UNDERSTANDING AND CHALLENGING STIGMA TOWARD SEX WORKERS AND HIV IN VIETNAM

Toolkit for Action
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This toolkit was developed by the Institute of Social Development Studies, with assistance from the International Center for Research on Women (ICRW). This is one of the key activities of the project “Understanding and Tackling HIV related Stigma and Discrimination in Vietnam” which is conducted with financial support of The President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID/Pact International in Vietnam.

The toolkit is an adaptation of a toolkit developed in Cambodia by Pact International and ICRW, Understanding and Challenging Stigma toward Entertainment Workers: Toolkit for Action. The new toolkit includes some of the exercises from the Cambodia toolkit adapted to the Vietnamese context, and some additional exercises written exclusively for the Vietnamese context.

This toolkit was prepared by a team including: Dr. Khuat Thu Hong, Nguyen Thi Van Anh, Vu Thi Thanh Nhan (Mit), and Pham Duc Cuong (ISDS); and Ross Kidd, Laura Nyblade, Laura Brady and Anne Stangl (ICRW).

The draft toolkit was tested at toolkit development workshop with sex workers and community members in August 2010. Participants shared their stories and analysis of stigma toward sex workers, and these stories were added to the content of the toolkit.

Once the toolkit was drafted, it was tested in three workshops conducted in March 2011 with health workers, law enforcement officers, rehabilitation center officers, staff of local and international NGOs, and staff of provincial AIDS Centers in Hanoi, Lao Cai, Hai Phong, Quang Ninh, Nghe An, Hue, Ho Chi Minh city, Can Tho, and An Giang. The toolkit was revised based on feedback from the workshops. We would like to express our recognition and sincere appreciation for the active participation of the workshop participants and their valuable contributions which helped to shape this toolkit.
The editing team also would like to sincerely thank the women who are and used to be sex workers in Hanoi, Ho Chi Minh City and Can Tho, for their active participation in the workshops and open discussions about their life stories and experiences facing stigma and discrimination. We are especially grateful to them for allowing us to use their stories as materials for this toolkit.

The toolkit pictures were produced by Ly Thu Ha, a Vietnamese graphic artist who designed the set of pictures describing stigma towards sex workers. As an enthusiastic participant of social activities, Ha has been actively involving in developing a series of stigma reduction tools conducted by ISDS for many years.

Feedback: Understanding and taking action to reduce stigma toward sex workers is an ongoing process that can only improve as we build on practical experiences from the field. We would be most interested in any feedback and comments on this toolkit. Please send your feedback to: info@isds.org or info@icrw.org

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<table>
<thead>
<tr>
<th>HW</th>
<th>Health worker</th>
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<tbody>
<tr>
<td>HIV</td>
<td>Human Immuno-deficiency virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting drug user</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>NGO</td>
<td>Nongovernmental organization</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>SW</td>
<td>Sex worker</td>
</tr>
<tr>
<td>TG</td>
<td>Transgender</td>
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Special Note: Acronym “SWs”

We have used the acronym “SW” for “sex worker” to help shorten the text and make reading easier. However, we would discourage the use of this acronym in workshops and instead promote use of the full phrase.

In workshops where there are sex workers, ask the sex workers how they would like to be addressed. In the toolkit development workshop, the female and male sex workers decided to call themselves “working sisters” and “working brothers”
WHY A TOOLKIT ON
STIGMA TOWARD SEX WORKERS?

There is a growing recognition in Vietnam that stigma and discrimination toward sex workers (SWs) plays a key role in increasing the vulnerability of sex workers to HIV infection. Along with the effort in combating HIV/AIDS, the Vietnam government and civil society have increased work to address stigma and discrimination toward sex workers, as well as the vulnerability of sex workers to HIV.

Sex workers face many forms of stigma and discrimination:

- They are often blamed and shamed at home, and in many cases forced to leave home.
- They are often badly treated in the community and in social gatherings.
- They are abused and cheated by clients, pimps, and the owners of bars, restaurants and guest houses (where sex workers work) and in some cases face physical and sexual violence.
- If they are cheated or abused by clients or pimps, they have to accept this as part of the job - they are not protected by the police and their complaints are rarely taken seriously.
- They are harassed and in some cases arrested by the police, and face harsh treatment in the rehabilitation centers.
- They are often badly treated in health care facilities and as a result, find it difficult to access testing, treatment and other health care services.
- If they are using drugs or if they get HIV, they face additional stigma, which makes their lives even more precarious.

Sex work is illegal in Vietnam and sex workers are often forced to live a hidden existence, cut off from their families and the community, and having to hide their sex work. Their rights are not protected and they have to sell sex in unsafe situations - working alone, working in darker, less public areas or unfamiliar areas, and spending less time negotiating for safe sex and checking clients for danger signs such as drunkenness or aggressive behavior.

Due to their illegal status and the stigma they face, they often stigmatize themselves (“self-stigma”), accepting the blame of society, which often leads to self-isolation.

Stigma is a major barrier to sex workers’ accessing testing and treatment for HIV and other STIs. Many health care workers have limited knowledge about sex workers, so they may have the same stigmatizing attitudes as the public. As a result they may deal with sex worker patients in a hostile and discriminatory way, for example, keeping them waiting, using insulting language, gossiping and betraying confidentiality, and providing poorly done and rushed examinations.
WHY A TOOLKIT ON STIGMA TOWARD SEX WORKERS?

Experiencing stigma and discrimination makes sex workers feel alone, despised, and rejected. This destroys their self-esteem. Sex workers may begin to doubt themselves. As a result, sex workers may take less care about their sexual health, e.g., not using condoms regularly and consistently with clients and partners/husbands. They may be forced or paid more to have sex without condoms. If they get HIV or other STIs, sex workers may find it difficult to tell their partner/husband for fear of losing him. As a result of all of the above, sex workers are at increased risk of contracting HIV, and if infected, they may pass HIV to their clients and partners/husbands. In this way, stigma toward sex workers helps to fuel the general HIV epidemic.

Stigma toward sex workers is rooted in traditional norms which view sex work as a social evil, in people’s perceptions of gender and sexuality, and in a lack of knowledge about sex workers. People judge sex workers, saying they have broken social norms and are destroying families. Sex workers are also marginalized in other ways - for instance if they are women, MSM, or transgender, or if they are using drugs or are living with HIV.

Sex workers have been a major focus of HIV prevention efforts in Vietnam over the last decade. Through the National HIV Prevention Program, the Vietnam government has been effectively promoting condom use and regular STI testing by sex workers.

The National AIDS Authority has recognized that the law criminalizing sex work undermines HIV prevention efforts, and it is trying to create a more empowering environment that respects the rights of sex workers and removes stigma and discrimination so that sex workers can access prevention and care services.

The toolkit is written to support these efforts, in particular to:

a) Improve service providers’ and the community’s understanding of sex workers and how stigma and lack of human rights fuels HIV transmission.

b) Build public recognition of the problem of stigma and discrimination toward sex workers and public support and commitment to stop stigma and discrimination.

c) Get health workers and other service providers to start developing new codes of practice for how they counsel, test, and treat sex worker patients.

A key aim of the toolkit is to help sex workers break out of a life on the margins, build improved relations with their families and communities, reassert their rights, protect themselves from HIV and other STIs, and get better access to health services.
WHAT IS THE TOOLKIT?

The toolkit is a collection of educational exercises to help explore, understand, and challenge stigma and discrimination toward sex workers.

It uses a participatory approach, based on discussion, small group activities, pictures, stories, and other methods to make the learning lively and fun. The aim is to get participants actively involved in thinking about these issues, rather than passively listening to a lecture. Participants learn through sharing ideas and experience, discussing and analyzing issues, solving problems, and planning how they can take practical action to challenge stigma. This approach fosters a sense of responsibility on the part of participants, which is the first step toward practical action.

The toolkit is written for you, the facilitator. It provides detailed, step-by-step instructions on how you can plan and facilitate these sessions.

To use these exercises, you will need basic facilitation skills to manage large and small group sessions, to use different participatory activities (e.g. role playing and card-storming), to summarize key points, and to involve all participants. These skills and techniques are explained on pages 10-18 at the end of this chapter.

WHO IS THE TOOLKIT FOR?

The toolkit is for individuals and organizations that are working to stop stigma and discrimination toward sex workers. In Vietnam, this work has been started by a number of NGOs which are working with sex workers, community groups, service providers, and others on these issues. One goal of the toolkit is to help health care workers, police officers, and community members become more aware of stigma and discrimination toward sex workers and what can be done to change it.

HOW IS THE TOOLKIT ORGANIZED?

