. A family practitioner working at a family health center in Ankara explained about his expectation from the ministry regarding this subject as follows:



“After we graduate from the faculty, we are not given any trainings related to these people's needs. So we start working without having any information and experience. If someday a patient who is a sex worker visits us, then we learn something, or the ones who have prejudice cannot respond to the needs of the sex worker patients. Perhaps they do not serve them because of their prejudice and cause that patient not to come again, etc. A training program suitable for all segments of the society should be developed with an egalitarian approach, and it should be made compulsory by the Ministry of Health for all the practitioners. And this is not enough if any humiliating attitude or behavior is at stake; legal action should be taken against those people. Only this way may sex workers come to our centers without hesitation and without being ashamed.”

(Family Practitioner, Ankara)

Apart from sex workers and its personnel, the Ministry of Health should also carry out informative activities related to the right of sex workers to access to sexual and reproductive health services as well as general health services for the public. Associate Professor Mehmet Akman from the Department of Family Practice, Marmara University stated that the Ministry of Health should prepare public spots in cooperation with the media and conduct campaigns related to the problems experienced in access to sexual and reproductive health services by people such as homosexuals, transgender individuals, intravenous substance users, and other similar ones including sex workers. The dominant approach is that which has made sexuality become a greater taboo; sexuality-related issues or sexual and reproductive health problems of citizens are not spoken; issues of public health are considered through the lens of ideological approaches rather than scientific ones; vulnerable and sensitive groups like sex workers are ignored; and the societal order and general health is not protected – these factors unfortunately harm all segments of the society with sex workers heading the league.

Because of the policies developed through this perspective, the Ministry of Health cannot conduct any survey regarding the barriers in front of sex workers in access to sexual and reproductive health. Moreover, there are no studies which would determine the burden of sexually transmitted infections on sex workers as one of the vulnerable and sensitive groups. Apart from this report in your hand, there is no other general data study on sex workers' access to sexual and reproductive health services, access to information related to these services, access to the medicine they need, whether the health centers can respond to their needs or not, quality of the health centers, level of information and experience of the health personnel, and other similar issues. This situation results in the non-development of policies that would respond to the needs of sex workers, and the position of sex workers, which is already vulnerable, is becoming even more vulnerable.

A family practitioner we interviewed in Istanbul claimed that sex workers do not trust the health system, and this is the result of not trusting the state generally.



“I have a sex worker patient. She comes whenever she needs. Previously she abstained from visiting us and was afraid. She was visiting the health center as if she was visiting the police station. And in time with my referrals she got used to coming here. And the nurses are also conscious and sensitive. She doesn't face any discrimination. However, she cannot make the other sex workers in the same neighborhood come here. She complains about this. When I ask why, she tells me that they do not trust the state and they are always afraid. Of course there is nothing to fear, but there are even sex workers with the totally wrong belief that if they come here we will inform the police. We are confronted with a wall of fear and they cannot overcome it, they cannot trust us. The state has got responsibilities in this respect. The state authorities should not treat sex workers as criminals.”

(Family Practitioner, Istanbul)

The majority of sex workers have got different working hours compared to those of the

other citizens. They work at night and sleep during the day. This situation causes sex workers to not be able to comply with the working hours of the health centers where they can be tested and examined and therefore hinders them from having access to these centers. A transgender sex worker we interviewed stated that he generally wakes up at 3 pm, and when he wakes up he feels very exhausted. The health centers are closed by the time he gets ready.



“Well I wake up at three in the afternoon. It takes me an hour to get out of the bed because I feel very tired. I work on the streets. High heel shoes, body labor, irregular sleep, malnutrition affect me negatively. Where can I go after I wake up? All the polyclinics provide services in the morning and the health center in the neighborhood closes in the afternoon, what shall I do? I have to wake up early, but this is unbelievably hard, I go to sleep about 7 am anyhow.”

(Transgender sex worker, 37, Ankara)

Civil society organization representatives state that the Ministry of Health has to develop programs for the groups which need special assistance like sex workers:



“If a transgender person does sex work, he wakes up at 3 or 4 the earliest. Many of them miss the normal working hours due to breakfast, shower, and preparations. And some of them do not want to go and say 'okay, I go some other day'. And this creates an obstacle before access to health services. It should be possible to provide special health services to sex workers.”

(Deniz Tunç, Istanbul LGBTT Solidarity Association)

Regarding HIV/AIDS and other sexually transmitted infections, sex workers should be able to access prevention, tests, and diagnosis and treatment services rapidly, simply, and free of charge. Test and diagnosis centers should be established for sex workers who do not visit the existing health centers, who abstain from visiting them due to various reasons or who have no opportunity to visit them; and these centers should provide consultancy in line

with the sensitivities of sex workers. Centers which abide by the working hours of sex workers, which are accessible and free of charge, and which provide anonymous test opportunities should be established and should operate properly; and materials and activities about the operation of these centers should be developed.



“We sex workers are accustomed to dealing with much work in a day – our lovers, children, family, disturbances by the police, fines, judicial stuff, hairdresser's fee, personal care, depilation, sex work, customers, disturbances by the neighbors, etc. It wouldn't be easy for us, entangled in all these, to be tested if there are no health centers which can be accessed easily. Many of us either forget or we see other things as more important or we avoid going to the health centers. Our tomorrow is not known – whether we will survive or die or what will happen to us...Therefore even when we get an appointment from the polyclinic we may not attend the appointment. We have a difficult life. But it would be good if centers were established close to our workplaces and if they operated at nights. Then I would go and get myself tested rapidly, ask questions if I have gotten any, and inform my friends.”