The toolkit is organized into an introductory chapter and two parts:

- Part One: Exercises for sex workers only
- Part Two: Exercises for service providers, the police, and the community
WHAT IS THE TOOLKIT?

Part One has a single chapter including 13 priority exercises to be used by sex workers. These exercises will be conducted by peer educators.

Part Two consists of four chapters:

- Chapter A: Naming Stigma and Discrimination toward Sex Workers
- Chapter B: Sexuality
- Chapter C: Sex Workers and HIV
- Chapter D: Moving to Action
HOW TO USE THE TOOLKIT?

The toolkit is a collection of optional exercises designed to be used in a flexible way for different target groups. You can select those exercises that suit your target groups, your objectives, and the time you have for training. You can use the exercises in any order and in any combination, as appropriate for your group.

You may use the exercises with a single target group (e.g., health workers or sex workers) or with a mixed target group, such as health workers, sex workers, and community members. You may want to run a three- to five-day workshop, a single community meeting, short weekly sessions over several weeks (say to a sex worker support group or the staff of a health facility), or two or three exercises introduced as part of a longer and broader training program on HIV and AIDS.

You will decide how to select and package the exercises to make your own training program.

You can select exercises from any of the chapters, although Part One is designed only for sex worker groups. There are lots of optional exercises using different methods to keep trainers and participants interested.

You will find one example of a training plan for health workers on the following page.

USE THE TOOLKIT FOR PARTICIPATORY LEARNING

The toolkit is designed for participatory learning, so it should not be used for a lecture. Changing stigmatizing attitudes and discriminatory actions requires more than giving people information or treating them as a passive audience. People learn best through discussing with others and figuring things out for themselves.

The process to change attitudes and behaviors needs to be participatory, allowing people to express and reflect on their own ideas and feelings, share with and learn from their peers, and discuss and plan with others what can be done to challenge stigma. The idea is to create a safe space where participants can express their fears and concerns, freely discuss sensitive and "taboo" issues, such as sex, and clear up misconceptions.

HELP PARTICIPANTS MOVE FROM AWARENESS TO ACTION

The toolkit is designed to build awareness and action, so you should also include sessions that work on solutions to problems and plan for action. The aim is to help people agree on what needs to be done and support each other in working for change. So encourage participants to put their new learning into action and start challenging stigma in their own lives, families, and communities.
SAMPLE PROGRAM: THREE-DAY WORKSHOP FOR HEALTH WORKERS

<table>
<thead>
<tr>
<th>DAY ONE</th>
<th>DAY TWO</th>
<th>DAY THREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductions</td>
<td>Breaking the Sex Taboo (B1)</td>
<td>HIV Transmission &amp; Sex Workers (C2)</td>
</tr>
<tr>
<td>Naming Stigma and Discrimination toward Sex Workers (A1)</td>
<td>What Do We Know about Sex Workers: Review (B2)</td>
<td>HIV Risk Factors Related to Sex Workers (C3)</td>
</tr>
<tr>
<td>Naming Stigma and Discrimination toward Sex Workers in Different Contexts (A4)</td>
<td>Myths and Misconceptions (B3)</td>
<td>Sex Workers and Human Rights (D2)</td>
</tr>
<tr>
<td>Personal Experience of Being Stigmatized (A7)</td>
<td></td>
<td>Challenge What People Say about Sex Workers (D3)</td>
</tr>
<tr>
<td>The Blame Game – Words that Hurt (A9)</td>
<td>How Stigma toward Sex Workers Fuels the HIV Epidemic (A11)</td>
<td>Start with a Vision - A World without Stigma (D1)</td>
</tr>
<tr>
<td>Forms, Effects, and Causes of Sex Worker Stigma (A10)</td>
<td>Stigma &amp; Discrimination toward Sex Workers in Health Facility (A12)</td>
<td>Building a Stigma-Free Health Facility (D4)</td>
</tr>
<tr>
<td>Homework: Quiz - What Do We Know About Sex Workers? (B2)</td>
<td></td>
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</tbody>
</table>

THE EXERCISES OR SESSION PLANS

Each exercise in the toolkit is written up as a session plan, a detailed, step-by-step description of how to facilitate the learning exercise. The session plans will help you run each session.

Each session plan is divided into the following parts:
# HOW TO USE THE TOOLKIT?

<table>
<thead>
<tr>
<th>FACILITATOR’S NOTE</th>
<th>A brief note to the trainer on the importance of this exercise or extra advice on how to facilitate it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBJECTIVES</td>
<td>What participants will know or be able to do by end of the session.</td>
</tr>
<tr>
<td>TIME</td>
<td>Estimated time needed for the session. The time will vary according to the size of the group. Larger groups will require more time, especially for report backs.</td>
</tr>
<tr>
<td>MATERIALS</td>
<td>Pictures, case studies, role plays, etc., which are used in the session. We do not list basic materials, e.g., flipcharts, markers, masking tape.</td>
</tr>
<tr>
<td>STEPS</td>
<td>The learning activities used in the exercise, described &quot;step by step,&quot; with the learning content.</td>
</tr>
</tbody>
</table>

The steps are the core of each session plan. This section includes information on:

<table>
<thead>
<tr>
<th>METHODS</th>
<th>Discussion, rotational brainstorm, card-storming, role plays, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUPS</td>
<td>Buzz or small groups; suggestions on group size and tasks</td>
</tr>
<tr>
<td>QUESTIONS</td>
<td>Specific questions used to guide discussion.</td>
</tr>
<tr>
<td>EXAMPLES of RESPONSES</td>
<td>Examples of typical responses - presented in boxes. This helps you (the trainer) understand the kind of responses expected from the discussion. They are not the required output - they are only examples, and are not meant to be read out as a lecture. Many of them are the actual responses from pilot workshops to test this material. They are simply a checklist to help you understand the type of responses expected. They can help you identify issues that you may want to raise, if participants do not raise them.</td>
</tr>
<tr>
<td>REPORT BACK</td>
<td>Procedures for groups giving reports after discussion.</td>
</tr>
<tr>
<td>PROCESSING</td>
<td>These are additional questions and discussion, conducted after the report back, to help deepen the understanding. Processing relates the new learning to participants’ own context.</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>Points to be emphasized at the end of the session. The summary is very important, so be sure to allow enough time for it. Start off by summarizing participants’ own ideas, then add the ones in the given list if participants have not already mentioned them.</td>
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TIPS FOR FACILITATING PARTICIPATORY WORKSHOPS

PART A - GENERAL FACILITATION TIPS

Working as a Team

- Plan and run the workshop with another facilitator, and take turns in the lead role.
- One facilitator can lead the session while the other records on the flipchart and helps with physical preparations.
- Plan the workshop beforehand together, and decide who will lead each session.
- Support each other. If one facilitator runs into trouble, the other can help him/her out.
- Meet at the end of each day to debrief how the day went and plan for the next day.

Arrival

- Arrive at the venue an hour before the starting time to get everything organized and welcome participants when they arrive.
- If participants arrive while you are setting up, don’t just ignore them and carry on. Welcome them and make them feel comfortable, help them get registered, etc.

Preparation

The more preparation, the smoother the workshop will go, and you will save time.

- Physical Preparations
  a) Remove tables to allow participants to move around and make the workshop less formal.
  b) Set up chairs in a circle or semi-circle so everyone can see each other.
  c) Set up a table for materials: handouts, markers, tape, flipchart paper, cards, etc.
  d) Arrange the materials. Put up blank flipchart sheets for recording, write up flipchart instructions for exercises, cut up paper for card-storming, etc.
- Think about how best to facilitate each session. What is the objective of the session, and what do you have to do to ensure that the session meets its objective? What is the best way of explaining each exercise or of asking questions? What examples can you give if the group doesn’t understand what you mean? What extra information or ideas can you provide in the summary?
HOW TO USE THE TOOLKIT?

Workshop Opening Activities

- Organize games or songs to break the ice, build a sense of community, and help participants relax and have some fun.
- Ask participants to give their “expectations” about the workshop and then explain the objectives, i.e., what the workshop will do and what it will not do.
- Agree on ground rules, e.g., confidentiality, active participation, listening, cell phones off.

Breaks

- Organize breaks to allow participants to rest and get some food or drinks to re-energize.
- Check with whoever is preparing the food so that it is ready when you need it.