(Transgender sex worker, 37, Ankara)

Civil society organizations representing or working with sex workers are partially included or not included at all into the work carried out or planned by the relevant units of the Ministry of Health for the prevention of the spreading of HIV/AIDS and other sexually transmitted infections, which is to enable the citizens to gain access to contraception tools and simple, rapid, and free test and diagnosis facilities and to benefit from high quality and accessible treatment services. This situation causes the authorities not to acquire information about the needs and demands of sex workers regarding their rights to sexual and reproductive health. It makes the policies which have been developed so far acquire a characteristic of non-response to the needs of sex workers and even hinder sex workers' access to health services.

■ Comparison of Registered - Unregistered Sex Work in Access to Sexual and Reproductive Health Services

A substantial number of sex workers in Turkey do sex work in an area defined as unregistered or prohibited by the state. Only a small number of sex workers do sex work in the brothels legally.

Female and transgender sex workers working in the brothels have genital examination twice a week as foreseen by the legislation. In addition to this examination, at most every three months they take blood tests depending on the initiative of the provincial commissions on combating prostitution and, accordingly, sexually transmitted infections are detected.

In addition to health examinations and tests executed through the initiative of the commissions on combating prostitution which inspect the brothels in the cities, the brothels ensure the physical security of sex workers. While the brothels in the past were protected by the police, for the last two years they have been protected by private security teams. Although this situation is criticized by the workers of the brothel, physical security is paid attention. Although there are some exceptions, the general picture shows that physical security is ensured.

Compulsory tests and examinations regarding sexual and reproductive health in the brothels as well as their being safe workplaces make brothels attractive working places for many sex workers. Numerous female and transgender sex workers make an effort to be registered in the brothels. However, even though the governorates have provided the conditions for entering the brothels, applications made by sex workers are being rejected for a long while. In such a situation, sex workers whose applications are rejected apply for a legal procedure.



“I have been working in the brothel for two years. I could enter the brothel at last with the court decision. I worked on the streets for 16 years. I don't even remember how many times I was stabbed and raped.”

Life outside is difficult, so I set up my mind to enter the brothel. I made the application in Istanbul, the governorate rejected. Upon this I applied to the administrative court with my lawyer and I won the case. I made the entrance accordingly. While you are outside you get tested only when it comes to your mind and when you have the opportunity; here you have to be tested constantly. This is very important. For this reason it is extremely safe for my body and health here...”

(Female sex worker, 40, Istanbul)

A transgender sex worker working without registration explained why brothels are safe places in terms of access to health services with the following words:

“First of all you have to take tests. You cannot escape them and cannot have the right to be lazy. You are obliged to take tests; your results will be registered. If you have any health problem you cannot work without receiving treatment. I think this is important both from the perspective of the woman and the customers. You have to use condom. Of course they cannot check you during the intercourse whether you use condom or not, but if you don't use condom it is revealed during the examinations or when you take the blood test. Condom is important for the women's own health in the first place. Apart from the routine controls, if you have any health problem you may go to the hospital since you have social security.”

(Transgender sex worker, 37, Ankara)

Male sex workers with blue identity cards cannot work in the brothels. The legislation on sex work indicates that only women with pink identity cards may enter the brothels provided that they have the required conditions stated in the legislation. This situation creates a barrier in front of transgender and male sex workers who have blue identity cards to enter the brothels. And this situation results in a substantial number of sex workers being compelled to work without registration through extremely unsafe and risky ways.

A male sex worker whom we interviewed and who said he finds his customers in a park stated that, if he had the opportunity, he could work in safe place like the brothel:



“Now I know the region where I work very well, I also know the risks. But I have to work in the snow, winter, and cold. The police disturb you constantly and the private security staff batters you. You are open to rape; somebody comes and teases you, makes you miss the customer. You are robbed, tradesmen react against you. So it is problematic in all aspects. I don't want to work. There are brothels for women and why not for us? Isn't this discrimination? If such places were established I would work in these places. I would have insurance, security. In this park I am being disgraced. If there was a place like brothel I would take my tests, the doctor would refer me when I have a health problem. Here I don't know to whom I will ask what, I have no social security.”

(Male sex worker, 27, Ankara)

Associate Professor Emel İrgil from the Department of Public Health, Uludağ University stated that sex work done without registration creates problems regarding the sexual and reproductive health and that sex work needs to be legalized.



“Sex work is a need. In terms of both the health of the community and sex workers, sex work should be 'legalized'. This is because for the prevention of sexually transmitted infections it is not appropriate just to treat the ones who are infected. To avoid infection, precautions should be taken; condom and trainings should be provided. These are possible only in the existence of a legal basis.”

(Assoc. Prof. Emel İrgil, Uludağ Üniversitesi)

According to Associate Professor Mustafa Kemal Çelen, Member of the Department of Infectious Diseases from Dicle University, unregistered sex work increases the risk of infection.



“Diagnosis, treatment of the infections, and keeping the infections under control are possible only through the legalizing the area of sex work. If sex workers work without registration, this may mean health risks which cannot be controlled or inspected. Therefore sex work should be made legal and the state should provide an opportunity for this. Each brothel closed or each sex worker pushed to work without registration may mean an increase in the risks in terms of the public health. Legality also paves the way for these people to work confidently.”

(Associate Professor, Mustafa Kemal Çelen, Dicle University)

CONCLUSION

In Turkey, sex work has been planned as an area to be fought against rather than one which is recognized as a phenomenon; and policies are required to be implemented to solve the problems articulated on site. While the administration subjects the brothels to inspection through the By-Law on Venereal Diseases and Combating Prostitution on the one hand, it conducts implementations to prevent sex work on the other. Administrative steps taken with the perspective of preventing sex work emerge when the people doing unregistered sex work are being targeted, abused, and oppressed by the law enforcement officers constantly and mostly in a way to violate the human rights of these people. This situation exacerbates the general human rights condition of sex workers, leads to an increase in the number of discriminative and violent practices, and causes the sexual and reproductive health of this group to deteriorate.

It is necessary that sex work is accepted as a reality and legal as well as de facto measures are taken in line with the needs and sensitivities of sex workers. In contrast with the policies that have been taken up to present, legislations and implementations which will pave the way to the development of general human rights condition of sex workers and to the realization of access to health services regarding the sexual and reproductive health should be enacted.

At present, the negative impact of the legislation surrounding sex work, which shapes the daily lives of sex workers, should be discussed. The steps taken by the administration pursuant to the legislation arbitrarily push sex workers to work in unsafe and risky areas. The closure of the brothels one by one, banishment of new entrances into the brothels, raiding the homes of unregistered sex workers and sealing them, imposition of fines on sex workers, violence inflicted by the law enforcement officers, and the administration the judicial authorities' awarding the perpetrators with impunity make sex workers a more



vulnerable group.

Stigmatization and discrimination, violence, precariousness and poverty, the punishing effect of the legislations and implementations on sex workers, lack of a health policy responding to the needs of sex workers by the administration, lack of knowledge on the side of service providers and authorities regarding the problems of sex workers in access to health services as well as their needs in the area of sexual and reproductive health all cause sex workers to get weaker and the problem to grow further.

Stigmatization, social exclusion, discrimination, violence, implementations of the law enforcement authorities, and similar negative dynamics affect the general health as well as sexual and reproductive health of sex workers extremely negatively. Each negative impact mentioned puts a barrier in front of sex workers' access to health services.

Sex workers, who are one of the groups under risk, become more vulnerable due to the problems they experience in access to health rights, and their right to remain alive as healthy citizens is violated in addition to the oppression imposed by the administration on the one hand and social exclusion on the other.

As a result of numerous rights violations and unlawful implementations that they are subjected to, sex workers cannot acquire sufficient knowledge or even basic information on diagnosis and treatment services in the area of sexual and reproductive health and on access to mechanisms for the prevention of HIV/AIDS. Their right to information being hindered most of the time due to various social dynamics and deficient implementations, sex workers cannot protect their health and gain access to the health centers. Unfortunately, neither the service providers nor the officials from local public health directorates have adequate knowledge about the problems and needs of sex workers in access to sexual and reproductive health. While many practitioners lack information on the special needs of sex workers, the authorities responsible for the implementation and development of health policies do not carry out any study about the problems and needs of sex workers and do not contact sex workers. Therefore the authorities who have liabilities to present solutions to the needs of sex workers on site have significant inadequacies.

RECOMMENDATIONS

Recommendations presented in this section of the report have been prepared taking into consideration the explanations given by sex workers we interviewed on site, needs and demands they have articulated, level of knowledge that the service providers have, needs and recommendations that they have articulated, awareness of the provincial health directorate authorities and of the authorities at the Turkish Public Health Institution about the subject, and the problems and recommendations that they have articulated.



ISSUE AREA 1:

In Turkey the government has no health policy which responds to the needs of sex workers in the area of sexual and reproductive health through the Ministry of Health. This situation constitutes a serious barrier in front of sex workers' access to sexual and reproductive health and general health services.

■ Recommendation:

With the purpose of responding to sex workers' unmet needs, a mechanism which adapts a multisectoral approach should be developed, and this mechanism should be ensured to operate effectively and sustainably.

■ Recommendation:

The Turkish Ministry of Health should contact the civil society organizations representing sex workers or working on the issue of sex work; exchange views on the sexual and reproductive health condition of sex workers; and prepare an action plan together with the civil society organizations with the purpose of responding to the needs of sex workers on site.

■ Recommendation:

The Turkish Ministry of Health should design and implement a systematic field



survey related the problems and needs of sex workers throughout the whole country in cooperation with the civil society organizations representing sex workers or working on the issue of sex work, academicians, and service providers.

■ **Recommendation:**

The Turkish Ministry of Health should contact sex workers working in different provinces and determine their needs through the public and provincial health directorates.

■ **Recommendation:**

The Turkish Ministry of Health should compile the studies related to sex workers conducted so far and should develop a policy considering the needs and recommendations put forward as a result of these studies.

■ **Recommendation:**

The Turkish Ministry of Health should evaluate the issue of sex work with a scientific perspective and should develop a policy which basically recognizes the reality that this issue is a public issue and has got dimensions related to the whole society.