Giving Instructions for Exercises

- Start off by telling participants what the exercise is. For example, “The first exercise is ‘Naming Stigma through Pictures.’ We will look at these pictures in pairs and discuss the kinds of stigma we see in these pictures”.
- Explain one step in an exercise at a time and get participants to do that step, e.g., say, “Divide into pairs” and then have them do it. Then explain the next step, “Each pair should select one of the pictures on the wall”, and get them to do it. If you take them through all the steps in the exercise before asking them to do any, they will just become confused, and it wastes time.
- Keep your instructions simple and clear, and use examples to help with understanding.
- If participants have blank looks, check that they have understood: “What are you being asked to do or discuss?”.
- Write the instructions or discussion questions on a flipchart, and use the same words that you plan to use in explaining the instructions or questions.

Organizing Group Work

- Give clear instructions on what the group is expected to do: a) the questions to be discussed, b) the reporting method (e.g., verbal, using flipchart, or drama), and c) the time limit.
- If the task is difficult, write instructions on the flipchart so that everyone is clear.
- Then divide into groups (see below).
- After groups are formed, go around to each group to check that they are clear about the task. Ask them to explain what they are expected to do, to see if they understand.
HOW TO USE THE TOOLKIT?

- Allow the groups to complete the task on their own, but make yourself available to answer questions, and remind them about the time remaining and how they are to report.

Dividing into Groups

- In dividing into groups the aim is to mix participants up, to get them working with different people. Keep changing the members in a group for each exercise.
- To achieve this objective, select groups on a random basis. Decide on the desired number of people in each group and divide the total number of participants by this number to determine the number of groups. Then count off around the group: “1, 2, 3, 4, 1, 2, 3, 4, etc.,” and ask the ones to form a group, twos to form a group, etc. Or call out four different names, such as “mango … orange … banana … coconut … mango … etc.” and ask the “mangos” to form a group, “oranges” to form a group, etc.
- In deciding on the group size, you will need to think about the following:
  a) Large groups (five to nine persons) mean less participation, but the report back takes less time.
  b) Small groups (two to four persons) mean more participation, but more groups to report so it takes longer.
- Some group work can be done in “buzz groups” (pairs); everyone gets a chance to talk.

Report Backs

After groups have completed their work, they will be expected to report back. There are different ways of doing this:

- Round robin reporting: Each group presents only one point at a time going round the circle until all the points are exhausted. The group reporter should only give new points. This method helps to equalize contributions by different groups and avoids repetition.
- One group, one topic: Each group reports on a different topic or question.
- Only one question: Groups report on only one of the questions discussed: the key question.

Recording on Flipchart

One facilitator should take notes on plenary discussion on the flipchart. This provides a permanent visual record, helping participants see what has been discussed and what needs to be added. Writing down points triggers other ideas and provides the basis for a summary of the discussion. Here are a few tips on recording:
HOW TO USE THE TOOLKIT?

- Write only the main points or key words, not everything that participants say.
- Use participants’ own words so that they recognize their own contributions.
- Write large and clear (ideally capital letters) so people at the back of the room can see.
- Use different colors, e.g., black for the main text and red for underlining key words.

Giving Summaries

At the end of each exercise, after participants have fully discussed the issue, you should briefly summarize what participants have mentioned that they learned. This is an opportunity to help participants consolidate what they have learned, so make sure you give yourself enough time to do it well. Here are a few tips:

- Make your summary on the basis of:
  a) what participants have said during the session
  b) other points that may not have been mentioned (see list at the end of the exercise).
- If you have the time to prepare, write your main points in key words on a flipchart and then explain them.
- Keep it short and simple; no more than 10 minutes.

Managing Energy

Check on energy level at regular points in the workshop and respond if energies are low.
- Observe their body language. Are they yawning? Do they look bored? Tired?
- Ask, “How are you feeling? Is it time for an energizer or a break?”.
- When people are tired, change the activity to get more participation (e.g., break into buzz groups or do an activity standing up) or do an energizer or take a break.
- Use your own energy as a facilitator, communicated through a strong voice and active body language, to energize the group.

Managing Space

Change the space and the organization of the chairs to suit your activity and provide variety:
- Start off with a circle or semi-circle so that everyone can see each other.
- For some activities, e.g., report backs, use a formation with participants sitting in rows close together. This adds energy and helps everyone hear better.
- Change the front of the room from time to time, suited to the activity.
- Where possible, organize some activities outdoors.
Timing and Pacing

- Be time conscious. Decide how much time you need for each session, and work to these time limits. Don’t allow sessions to drag on too long!
- Remember: Small group work takes more time than you expect. You will also need to allocate time for report backs.
- Don’t go too fast. Let the group help you set an appropriate pace.
- Do small group work in the afternoon when the energy levels drop.
- Give small groups enough time to do their work. Don’t rush them.
- Close on time! Don’t drag things on forever at the end of the day.

Action Planning

- At the end of the workshop, get participants to develop an action plan for how they are to use what they have learned from the workshop.
- Get participants to think about what they can do individually (e.g., changes in their own lives) and what they can do as a group (e.g., things they can do to challenge stigma).

Evaluation

- Organize an evaluation at the end of each day.
- Hand out a one-page questionnaire (e.g., likes, dislikes, what was learned, issues needing more discussion) and ask participants to complete it. This helps to identify problems or issues that need to be addressed, and it helps you improve the running of the workshop.
- Summarize the main points from the evaluation the following morning.
- Don’t be defensive about the evaluation comments; try to learn from the feedback.
- Organize an evaluation at the end of the workshop.

PART B - HOW TO FACILITATE DISCUSSION

Discussion is the core activity, so as a facilitator you need to be good at facilitating discussion, asking good questions, listening actively, rephrasing, and encouraging everyone to participate. Here are a few tips:

Open Questions and Probing

- One of your main tasks as a facilitator is to ask effective questions:
a) Open questions. Questions that encourage many different opinions, to get all participants talking and contributing.
b) Probing questions. Follow-up questions to get more information.

- **PROBING** involves asking more questions to get participants to give more information on an issue, find out the views of other people, find out how people feel about an issue, or look for solutions to the problem.

### Active Listening

- After asking each question, listen carefully to what each person says. Give him/her your full attention and concentrate on what s/he is saying.
- If you listen actively, participants will know that they are being heard and understood. This encourages them to be more open about sharing their experiences, thoughts, and feelings.
- Active listening is crucial to leading the discussion. If you don’t know what the person has said, it is hard to ask the next question or shape the flow of discussion.
- Active listening involves:
  a) **Eye contact.** Looking at the person most of the time to show interest and understanding.
  b) **Encouragers.** Signals to the other person that you are listening, e.g., nodding your head, saying things like “Yes. … Okay….I see….That’s interesting…..Tell me more….“
  c) **Rephrasing** to check that you have understood what the person is saying.

### Rephrasing

- Rephrasing is summarizing what someone has said in your own words: “What I heard you say is that you want to _______”.
- The aim of rephrasing is to show the speaker you value what s/he has said, to help clarify it, and to help others add on their own ideas.
- Rephrasing helps to ensure that you and the group have heard correctly what the person said. It also helps the recorder, giving him/her a clear summary of what was said in a few words.
- Rephrasing leads into another question, e.g., “Do others agree?”

### Encouraging Participation

In some workshops, you will find a few participants dominating, often older men. Look for ways to get others involved and to get the talkers to talk less:
HOW TO USE THE TOOLKIT?

- Use the ground rules as the basis for encouraging everyone to contribute.
- Thank the big talker for his contribution and say, “We would like to hear from everyone.”
- Ask questions to the silent and praise their responses; this will encourage them to talk.
- Divide into pairs (buzz groups) to get everyone talking.
- Go around the circle getting one point from each person.

Handling Sensitive Issues

You have to be prepared to manage sensitive issues, e.g., talking about sex. Here are some tips:

- Start with yourself. Be prepared to discuss these issues without feeling uncomfortable.
- Build an open atmosphere in which participants feel comfortable talking about these issues. The body mapping exercise helps to get people talking about body parts and about sex.
- Get a reading of the group’s body language to help you decide when to probe further on an issue and when to back off. People who don’t want to discuss something may avoid eye contact or have their arms crossed across their chest.