■ **Recommendation:**

The Turkish Ministry of Health should develop a special program or a unit for sex workers as one of the risk groups within the Turkish Public Health Institution; detect the needs of the social groups such as males having intercourse with males and people using intravenous substances; develop appropriate policies in close cooperation with the civil society organizations, academicians, and service providers with this program or unit.

■ **Recommendation:**

The Turkish Ministry of Health should quit perceiving sex work as an issue which is solely related to the control of sexually transmitted infections and develop an appropriate policy with a holistic approach in line with the needs of sex workers

in terms of their sexual and reproductive health. Within this scope, related to the issue of sex work not only the head of departments and of sections for infectious diseases but also head of departments and of sections for children's, adults' and women's reproductive health as well as other units in other fields should conduct studies, and these studies should be coordinated.

■ **Recommendation:**

The civil society organizations working with sex workers should conduct a systematic defense study for all other decision-makers and implementers starting with the Turkish Ministry of Health; inform the authorities about the problems and needs of sex workers in access to sexual and reproductive health and general health services; and inspect the implementations of the administration in this field.



ISSUE AREA 2:

The service providers do not have sufficient information on the needs and sensitivities of sex workers regarding their general health or sexual and reproductive health conditions. This situation hinders the access of sex workers to health services.

■ **Recommendation:**

The Turkish Ministry of Health should design and implement in-service trainings which are comprehensive and sustainable for service providers with the participation of civil society organizations consisting of sex workers or working with sex workers, academicians, or service providers who work in this field.

■ **Recommendation:**

Courses related to the needs and sensitivities of sex workers should be added to the educational curriculum of medical faculties of the universities and of institutions which focus on human resources training in the field of health (dentist, nurse, midwife, health technician) with the personal participation of sex

workers and with the support of the civil society organizations representing or working with sex workers. This way the knowledge and awareness of those who are receiving education at those institutions focusing on human resources in the field of health including the medical faculty should be increased.

■ **Recommendation:**

Training modules should be developed and implemented for the service providers regarding the problems and needs of sex workers in access to health services in cooperation with platforms comprising members of civil society organizations, practitioners, unions, and other civil society organizations which conduct projects to improve the rights of sex workers.



ISSUE AREA 3:

Sex workers state that they have been exposed to discriminative and disgracing behaviors at numerous health institutions. Similarly, many sex workers state that their access to health services is hindered by other patients' disgracing attitudes and acts of violence. Sex workers, because of negative and biased attitudes and behaviors of other patients and the environment, abstain from going to the health centers. This situation damages the trust felt among sex workers towards these health centers and restricts their access to these centers.

■ **Recommendation:**

Pre-service and in-service trainings for the prevention of stigmatization, which especially target service providers, should be structured by the Turkish Ministry of Health; and all services providers should be contacted systematically. Effective policies for the prevention of discrimination directly and indirectly should be enacted at the health institutions and during the provision of health services, including sex workers. In the case of detection of a discriminatory attitude for whatever reason, position, or status, an investigation should be

launched regarding the personnel working at the institutions affiliated or not affiliated with the Ministry of Health; and the related personnel should be warned or penalized as required. Clear statements and precise sanctions prohibiting discrimination and disgracing treatment directed towards vulnerable groups like sex workers should be added to the regulations, which determine the working methods and ethical values of the personnel affiliated with the Ministry of Health, as well as to the legislation.

■ **Recommendation:**

When it is considered that homosexual, bisexual, and transgender individuals are affected by the aforesaid discriminative implementations frequently, lawmakers need to draft an effective law against discrimination in which the statements of “sexual orientation” and “gender identity” should be added among the bases of discrimination.

The related statements should be added to the parts of the parliamentary bill on “Struggle Against Discrimination and Equality” prepared by the Ministry of Interior and yet not discussed in the parliament, in which the bases of discrimination are listed; and the way to penalizing discrimination against homosexual, bisexual, and transgender sex workers should be paved.

■ **Recommendation:**

While trainings should be given on a local basis to all the members of the society on sexual and reproductive health through the provincial public health administrations of the Ministry of Health, it is also necessary that the problems which sex workers are exposed to are explained; and it should be explained that the discrimination and violence are indeed factors impacting the health of the whole society.

■ **Recommendation:**

It is necessary that the Ministry of Health designs a national campaign with the aim to increase the society's awareness of the subject in cooperation with the civil

society organizations working in this field. Informative public spots should be prepared and extended through awareness-raising conferences, seminars, workshops, trainings and TV, radio, newspapers, and social media tools for various segments of the society. Briefing materials which intend to inform the society about discrimination and violence inflicted against sex workers and which explain the barriers in front of sex workers in access to health services should be prepared and disseminated.



ISSUE AREA 4:

Sex workers' level of knowledge regarding HIV/AIDS, sexually transmitted infections, tests, and diagnosis and treatment services is not sufficient. As this insufficiency affects sex workers' sexual and reproductive health and general health conditions negatively, it also creates risks involving the society. In addition to the insufficient level of knowledge of sex workers, there is also a number of factors created by the sector causing the contraception tools not to be used by sex workers. For example, the rejection of condom use by the customers may lead many sex workers who need money to have sexual intercourse without contraception.

■ **Recommendation:**

The Turkish Ministry of Health should develop sustainable and effective training programs for women working in the brothels where sex work is done legally and conduct trainings under the scope of these programs through the provincial public health directorates.

■ **Recommendation:**

The Turkish Ministry of Health should reach sex workers working without registration through the civil society organizations working with these people and the provincial public health directorates and develop appropriate training programs in line with the needs of sex workers.

■ Recommendation:

Civil society organizations working with sex workers should design training programs planned to respond to the needs of all sex workers on site and expand these training programs by reaching sex workers from different groups. They should detect the needs of different sex worker groups which may vary through field studies and carry out appropriate trainings in line with their daily requirements.

■ Recommendation:

Apart from consultancy or examination, diagnosis, and treatment services they offer to sex workers who are their own patients, service providers should inform the former and render these informing activities sustainable.

■ Recommendation:

In addition to the training programs, the Ministry of Health and civil society organizations should prepare informative and awareness-raising materials designed to respond to the problems and needs of sex workers, and these materials should be distributed to different sex worker groups. Sex workers' right to information about the subject matter should be secured.

■ Recommendation:

The sexual health trainings designed to take place continuously and regularly should be carried out by the provincial health directorates not only for sex workers but also for the customers of sex workers. As well as sex workers, it is necessary that customers are also trained on issues like sexually transmitted infections, HIV/AIDS, contraception tools, tests, evaluation, diagnosis and treatment services, and access to health services. For sexually transmitted infections including HIV, voluntary consultancy and test services should be made accessible.



ISSUE AREA 5:

Even though sex work has not been defined as crime in Turkey, each step taken to do sex work is detected as crime de facto, and sex workers are criminalized. Sex workers are oppressed by the administration or penalized through arbitrary implementations which emerge with the facilitation of the related legislation. This situation causes sex workers to work in unsafe areas, abolishment of safe areas, increase in the number of organized criminal groups, and the strengthening of physical, sexual, emotional/psychological, and economic violence. In such a condition, the sexual and reproductive health of sex workers is affected negatively, and this harms the individual and public health.

■ **Recommendation:**

The Turkish Government should accept that the existing situation creates serious problems in implementation for both the administration and sex workers. While the current legislation has a regulative function regarding sex work on the one side, on the other side it incites implementations with the perspective of preventing sex work. The pressure inflicted on unregistered sex work should be terminated, and studies should be conducted to make sex work legal.

■ **Recommendation:**

The closure of the brothels through various justifications should be terminated. The arbitrary attitude of the provincial administration authorities, which runs against the existing legislation to close down the brothels, should be changed; and an effort should be made to change the general operation of the brothels, focusing on the physical conditions of the brothels and the needs of sex workers working in these brothels.

■ **Recommendation:**

The policy of not issuing the first entrance registries to the brothels should be terminated. The disapproval of sex workers who are eligible for registry by the provincial administration authorities should be terminated, and the women with

appropriate qualifications should be permitted to enter the brothels.

■ **Recommendation:**

Intercourse houses and houses for only prostitution, which is defined by the legislation apart from the brothels where sex work can be done without registry, should be permitted for operation.

■ **Recommendation:**

There is a need for the existing legislation to be revised with a scientific and rights-based perspective and with the intention to improve the human rights of sex workers; and it should be made to comply with today's civilized conditions. Within the process of renewal of the legislation, civil society organizations should be encouraged to participate in the process actively, and the recommendations of the civil society organizations working on this subject should be taken into consideration.

■ **Recommendation:**

In the Turkish Penal Code under the heading “crimes against general morality”, criminal acts involving sex workers should no longer be used against sex workers, and sex workers should no longer be victimized this way. Statements in the Turkish Penal Code which are extremely ambiguous as well as acts like “encouraging prostitution”, ”mediating”, and ”providing place” that target sex workers should be changed so as not to target sex workers. In other words, in order for acts such as “encouraging prostitution”, ”mediating”, and ”providing place” to be considered in the class of crimes, attention should be paid to the fact that these acts are executed by force, threat, oppression, dismay, taking advantage of despair, and inflicting violence.

Again, in order not to have the criminal acts regulated under the headings of “obscenity” and “impudent behaviors” in the Turkish Penal Code to be interpreted as a means to target sex workers, these acts should be solidified and not be used against sex workers.

**■ Recommendation:**

Administrative fines constantly and arbitrarily imposed on sex workers based on the Misdemeanor Law and Highways Traffic Law should be terminated. Taking into consideration that these fines push sex workers to do sex work by exhibiting risky behaviors in less safe ways and impoverish them, the authorities should terminate these implementations.

■ Recommendation:

The raiding and sealing of homes, which are executed constantly so as to target sex workers and push them to work in unsafe areas, should be terminated through the related legislation.

**ISSUE AREA 6:**

One of the factors affecting sex workers' sexual and reproductive health quite negatively is this group's constant exposure to various types of violence. The violence makes sex workers vulnerable and becomes one of the factors which hinder their access to health services socially.

■ Recommendation:

The Turkish Government should collect data regarding violence against sex workers and share these data with the public. Through the data collected, policies appropriate for the needs of sex workers should be developed for the prevention of violence against sex workers, and legal and de facto measures should be taken to protect sex workers from violence.