PART C - SPECIFIC WORKSHOP TECHNIQUES

Introduction

The exercises in the toolkit use five main techniques, along with discussion and small groups:

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<th>TECHNIQUE</th>
<th>WHAT HAPPENS?</th>
<th>EXERCISES</th>
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<tr>
<td>Card-Storm</td>
<td>Working in pairs, participants write single points on cards. The cards are taped on the wall, creating a quick brainstorm of ideas, which are then “clustered,” prioritized, and discussed.</td>
<td>A2, A10, B2, D1</td>
</tr>
<tr>
<td>Rotational Brainstorm</td>
<td>Flipchart sheets, each with a different topic heading, are taped on different walls of the room. Groups of participants move around the room writing a few ideas on each topic and then move to the next flipchart sheet.</td>
<td>A4, A9, D1</td>
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<tr>
<td>Case Studies</td>
<td>Written descriptions of real situations facing sex workers are used as the focus for discussion and problem solving</td>
<td>A6, A11, A12, E2</td>
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<tr>
<td>Paired Role Playing</td>
<td>Participants, working in pairs, act out different situations or how they can solve a certain problem.</td>
<td>C3, C4</td>
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<td>Individual Reflection</td>
<td>Participants sit on their own and think about a situation in their lives when they were stigmatized; then they share.</td>
<td>A7, C1</td>
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HOW TO USE THE TOOLKIT?

Tips for using each technique are described below.

**Card-Storm**

- Prepare materials - cards (half sheets of paper), masking tape strips, and markers. Make sure you have enough cards and markers and that the markers are not going dry.
- Put up topic cards along the upper wall: categories/questions for the card-storm.
- Put up a few example cards of what participants are expected to write.
- Divide into pairs and hand out cards and markers to each pair.
- Explain the task - “Write points on _____ - one point per card. Check what others are writing so you don’t repeat points which are already on the wall”.
- Encourage participants to start writing. As cards get written, tape them on the wall.
- After enough cards are on the wall, ask a few participants to eliminate repetition and cluster common points under different categories.
- Ask those who did the clustering to read out the points.
- Ask people to clarify points: “What does this mean? Examples? Anything missing?”.
- Prioritize the points and then focus on the most important points (processing).
- Processing - What does it mean to you? Your experience? Solutions?

**Rotational Brainstorm**

- Preparation: Put up topic headings on different flipchart sheets and tape on different walls of the room. Make sure there is room between each sheet. Put markers at each flipchart.
- Give clear instructions about the task: What groups should discuss/write, the rotational system, what direction to move in, etc. Check that people understand the task.
- Divide into the number of groups for the number of topics, and assign each group a topic.
- Ask groups to start discussing the topic and writing down their ideas immediately, rather than stand talking.
- Check on the output of each group. When every group has been able to write at least one or two points, ring a bell or give another prompt to get groups rotating.
- Remind participants of the direction to move, e.g., clockwise, and show them with your hands.
- Each group moves to a new sheet, reads what is already there, and then adds new points that are not already written.
- Continue the process until the groups have contributed to all flipchart sheets.
HOW TO USE THE TOOLKIT?

- Then organize a report back. Ask the group that started on the flipchart sheet to present points on its sheet.
- Clarify any confusing points and add points.
- Then ask extra questions to “process” the output: “What did we learn? What does this tell us? How does this relate to our own situation?”.

Case Studies

- Hand out copies of the case study. In the exercises in the toolkit there are enough case studies so that each group can focus on a different one.
- Explain the group task: Read the case study and analyze it. Usually the analysis of a case study involves:
  a) Describing the problem in the case study and its root causes.
  b) Deciding on ways to solve or avoid the problem.
- When groups have completed their work, ask each group to give its report. Then invite other participants to ask questions.

Paired Role-Playing

Participants pair off and each pair performs a role play on a scenario described by the facilitator. The role plays are performed simultaneously, so participants are less likely to feel self-conscious about their acting, because no one is watching them; everyone is focused on his/her own pair’s role play.

- Ask participants to pair off and face the partner.
- Explain the roles. For example, “A is the father, B is the sex worker.” Agree in each pair who plays what role.
- Explain the scenario. For example, “The father tells the SW daughter that he is very unhappy with her sex work and wants her to stop. The daughter should respond in a strong and confident way”.
- Get them started. Say, “Start your role play!”.
- After two or three minutes, shout “Stop!” and ask a few pairs to show their role plays, one at a time, in the center of the circle.
- After each role play, ask: “How did B do? Was she convincing?”.
- If someone thinks s/he can do a better job, ask him/her to take over the role.
- Then ask, “What did you learn from the role playing?”.
HOW TO USE THE TOOLKIT?

Individual Reflection

Participants are asked to think and talk about experiences in their own lives, and this may trigger strong emotions. You need to be ready to deal with them. The following tips may help:

- Establish a quiet, peaceful environment in which participants feel comfortable to reflect on their experience and share with others.
- Explain the ground rules:
  a) No one is forced to share; the sharing is voluntary.
  b) The information shared is confidential; it should not leave the room.
- Ask participants to take their chairs and find a space on their own.
- Ask them to close their eyes and reflect on a time in their life when they felt stigmatized.
- After three or four minutes of silence, ask them to open their eyes and find someone with whom they feel comfortable to share their experience.
- After 10 to 15 minutes, bring the whole group back together.
- Invite a few participants to give their experience. Remember: No one is forced to share.
- Then ask participants, “What did you learn from this exercise?”.
- If it helps to get participants talking, share your own experience.
- Observe the mood and keep asking the group, “How are you feeling?”.
- In some cases a participant may talk about a personal crisis and break down or become too emotional. You will need to find a way of dealing with it, e.g., one facilitator sitting with the person and getting him/her to talk, while the other facilitator continues leading the discussion.
- If a person begins to cry, reassure him/her that it is okay to cry. If necessary, take a break.
PART ONE

EXERCISES DESIGNED FOR SEX WORKER PEER EDUCATORS
INTRODUCTION

The exercises in this section are designed for educational sessions with sex workers. These sessions would often be conducted by SW peer educators.

The aim is to help sex workers to think through their own experiences as sex workers, how they have been stigmatized and discriminated against, and how it has affected their lives. The exercises are also designed to build the capacity of sex workers to cope more effectively with stigma, discrimination, and violence. The activities allow sex workers to share experiences, work on strategies for coping with stigma and violence, develop assertiveness skills, and build self-esteem.

The first three exercises (SW1, SW2, and SW3) are used to describe how stigma takes place in different contexts, e.g., the family, community, workplace, etc. In these exercises, sex workers talk about the different forms of stigma and discrimination, how these affect them, why stigma is happening, and what might be done to challenge stigma.

SW4 helps to make stigma more personal. By this time, participants are beginning to feel comfortable with each other and can talk about their own experiences of being stigmatized. In this exercise participants share their own stories of being stigmatized by others, and how it feels.

The next five exercises (SW5 to SW9) look at solutions or action: what sex workers can do, individually and as a group, to challenge stigma and discrimination. Exercises SW10 and SW11 look at the impact of stigma on the HIV epidemic; and SW12 and SW13 get sex workers thinking about how they got into sex work and how it has affected their lives, as well as how stigma has affected their own attitudes and behavior toward other SWs and marginalized groups.
EXERCISES DESIGNED FOR
SEX WORKER PEER EDUCATORS

EXERCISES

SW1. Naming Stigma & Discrimination toward SWs through Pictures

SW2. Naming Stigma & Discrimination toward SWs through Case Studies

SW3. Naming Stigma & Discrimination toward SWs in Different Contexts

SW4. Personal Experiences of Stigma

SW5. Strategies for Coping with Stigma

SW6. How to Disclose to Family or Friends

SW7. Understanding Human Rights

SW8. How to Challenge Stigma Assertively

SW9. Stigma and Discrimination toward Sex Workers in the Health Facility

SW10. HIV Transmission and Sex Workers

SW11. How Stigma toward Sex Workers Fuels the HIV Epidemic

SW12. Key Questions about the Lives of Sex Workers

SW13. Stigma among Sex Workers and Stigma toward Marginalized Groups
By the end of this session, participants will be able to:

a) Describe stigma towards sex workers, why it happens, and how it affects sex workers
b) Discuss ways of combating stigma toward sex workers

1. Picture-Discussion: Divide into groups of three or four people (groups can be larger if there are many participants, but ideally comprising no more than seven people). Pass the pictures around the groups. Ask each group to look at the pictures and select one. Ask them to discuss:

a) What do you think is happening in your picture in relation to stigma toward sex workers?

b) What is the effect on the character?

c) Does this happen? If so, give examples

Option:

Instead of describing what is happening in the picture, the facilitator can ask the group to discuss and imagine what each character in the picture would say in that given context, and to illustrate this by writing out the dialogue between characters. Based on the scenario, the group can do a role play.

2. Report Back: Ask each group to show its picture and explain how people are stigmatizing the sex worker and the effect on the sex worker. Other members can share their stories.
SW1. NAMING STIGMA AND DISCRIMINATION TOWARD SEX WORKERS THROUGH PICTURES

Examples of Responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right or wrong answers.