Hate crimes which occur privately against the gender identities of homosexual, bisexual, and transgender sex workers and in general against sex workers as a professional group should be fought against entirely; and legal and de facto protection mechanisms should be developed.


■ Recommendation:

Violence inflicted on sex workers by the law enforcement officers should come to a halt. The Ministry of Interior is required to develop a program peculiar to the sensitivities and needs of sex workers for its personnel with the support of civil society organizations working with sex workers, and the ministry has to render this program sustainable.

Perpetrators of violence among law enforcement officers should be prosecuted, and the perpetrators should receive the necessary penalty.

■ Recommendation:

Protection mechanisms have to be formed for sex workers who are victims of these mechanisms, which can be defined as sheltering houses, consultancy centers, legal support mechanisms, and social support programs.

**ISSUE AREA 7:**

The majority of sex workers survive in the face of poverty and precariousness. As a result of the state's implementations, sex work is being pushed to unregistered areas, and sex workers who are deprived of safe working conditions cannot access the health services.

■ Recommendation:

The policy brothel closure should be terminated. Sex workers working without registration should be allowed to work in places like brothels where there is protection and social security, and they should be included into legal areas.

■ Recommendation:

The obstacle emerging in front of the male and transgender sex workers due to their having blue identity cards, and thus not being able to work in the brothels legally, should be removed. Taking this requirement into consideration, the legislation that regulates sex work needs to be revised, and gender-based

discrimination emerging due to access to legal areas should be terminated.

■ **Recommendation:**

When the date of entrance into the brothel and the total number of workdays attended are taken into consideration, insurance premiums of sex workers who work in the brothels should be paid and sex workers who couldn't retire due to reasons related to the premiums should be granted the right of retirement. The Social Security Institution, Ministry of Social Security, other relevant units of the government, and the governorates should coordinate with one another to make an assessment and grant the women their rights.

■ **Recommendation:**

The position of sex workers with a disease which would hinder them from working in the brothels within the time period that they are eligible to work should be considered within the category of professional diseases, and some warranties should be presented to the women dismissed from the brothels through support programs and social security rights.

■ **Recommendation:**

Sex workers who are sick, needy, have low income, and do not want to do sex work should be able to benefit from the support mechanisms to be developed by the government with social policies. There is a need to develop nursing homes, social security provisions, employment opportunities in other professions, and trainings and certificate programs in this context alongside with medical support and similar mechanisms. It is necessary for the Ministry of Family and Social Policies and relevant units of the government to cooperate with the civil society organizations working with sex workers in this respect.

■ **Recommendation:**

Civil society organizations working with sex workers need to develop support mechanisms for sex workers who are patients requesting special assistance, old, disabled, needy, with HIV, etc.



ISSUE AREA 8:

Due to issues such as not being Turkish citizens, language problems, cultural differences, and doing sex work through the mediators, immigrant sex workers are one of the groups which seem to have the most problems. Because of these obstacles, immigrant sex workers are exposed to violence more, are obstructed from access to justice mechanisms, and encounter severe barriers in access to sexual and reproductive health services due to working precariously.

■ Recommendation:

Stigmatization and disclosure operations conducted by the law enforcement officers against immigrant sex workers should be terminated. The policy of detaining these women through operations and forcing them to take HIV test is incompatible with human dignity and thus should be terminated. The criminalization of immigrant sex workers, who run away from the state and lose their confidence in the state due to constant operations, should be terminated.

■ Recommendation:

The Ministry of Health should collaborate with Ministry of Interior and organize informing activities related to sexual and reproductive health for sex workers.

■ Recommendation:

In order for sex workers who are victims of human trafficking and who do not want to work in this sector to be able to leave the sector, they should be provided with all types of support mechanisms. Civil society organizations should work together on this subject and finance should be provided by the state for sustainable support programs.

■ Recommendation:

The criminalization of sex workers who come to Turkey for sex work or sex workers entering the sector with their own free will should be terminated, and these women should be provided an opportunity to work in a safe environment

with all types of labor rights. The policy of deporting sex workers targeted by the operations of the law enforcement officers to their countries, where they may have to confront the risk of losing their lives, should be terminated.



ISSUE AREA 9:

A significant number of sex workers are living in constant poverty and precariousness. This situation prevents sex workers from access to contraceptive tools required for sexually transmitted infections and HIV/AIDS. Similarly, problems are experienced in access to health services due to reasons that are peculiar to the sex industry like unusual working hours.

■ **Recommendation:**

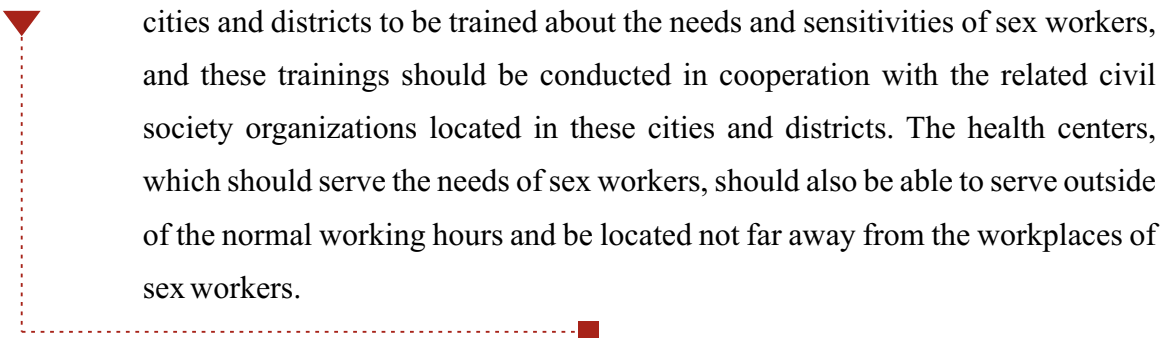
The Ministry of Health, pursuant to the principle of being a social state and the responsibility of developing special programs for social groups under risk, should distribute condoms and lubricants free of charge. Condoms should be distributed regularly by staying in contact with the civil society organizations working with sex workers in line with a perspective which suits the need for these materials and is sustainable.

■ **Recommendation:**

It is required that, regarding the issue of HIV/AIDS, an adequate number of volunteer test and consultancy centers which can be accessed by sex workers easily are established; they should also be open outside of the normal working hours, anonymous, and free of charge. Tests should be able to be taken quickly in these centers which should also provide the applicants with consultancy services. In addition to these, informing activities about these centers should be undertaken for sex workers.

■ **Recommendation:**

There is a need for the personnel at the health centers of municipalities in the



cities and districts to be trained about the needs and sensitivities of sex workers, and these trainings should be conducted in cooperation with the related civil society organizations located in these cities and districts. The health centers, which should serve the needs of sex workers, should also be able to serve outside of the normal working hours and be located not far away from the workplaces of sex workers.

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ANNEXES

■ Distribution of Sex Workers Interviewed on The Basis of Provinces, Gender and Sexual Identity-Table

	İSTANBUL	ANKARA	İZMİR	BURSA	MERSİN	GAZİANTEP	DIYARBAKIR	TOTAL
Female Sex Workers	5	10	2	2	3	2	1	25
Trans Sex Workers	3	5	3	2	3	2	2	20
Male Sex Workers	5	5	-	-	-	-	-	10
TOTAL	13	20	5	4	6	4	3	55

■ Distribution of Sex Workers, Service Providers, Public Health Directorate Authorities, NGOS and Academicians on The Basis of Provinces-Table

	İSTANBUL	ANKARA	İZMİR	BURSA	MERSİN	GAZİANTEP	DIYARBAKIR	TOTAL
SEX WORKERS								
Female Sex Workers	5	10	2	2	3	2	1	25
Trans Sex Workers	3	5	3	2	3	2	2	20
Male Sex Workers	5	5	-	-	-	-	-	10
TOTAL	13	20	5	4	6	4	3	55

SERVICE PROVIDERS								
Family Practitioners Working in a Family Health Center (FHC)	7	3	1	3	-	-	-	14
Gynecologists Working in a Private Hospital	-	-	1	-	-	-	-	1
Dermatologists working in a Private Hospital	-	1	-	-	-	-	-	1
Family Practitioners working in a Private Hospital	-	-	-	-	-	-	1	1
Brothel Doctor Affiliated with a Community Health Center	-	-	1	-	-	1	1	3
Retired Doctors	1	-	1	-	-	-	-	2
TOTAL	8	4	4	3	-	1	2	22
AUTHORITIES OF THE MINISTRY OF HEALTH								
Provincial Public Health Directorate Authorities	-	1	2	2	3	3	2	13
Turkish Public Health Institution Authorities	-	2	-	-	-	-	-	2
TOTAL	-	3	2	2	3	3	2	15
ACADEMICS								
TOTAL	2	-	1	1	-	-	1	5
NGO REPRESENTATIVES								
TOTAL	2	1	1	-	1	-	2	6
G.TOTAL	25	28	13	10	10	8	9	103

CONSULTANCY ON THE UNMET SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF SEX WORKERS



■ SEX WORKERS - INTERVIEW QUESTIONS

1. What is your name and last name?
2. How old are you?
3. Where do you live?
4. What is your sexual identity? Are your customers female or male?
5. How long have you been doing sex work?
6. Where do you work, how do you find your customers?
7. What is your average income?
8. Do you have any social security? If yes, what kind?
9. Do you use alcohol?
10. Do you use drugs?
11. Do you use intravenous substances?
12. Do you have any health problems?
13. Do you have any sexually transmitted infections? (HIV, hepatitis, gonorrhea)
14. Have you contracted any STI before?
15. If you have an STI, can you get access to all the facilities you need within the process of treatment of this infection? (Diagnosis, test, treatment, prevention, contraceptives)

16. If you have a health problem regarding STI (if you have HIV, for example), can you easily get access to the medication you need?
17. Do you think that you have sufficient information about the sexually transmitted infections?
18. Do you have intercourse with your customers using condom? Do you ever have intercourse without using condom?
19. In what occasions do you have intercourse without using condom? (High price proposal, being on alcohol, forced intercourse experience-rape, etc.)
20. Do you have intercourse with your partners or spouse using condom?
21. Do you have economic difficulties in purchasing condom and lubricant?
22. Do you know how to use condom? Have you ever used women's condom? Do you have access to women's condom?
23. Have you ever been raped? If yes, did you apply to any health institution for test following the rape?
24. What do you think about the reluctance of the Ministry of Health regarding the distribution of condoms to sex workers and the inadequacy of distribution of condoms?
25. Are you tested regularly for monitoring sexually transmitted infections? If you are, then how frequently do you apply to the health institutions?
26. What other measures do you take apart from using condom for your sexual health? (Lubricant, continuous sexual health tests, paying attention to hygiene, etc.)
27. Which institution do you apply to for your regular tests? (State hospital, private hospital, family health center, etc.)
28. Is the institution(s) you apply to located in your district or neighborhood? Do you have easy access?