SW2. Community members are gossiping about a sex worker

Community members are pointing fingers at and gossiping about a sexily clothed young woman passing by on the street. They think she is a sex worker. They are shaming and criticizing her.

*Story:* This happens to us all the time. We have to accept this “blaming and shaming” from the community. Women who dress modernly and “sexily” are often criticized by the community as being “bad girls”, and they are often assumed to be sex workers, although nowadays more modern and fashionable styles are increasingly common. A woman who wears a short skirt or short shorts may be assumed to be an “improper girl”.

SW3. Parents stop their (sex worker) daughter from holding her baby

Parents insist on custody of their daughter’s child because they think she is involved in a bad line of work and therefore cannot raise the child properly. They are afraid that she may have a bad influence on the child, or they may think that she cannot be trusted to raise the child. They worry about what the neighbors will say.

*Story:* This happened to my sister. Things became worse for her when she became addicted to drugs and got HIV. She was not allowed to go home and or to visit her child. She lost her right to raise her child.

SW6. Family kicking their son (SW) out of the house

Father kicks son out of house once he discovers that the son is a homosexual and he is doing sex work for living. SWs try to hide their job as a sex worker from their parents, but eventually the parents will find out.

*Story shared by a female sex worker:* I ran away from home and started sex work when I was 15. A few years later, I came home to see my family, and my sister said, “Why are you coming home? You are just a whore”. I felt hurt and left. Later when I had children, I brought them to visit my family who told them, “Don’t follow your dirty mother’s footsteps”.
SW8. Self-stigma. Sex worker sitting on bed all alone

The sex worker is sitting alone, looking sad and depressed. No one is talking to her. The family and community may be isolating her, but it may also be a case of self-stigma.

*Story:* We often feel very alone, with no one to talk to. Even our sisters do not talk to us to share our deepest feelings about what we are going through as SWs. We often turn to alcohol and smoking or gambling just to forget and to avoid being alone.

SW9. Patients are gossiping about and isolating a sex worker patient at the health clinic

Gossip by patients who are trying to avoid contact with a young woman whom they suspect to be a sex worker. The woman looks very unhappy.

*Story:* I went to the obstetric hospital for a checkup. A doctor looked at some girls with hair dyed red and said: “I know such kind of person can do only one kind of work - sex work. I can tell from their colored hair style. I know sooner or later they will get HIV”.

SW11. Sex workers gossiping about another sex worker

Two sex workers are gossiping about and isolating another sex worker. Maybe she has HIV or has done something wrong. The sex worker looks sad, lonely, and depressed.

*Story:* There is competition among sex workers - often they fight over customers and some report each other to law enforcement officers.

SW15. Gang sex - a sex worker is forced to have sex with several men

SWs suffer a lot of violence from clients, especially clients who are drunk. They don’t want to use condoms and in many case they force sex workers to do what they want. If a SW refuses to comply with a paying customer’s demands, she may face high risk of violence, both physically and sexually.

*Story:* One time I was forced to sleep with seven guys. They trapped me in a room, and each had sex with me. They were using drugs. I was scared but I did not dare to cry - I said, I will do whatever you say, but one at a time. I had to accept this. Sex workers cannot ask for help.

*Source:* Stories from participants who were sex workers/ex-sex workers in toolkit development workshops, Hanoi, August, 2010.
3. **Solutions/Action:** Discuss with the whole group, “What can sex workers do to combat stigma?”

**Examples of responses (taken from a toolkit development workshop).** The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

- We should let people know that many women turn to sex work because of poverty, or they are pushed into it due to circumstances beyond their control, such as being trafficked. Most of them do not want to get into sex work.
- SW can use normal clothes when they are in the community or going to work and put on their “sex worker” clothes when they reach workplace.
- SW should overcome their own self-stigma to ask people for respect in daily life. They can show others in their community that they can be good mothers, they can help other people in need, and they are not troublemakers, but an asset to the community.
- Sex workers can respond positively to people in the community who accept them, and not worry about those who don’t accept them.
- Sex workers should speak up when they are treated unfairly in the community, in a clinic, or in other circumstances.
- Use arguments, documentation, etc. to help people understand that SW have the same rights as everyone else.
- Participate in community activities (charity, helping others) to gain community trust.
- Move to another place where people do not know what the SW is doing for a living.
4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Sometimes sex workers are treated badly because of how they look (e.g. revealing dress, heavy make-up) or because of their work. People isolate or reject sex workers, e.g., refusing to sit beside a sex worker in a clinic; or gossip about them and call them names. When sex workers are isolated or harshly judged, this is called “stigma”. It makes sex workers feel ashamed. This worsens their situation but doesn’t help them to get out of sex work.

- There are different forms of stigma:
  - Shaming and blaming: Sex workers are blamed because their work (selling sex, having sex with many clients) is seen as immoral. Show picture SW2 as an example.
  - Isolation: Sex workers are isolated or rejected by other people because their work is illegal. Show picture SW6, SW7, and SW10 as examples.
  - Self-stigma: Some sex workers blame and isolate themselves in reaction to the blame and rejection from the community. Show picture SW8 as an example.
  - Discrimination: Stigma is an attitude. When people act on this attitude and treat people badly, this is called “discrimination”, e.g. sex workers being harassed by some police, not given fair treatment in the clinic. Show picture SW10 as an example.

Some of the effects of stigma are:

- Sex workers feel sad, lonely, rejected, and ashamed; they lose their confidence.
- Discrimination. Sex workers are kicked out of the family, isolated from raising their children, treated badly by their clients and pimps, given poor services in clinics, and harassed by some law enforcement officers.
- They may become depressed, alcoholic, involved in drug use, etc.
- Sex workers stop using health services (e.g., STI treatment, HIV testing), and they take less care in using condoms with clients and partners/husbands. As a result, they may become infected with HIV and pass HIV to their clients or partners/husbands. In this way, stigma toward sex workers helps to fuel the general HIV epidemic.
Violence by client faced by sex worker - story of a participant who was a former sex worker

We often face a lot of violence by customers who are drunk or who are hooligans. If we do not follow what they want they will beat us or refuse to pay us. Once I met a group of seven clients who all were using drugs. I had to do whatever they asked because if I refused they would threaten to kill me. In some cases when I knew they were hooligans and refused to go with them, they forced me to bend down and beat me right on the street. I would rather be beaten by them than go with them because I know that I will not be paid but the same time would have to please all of them without knowing when I can go.

NAMING STIGMA AND DISCRIMINATION TOWARD SEX WORKERS THROUGH CASE STUDIES

OBJECTIVES

By the end of this session, participants will be able to:

a) Describe stigma and discrimination faced by sex workers in different situations
b) Discuss the causes and effects of stigma
c) Work out possible strategies to combat or cope with stigma

STEPS

1. Case Studies: Divide into groups of three or four people. Form the groups so that you have at least one literate sex worker in each group who can read the case study. (Help those groups who have no literate sex worker to read the case study.) Give each group a copy of the case studies and assign each group to focus on one. Ask each group to read its case study and discuss the following questions:

   a) What happened? Why?
   b) What could the main character do to challenge the stigma and discrimination?

TARGET GROUPS

Sex workers

TIME

1 hour

MATERIALS

Copies of the case studies for participants

Case Study A: Mai (Stigma from family)

Mai grew up in a small poor village. Like most girls in the village, she dropped out of school after finishing junior secondary school. Her father said that it is waste to invest in girls' education beyond that, that it is better for them to get a job and then get married in a couple of years. She listened to father's suggestion and worked as a tailor in a small factory in the village. The work was poorly paid. Her low education qualified her for very few jobs. When she was 17, a friend's relative invited her to go to the city to work as waitress at a bar, where she was expected to sit with clients while serving them beer. Sometimes clients asked her to have sex with them. When her father asked her what she was doing, she told
him she was working at a company. Later he found out what she was actually doing. When she went home to visit, her father said, “Why are you coming home? You are just a whore! You have destroyed our family honor”. He told her to leave and never return. Later when she got married, her father gave a message to her through her friends that she can marry whoever she wants, but to the family she is dead. A few years later when she had children, she went with them back to her home so her family could meet them. However, her parents still shunned her and even told her children that their mother is a whore. The whole family still does not accept her because as someone who has worked as a sex worker, she brings unacceptable shame to the entire family.

(Source: Based on a story told by a sex worker participant in a workshop with former sex workers and collaborators, Hanoi, August, 2010).

Case Study B: Bich (Stigma at the clinic)

Bich works in a May Chieu karaoke bar as a sex worker. She insists on condoms when having sex with clients, but sometimes she agrees to “bare sex” (sex without a condom) when clients pay more money. She also has a regular partner with whom she does not use condoms because if she did, this would imply she didn’t trust him. One day she started to feel a pain in her vagina. She went to the clinic to get tested and treated. The nurse gave her a funny look and kept her waiting a long time. The nurses were openly gossiping about Bich, commenting on her dyed hair and stylishly polished nails: “Such kind of girl with colored hair like corn and blue lined eyes, sooner or later she will become newcomer of the cemetery”. Finally she was called in to see the doctor. The doctor looked at her, observing the tattoos on her body, and said, “You can’t fool me. I can tell what kind of girl you are by your hair and your nails. Maybe you already have HIV”. He then started to ask her about the number of clients and different sexual positions instead of asking her about symptoms. Frustrated, Bich said, “Could you please examine me, rather than asking me about my sex life? How many partners I have and how I do it is my personal matter”. The doctor got angry, said he only examined “normal people,” and did a rushed examination. Bich felt humiliated. She said she would never go back to that clinic again.

(Source: Based on a story told by a sex worker participant in a workshop with former sex workers and collaborators, Hanoi, August 2010).

Case Study C: Thao (Stigma from clients)

Thao never thought that she would become a sex worker when she grew up, but her parents were poor. The income from farming was not enough to make ends meet for her family. Thao moved to the city to look for better job opportunities to help the family. A friend found her a
job at a karaoke club. The owner told her she had to make the clients happy. On the first day a client tried to touch her breasts and said he wanted to have sex with her. She refused and he got very angry, insulted her and threatened to beat her. She told him, “I'm only here as a karaoke waitress”, but he said, “Who are you kidding! Stop pretending. You are just a cave (sex worker). That's why you are working here. You must serve me”. He complained to the manager who then ordered her to meet client's demand and to please the client. Thao felt humiliated but she could not do otherwise because she did not know what else to do. She wanted to keep the job so she did what the client asked. He was very rude and the sex was very painful. Afterwards he beat her and scolded her, saying, “Doing this kind of job, you have to learn how to satisfy the client - that is how a whore like you can earn money!”.

Another client told her, “For me sex workers are just a toilet to release my urge, nothing more”.

Case Study D: Cam (Stigma from pimp)

Cam has been working for few years in a massage/hair wash services shop. Hung is her pimp. He forces the girls to receive clients all day long. If a girl refuses for any reason, he curses her and even beats her. He keeps telling his girls. “You are useless, and once you become involved in sex work you have nothing to lose”. He is only interested in money and shows very little concern about the health of the sex workers working for him. Cam and other girls wanted to go for an STI test each month, but he refuses to provide money for the transport. He tells them, “I don’t care if you die. If you get HIV, it’s your own fault. And if you miss work, your salary will be deducted”. Cam has stopped going for an STI test, because the combined costs of the test, transportation, and deduction from her salary is too high. In some cases Hung forces the girls to have sex with his special clients who do not pay.

2. Report back: Ask each group to read its case study and then report on what they have discussed. Ask other groups to comment.

Examples of Responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right or wrong answers.

Case Study A

- Mai was forced to drop out of school and become a sex worker out of poverty.
- Out of shame, she tried to hide her work as a sex worker from her father.
- Once her father found out she was working as a SW, he kicked her out of the house.
- Her sister and other family members insulted her.
What could she do?

- Given the strong prejudices and stigma towards sex work, many sex workers choose to hide their work from the family. If the family finds out, as in Mai’s situation, she should seek out the most sympathetic family member who will listen and might understand why Mai felt she had to turn to sex work.
- Try to help the family understand that she loves them and her choice was driven by her desire to help them financially, and that she needs their support.

Case Study B

- Bich got an STI from having sex without a condom with a client or her partner.
- At the clinic she was badly treated - kept waiting, gossiped about, and insulted.

What could she do?

- Bich already challenged the doctor by asking him to focus on his work and by not responding to his humiliating questions.
- After examination, write a letter about the health workers’ attitudes and put it in the Clinic Feedback Box (if it is available).
- Find another clinic where she can be treated better.
- Carefully read the clinic regulations concerning health workers expected treatment protocol before entering the examination room.

Case Study C

- Thao started to work as a sex worker because of poverty. It was the only job available.
- She was forced by her employer to have sex with a client.
- The client insulted her and sexually and physically abused her.
- Thao felt powerless. She felt that she could do nothing but accept this treatment.

What could she do?

- Thao should talk with other sex workers and find out how to handle difficult clients.
- She should tell the manager of the karaoke club that her health is very important, that she will no longer accept having sex with violent clients, and that he should protect her for the sake of his business.
- She should learn some skills for refusal from other sex workers, and should assertively refuse to have sex with clients who are drunk or abusive (if the manager is supportive).
3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

► Sex workers face stigma and discrimination in many places: at home, in the community, in their workplace, at health facilities, and at the hands of clients, pimps, bar or guest house owners, and even some law enforcement officers.

► Sex workers are shamed and rejected by their families; badly treated at health facilities; and physically and sexually abused by their clients and pimps.

► Sex workers can face multiple stigmas: as sex workers, they are seen as “socially evil,” as bad and depraved for selling their bodies for sex; and if they have HIV and/or are a drug addict, they face additional stigma and discrimination. Furthermore, because sex work is illegal, sex workers have a hard time protecting their civil rights.

► The main causes of stigma are:

  - **Moral judgments** - Sex workers are viewed as selling their body and having many sexual partners, practices that flout social norms and are judged to be immoral, that destroy the family virtue.

  - **Fear and ignorance** - People have little understanding about sex workers and what leads them to do sex work, so out of ignorance they condemn sex workers for their sexual behavior.

  - **Power, gender and poverty** - Stigma is rooted in inequality in power relations between men and women, especially in sexuality and stereotypes and prejudices towards men and women’s sexual presentation. Moreover, sex work is considered illegal by law in Vietnam.

► One form of stigma is the physical and sexual violence they often face from their clients. They often feel powerless at the hands of these men. The attitude of clients is that once they have paid their money, they can do anything to the sex worker and she has no right to complain.

► Sex workers can combat stigma and violence, but to do so they need to be empowered and to find ways to tell their clients, bar/karaoke/guest house owners, and pimps that:

  - It is important to insist on safe sex practices not just to protect the health of the SW, but also to protect the client.
• Insults and violence do not result in better outcomes for you, the SW, or the client. Treating the sex worker fairly will encourage her to protect her own health and the health of her clients while also meeting the client’s needs.

► Sex workers need to work together to reduce the stigma and violence. They can, for example, keep photos of abusive clients, develop group guidelines on how to stay safe, monitor their local situation in order to identify cases of exploitation or violence, and give each other support when cheating, discrimination, or violence occurs.

**Shared by participants**

“Many times I see no light to my life. Family is a very important support for me. Without family I do not know where to come back. If we cannot rely on the family for support, where would it be?” (shared by a sex worker participant).

“Supply follows demand, but the society blames only women who do sex work and not men who seek it.” (shared by a community participant)

*Source: Toolkit Development Workshops, Hanoi, August, 2010.*
Strategies to cope with stigma and discrimination in health care settings

1. Seek support from superior manager or director of the hospital/clinic.
2. Report unfair treatment to the hotline which is available in most health care facilities.
3. Learn relevant laws (related to rights to health care and treatment, HIV, etc), and clinic’s regulations and code of conduct (always available in each clinic).
4. Question stigmatizing treatment loudly and publicly to attract attention of the health clinic manager and other patients.
5. Raise awareness about laws related to health care services and other laws and policies for health worker conduct, especially related to HIV.
6. Address your issues and complaints to higher ranking management of the clinic.
7. Record stigmatizing and discriminating attitudes/actions of health workers for evidence.
8. Ask help from the local network of peers/voluntary groups.
10. Dress modestly and simply to avoid standing out as being different.

Source: Suggestions by participant of toolkit development workshop with SW, Hanoi, August 2010.
NAMING STIGMA AND DISCRIMINATION TOWARD SEX WORKERS IN DIFFERENT CONTEXTS

FACILITATOR’S NOTE

Exercises SW2 and SW3 are similar, but they use different methods. You should choose one or the other; it is up to you to decide based on what you’re more comfortable with and what you think is most appropriate for your group of participants.

OBJECTIVES

By the end of this session, participants will be able to:

a) Describe stigma and discrimination faced by sex workers in different situations

b) Discuss the causes and effects of stigma

c) Work out possible strategies to combat or cope with stigma

TARGET GROUPS

Sex workers

TIME

1 hour

STEPS

1. **Topic Groups**: Divide into five groups of roughly equal numbers. Assign each group to work on one of the following contexts - stigma from the family, community, health facility, client, pimp, and the police. Ask each group to discuss:

   a) How are sex workers stigmatized in this situation?
   
   b) What is the effect on the sex worker
   
   c) What can they do in this situation to challenge the stigma?