29. Are you experiencing financial problems in terms of receiving services from any health institution?
30. Do you benefit from family health centers? If you do, in what ways do you benefit?
31. Do you receive services from the institutions you apply to by disguising your profession? Do you think you will be able to attain the services you need when you disguise your profession?
32. If you receive services by disguising your profession, do you think that the attitude towards you will change if you tell the health personnel that you do sex work? Please explain.
33. Have you ever been exposed to discrimination due to your profession and identity? Have you ever been rejected by any health institution? Please explain.
34. Have you ever been exposed to bad treatment? (Insulting, making fun, despising, etc.) Please explain.
35. Do you think the sexual or reproductive health services provided to you are sufficient? If not, what services should be offered (including consultancy) and how should the service quality be?
36. In what areas do you think the health personnel should be trained?
37. Do you think the civil society organizations working in the field of sexual and reproductive health provide you with the consultancy and test services you need?
38. Do you think that there is a need to open private or voluntary test and consultancy centers designed for sex workers? What kind of benefits may these centers have?
39. Do you think that the government has to support special mobile test and consultancy services designed for sex workers?
40. What kind of demands do you have from civil society organizations regarding sexual and reproductive health? What are your demands from associations and foundations?

41. What kind of sanctions have you been exposed to by the law enforcers?
42. Do you think the policies implemented (home raids, fines, lawsuits, etc.) affect your expectations in terms of your sexual and reproductive health?
43. Where do you feel more secure regarding sexually transmitted infections when you work on the street or through the internet at home or in a place like brothel (hamam, massage hall, hotel, etc.)?
44. Do physical/sexual violence, maltreatment or torture cases you are exposed to affect your sexual and reproductive health negatively?
45. Because you do sex work, have you gotten any reservations to get in contact with state institutions after being exposed to violence (hospital, courthouse, police station, etc.)?
46. Does the perception of sex work as a crime by the public authorities affect your access to health services?
47. What are your demands from the public institutions, authorities, and politicians to be protected from sexually transmitted infections and to have a secure sexual and reproductive health status?

■ **MINISTRY OF HEALTH – INTERVIEW QUESTIONS**

1. Are there any available studies in which Ministry of Health involved in order for changing the existing regulation on prostitution?
2. Are there any practices and policies of Ministry of Health on the issues experienced by sex workers in accessing STI and public health services?
3. As Ministry of Health, do you have any practices and policies in order to distribute condoms and lubricants free for sex workers in the provinces?
4. If you have any policy in that regard, how often and in what way are these

aforementioned distributions implemented? Do you think that those can meet the needs?

5. If you do not have a policy and practice in that regard, why you do not have those?
6. Do you have any efforts to open voluntary testing and counseling centers in order to meet the needs of sex workers?
7. If you do not have any effort in this regard, do you think that such an effort could meet the needs of sex workers and other vulnerable groups on sexual and reproductive health?
8. Do you get an information that sex workers are subjected to the discriminatory treatment in accessing to health / sexual health services in various health institutions? If there are such discriminatory treatments in fact, in order to avoid this, do you have any effort as Ministry of Health and related agencies?
9. Are you in contact with sex workers and / or non-governmental organizations working for sex workers?
10. If you are not in contact with them, is there any specific reason behind this?
11. If you are in contact with them, have you ever had any joint study or collaboration with them?
12. Do you think that the closure of brothels or the practices against sex workers, which criminalize them, resulted in STIs to be spread and their access to health services to be restricted?
13. What kind of a regulation on sex work should be enforced in order to prevent STIs to be spread, to ensure sex workers to enjoy their rights on accessing sexual and reproductive health?

■ ACADEMICIANS – INTERVIEW QUESTIONS

1. Is there any research done in Turkey on the situation of the sex workers regarding safe behaviors and sexually transmitted infections?
2. Have you worked together with sex workers so far?
3. What are the problems of the sex workers in Turkey in terms of sexual and reproductive health?
4. Are you in contact with the civil society organizations working in the field of sex work?
5. What kind of positive or negative effect does sex work legislation have on sexual and reproductive health of the sex workers in Turkey?
6. What are the barriers in front of sex workers in access to sexual health/general health services in a simple and rapid way?
7. What public health policies should be formed in order to overcome the existing barriers?
8. What kind of research needs to be conducted regarding the needs of sex workers in sexual and reproductive health and general health services? What is the role of the academicians working in this field at this point?
9. How do you assess the stance of the Ministry of Health in terms of meeting the needs of sex workers regarding their sexual and reproductive health as well as the health policies for this group?
10. What kind of health policies do you think should exist at this point?
11. What kind of sex work legislation do you think would facilitate the access of sex workers to sexual and reproductive health services?