**Option**

Instead of describing what is happening in the picture, the facilitator can ask the group to discuss what they think each of the characters in the picture would say in that given context, and to illustrate this by writing out the dialogue between characters. Based on the scenario, the group can do a role play.
Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Stigma from the Family

- Scolding, belittling, and shaming/humiliating. “Why did you bring shame on the family?”.
- Blamed for destroying the family name and reputation.
- Isolated and excluded from family decision-making, or kicked out of the house.
- When the sex worker gets sick, no one in her family cares for her.
- Family wants to protect reputation so they hide the fact that someone in their family is a sex worker from neighbors.
- Effect on sex workers: they feel isolated, lonely, ashamed, become careless about their well-being, start using drugs, self-stigmatize.

- What could she do?
  - Explain to the most supportive family member (sister, mother) why and how she became a SW and why it is difficult to get out of the profession.
  - Try to help the family understand that she loves them and her choice was driven by her desire to help them financially, and that she needs their support.

Stigma from the Community

- People look down on the SW and try to avoid her when they see her on the street.
- Blaming SW for destroying marriages; see them as carrying diseases and causing men’s adultery and debauchery; cause of decay of social morality.
- Effect on sex workers: Try to hide working status. Become careless; want to take revenge; become aggressive; low self-esteem; lose motivation to change their life; turn to drug use and gambling to mask their misery.
What could she do?

- Avoid clothing or behavior that singles her out as an SW.
- Involve herself in community life and fulfill community duties.
- Be helpful and supportive to others.
- Be friendly and well mannered with neighbors.

Stigma at the Health Facility

- Bureaucratic and unfriendly treatment. Harsh and stigmatizing language.
- Sex worker patients are kept waiting or told to come another day or are treated last.
- Gossip and making fun of sex workers by clinic staff and other patients.
- Judging comments: “Your type will get HIV soon”.
- Breaching confidentiality. Clinic staff tell other staff and patients.
- Effect on sex workers: they avoid using the clinic.

What can she do?

- Be assertive in demanding equal treatment with other patients.
- Avoid clothing or behavior that singles her out as an SWs.
- Find another better clinic.
- Report the stigmatizing and discriminating attitudes/behavior to the clinic management.

Stigma from the Client

- Insulting and humiliating words (“whore”); condescending attitudes and behavior; violence when drunk.
- Cheating/exploitation - refuse to pay the full amount or change the conditions, e.g., organizing gang sex after negotiating the price.
- Clients think they can do anything to a sex worker including rape and gang rape, sex without condom, unwanted sexual acts, etc.
- Male sex workers, especially transgender sex workers, face harassment and rape.

What can they do?

- Ask for support from employer or protector.
- Refuse to go with a customer who is violent or drunk.
- Support each other when cheating, discrimination, or violence occurs.
2. **Report Back and Processing:** Ask each group to present to the whole group the main points from their discussion.

3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Stigma toward sex workers takes place everywhere: homes, communities, clinics, and the sex worker’s workplace, especially among sex workers who work on streets or in entertainment facilities. There are very few places where sex workers feel safe. They feel they can be physically and sexually abused everywhere they go.

- Sex workers are stigmatized in a number of ways:
  
  a) Blamed and shamed, rejected and shunned by families.
  b) Subjected to gossip and treated as outcasts in the community.
  c) Given poor services and treatment at clinics: judgmental and stigmatizing language, no confidentiality, etc.
  d) Sexually abused by clients.
  e) Exploited by pimps and harassed by some law enforcement officers.
  f) Transgender sex workers often are harassed and sexually abused by other detainees when they are put in rehabilitation centers (they are still considered by the officers as male so they are put in male center).

- Stigma at home is particularly painful. This is the place of last resort. If your own family stigmatizes you, you have nowhere else to go. You are all alone.

- To avoid stigma and discrimination, sex workers try to hide, to keep their sex worker identity hidden from others, as a coping strategy to avoid stigma and discrimination.

- Being forced to hide means that sex workers may also hide their sexual activities from health workers, making it more difficult for sex workers to get the health care they need. For example, sex workers may go to a clinic for STI treatment and then find it difficult to tell the doctor that they have an STI because they are afraid the doctor may discover she is a sex worker and treat her badly. As a result sex workers may not get treated for the STI or tested for HIV.
PERSONAL EXPERIENCES OF STIGMA

FACILITATOR’S NOTE

This exercise requires a lot of trust and openness within the group, so it should not be used as the first exercise. It works better if it is used after two or three other exercises (e.g. SW1, SW2, and/or SW3).

When introducing this exercise, try to put participants at ease and help them get into the mood first for individual reflection and then for sharing this experience with other participants.

Emphasize that the sharing is voluntary. No one is forced to tell her story of being stigmatized. Emphasize the importance of confidentiality, that what is shared should stay in the room.

This exercise can trigger painful memories for some participants. So you should be ready to deal with the emotions raised.

OBJECTIVES

By the end of this session, participants will be able to:

a) Describe how they have been stigmatized and discriminated against as sex workers

b) Discuss how it felt to be stigmatized

TARGET GROUPS

Sex workers

TIME

1 hour

STEPS

1. Individual Reflection: Ask participants to sit on their own. Then say: “Think about a time when you were stigmatized for working as a sex worker”. Give them a few examples, such as being insulted at the clinic once health staff found out that you are a sex worker, or badly treated by a client. Ask them to think about, “What happened? How did it feel? What impact did it have on you?”

2. Sharing in Pairs: Say, “Share with someone with whom you feel comfortable”. Give the pairs a few minutes to share their stories with each other.

3. Sharing in Plenary: Invite participants to share their stories in the large group. This is voluntary; no one should be forced to share a story. People will share if they feel comfortable. After each story, ask, “How did you feel? How did this affect your life?”
4. **Processing:** Ask, “What did you learn from this exercise? What feelings are associated with stigma?”.

5. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- The feelings of being stigmatized - of being mocked and despised - are very painful, and they last a long time;

- Stigma destroys our self-esteem. We begin to doubt and hate ourselves. We feel very alone at a time when we really need the support and company of other people. Many sex workers think that once they start, there is no escape and so they consider their lives as ruined. Many think they deserve the blame of community and family;

- The hardest stigma we face is the blaming and shaming from our families. Once we lose the love of our families, we feel very alone.

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**Examples of stories from workshop in Hanoi.** The examples below are only examples; they are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses you might expect.

**Story A:** I am a sex worker. One day I went for an HIV test at the clinic. At first the staff were friendly to me. Then the nurse saw I have a tattoo. She looked at me differently and asked, “What is your occupation? Why are you coming to get tested? What is it you do that puts you at risk of getting HIV? Do you use drugs?”. I told the nurse that I worked in a restaurant, so I wanted to test my blood. This was my way of hiding my identity, so she wouldn’t know I was a sex worker.

Later the doctor gave me a medical checkup. After the examination, he asked me, “Where are you from? Where do you work? What restaurant? What are your hours? Can I come and visit you? At what time?” I felt harassed. All of his questions showed he had no respect for me and looked down on me.
Story B: Soon after leaving the rehabilitation center, I became pregnant. When I went to the hospital to have the baby, no one came to visit me. I delivered my baby all alone. Afterwards my sister came to see me. The first thing she said was, “Do you have HIV?” I was hurt. I asked my sister to wash my clothes, but she refused. Now my child is two years old, but no one in the family wants to visit him. My father said nothing and my mother refused to hold my baby, even though he does not have HIV. My parents have shown me no love - they do not see me as a member of the family.

Story C (male sex worker/MSM): I knew I was MSM at an early age. I acted like a girl, but my father would not accept it. My father used to get teased by neighbors and our family lost face. My father beat me severely and tried to force me to do men’s work. When I grew up, however, I felt I could no longer take this so I became a sex worker. When my father found out, he beat me and locked me in the house so I could not go out. But I was able to escape, and I never went back. I stayed away from the family and lived “like a shadow” as a gay person. After several years, my parents died and I moved back into the house. My life is very dark - my family has given up on me. The family is very important and it is a big disappointment when you have no family support.

Story D: I am a sex worker. One time I went to a clinic because I had abdominal pain. People there saw my black nail polish and loudly told each other that “an ordinary person would never use such a color, it looks weird”. The health staff made a point of maintaining a distance when they examined me. They were rough when they put a tube through my nose, and it was very painful. They often judge our appearance or behavior (nail polish with weird color, tattoo; smoking cigarettes).

Story E: I started to work in a restaurant as a sex worker. After two weeks, one of the clients saw me and said, “You look too young to have sex. Why don’t you work in someone’s house as a maid?”. I told him that housework salaries were very low, and I preferred to work in a restaurant. He said, “You girls have been corrupted. All you want to do is to lie on your back and make money! You are just a toilet and once I’ve emptied myself into you, I’ll forget you!”. 
This exercise builds on the first four exercises (SW1 to SW4). Participants review the different forms of stigma and discrimination they are facing in different situations, in the home, at the clinic, in the workplace, with the police, and in the rehabilitation camp, and they develop personal strategies for coping with stigma. This exercise builds on some of coping strategies that were described in SW2 and SW3.

**OBJECTIVES**

By the end of this session, participants will be able to work out personal strategies for coping with stigma and discrimination.

**TARGET GROUPS**

Sex workers

**TIME**

30 minutes

**FACILITATOR’S NOTE**

1. Instead of describing what is happening in the picture, the facilitator can ask the group to discuss what they think each of the characters in the picture would say in that given context, and to illustrate this by writing out the dialogue between characters. Based on the scenario, the group can do a role play.

**Examples of Responses:** The box below includes examples of different forms of stigma and discrimination that sex workers identified at a workshop. These are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

**Remember:** There are no right or wrong answers.
STRATEGIES FOR COPING WITH STIGMA

PLACE/ PLAYERS | STIGMA AND DISCRIMINATION
--- | ---
Home | Insult SW for bringing shame to family. Exclude the SW from family discussions and decision-making. Tell SW that she is no longer part of the family. Kick SW out of the house. When she falls sick, no one cares for her.
Community | Gossip and finger-pointing. Look down on her and try to avoid her. Blame sex worker for breaking up families and corrupting society. Refuse to attend funeral of sex worker.
Clinic | Some clinic staff are insulting, show disapproval, and keep their distance. Gossip about sex worker. Breach confidentiality by telling staff and patients. Invasive questioning: “Where do you work? Can I come visit you?” Fail to provide appropriate counseling, diagnosis, treatment, and care.
Clients | Insulting words and sexual harassment. Treat SW as someone very low. Once client has paid, thinks he can do anything to sex worker, including rape. If SW refuses client's demands, client insults her and threatens to beat her.
Pimp | Name-calling and verbal abuse. Force sex worker to work long hours and to have sex with special clients for free. When sex workers cannot work anymore or become pregnant, they may be kicked out. Force SWs to use drugs as a way of making the SWs dependent on the pimp.
Rehabilitation Center | SWs who have been there for a long time discriminate against new SWs. Beating. Steal your belongings. Transgenders are sexually abused or harassed. Some officers abuse the new sex workers.

2. Divide into seven groups of roughly equal numbers. Ask each group to focus on one of the places or players listed above. Ask them to discuss, “How can you cope with or challenge stigma and discrimination in that place?”.

Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected. However, you should let each group come up with their own ideas. Remember: there are no right or wrong answers.

Coping at Home:
• Cultivate good relationships at home with parents and other family members.
• Be careful about behavior and the way we dress.
STRATEGIES FOR COPING WITH STIGMA

- Tell the family why and how we became a SW if disclosing. Be sure to pick an appropriate time and atmosphere to tell, and disclose first with the most trusted person. Emphasize that the family is very meaningful and important place in our life.
- Show that we are as productive and helpful as any other family member.

Coping in the Health Facility

- Don’t give up. Don’t walk away. Stay and demand equal treatment like other patients.
- Be courageous and ask for fair treatment in a polite but assertive way.
- Familiarize ourselves with relevant laws and regulations related to code of conduct at health clinics.
- Report cases of stigma and discrimination to the clinic’s hotline number.
- Report cases of stigma and discrimination to the head of the faculty or director of the clinic.
- If a health worker refuses to provide a service, ask them to write down and sign his/her name.

Coping with the Client

- Tell clients that we have a right to be treated fairly. One sex worker told a client, “Why are you doing this to me? Is this how you treat women in your family?”.
- Help the client reduce his anger - tell him, I want to make you happy, but if you are angry you cannot become happy.
- Let the pimp know if you don’t want to go with a client because you are worried that he will be violent. Say, “My health is more important than satisfying a client”.
- Use tricks to get away from harassment or violence, e.g., asking permission to go to the toilet; or dropping a shoe while on motorbike - ask to stop to get shoe and run away.
- Work together with other sex workers to reduce stigma and violence. Examples: keep photos of abusive clients, develop guidelines on how to stay safe, monitor their local situation in order to identify cases of exploitation or violence, and give each other support when cheating, discrimination, or violence occurs.
- Negotiate with employer about protection when we fear that a client will be violent.
STRATEGIES FOR COPING WITH STIGMA

Coping in the Community Where You Live

- Form sex worker support groups and work together with other sex workers.
- Dress appropriately in a given context, e.g., wear normal clothes on the way to work and change into sex worker clothes at work.
- Get involved in community activities. Seek out opportunities to explain common reasons that women go into sex work (poverty, trafficking, etc.) and the difficulties that sex workers face. This will help engender understanding and sympathy and help reduce stigma.
- Fulfill civil duties (contribution to help the poor, help with community projects, etc) and be helpful to other people in the community.
- Show good manners when communicating with others.

3. **Report back:** Ask each group to report on what they discussed.

4. **Processing:** Discuss: *“Which ways of coping are the most realistic and achievable? Which can we start to implement right away?”*.

5. **Summary:** As part of the summary tell the following real story of a sex worker challenging stigma toward her from the community.

- I work as a peer educator. One day I gave a talk on HIV at a meeting in the neighboring community. Someone saw me and assumed that if I was talking about HIV that I must be HIV-positive. He told a friend, who told a friend, and slowly the rumor spread through our community. As the rumor spread, people added extra details, that I was seriously sick with terminal AIDS and would soon die. Two persons who were heads of residential clusters in my community were among those who heard the rumor and passed it on to others.

- One day the rumor reached my father. When he came home, he scolded me for having HIV. I told him that the rumor was false and explained that if I give talks on HIV, it does not mean that I have HIV. I asked who told him and then traced the flow of the rumor, person to person, through a chain of 18 people, including the two leaders of residential clusters. As I contacted each person I asked, *“Why did you not check with me first to find out if the rumor was correct before passing it on?”*.

- After tracking down the man who started the rumor, I wrote a letter of complaint to the ward People’s Committee, suing the 18 people for spreading false information about me. In the
STRATEGIES FOR COPING WITH STIGMA

letter I said that my dignity and rights had been violated and that my family had lost face and respect in the community. I asked the ward People’s Committee to ensure that I gain back my dignity and my family gains back their respect.

- I then went to take an HIV test at a local testing center, asking the two leaders of residential clusters to accompany me. After taking the test I arranged for them to return a few days later to collect the results - my way of showing that I had nothing to hide. The results showed that I was HIV negative.

- Then I demanded a public community meeting. My father and his friends were invited to attend, along with community members. I told my story. Then I asked each of the 18 people to explain how they got the information and who they spread it to, and then to apologize. All 18 people apologized to me and my family in front of the whole community.

Then ask: “How did the sex worker challenge the false rumor?”.

Examples of Responses: The examples below are not the required answers, and you are not expected to read them out loud. They illustrate the type of responses expected.

- She first tracked down all of those involved in spreading the rumor.
- She criticized them for not checking with her first before spreading the rumor.
- She wrote an official letter of complaint to the local authority, explaining what had happened and saying it represented a violation of her rights.
- She challenged the rumor by going for an HIV test. She arranged for community leaders to collect the results - one way of revealing these results on a public basis.
- She organized a community meeting in which all those involved in spreading the rumor admitted they passed on incorrect information and publicly apologized.

Then add:

- Challenging stigma takes courage, especially when the stigma is very strong and involves the whole community.

- To challenge stigma you have to know your rights and be assertive in demanding your rights.

- You also need to know the power structures (in this case the ward People’s Committee) and work through those structures.
HOW TO DISCLOSE TO FAMILY OR FRIENDS

FACILITATOR’S NOTE

Many sex workers are not open with their families about their lives, and they have difficult relationships with their families. Sex workers need skills to be able to tell their parents, their partners and friends that they are sex workers. This exercise helps sex workers develop these skills.

OBJECTIVES

By the end of this session, participants will have:

a) Decided when it is appropriate to tell their families that they are sex workers
b) Practiced techniques for telling their families that they are sex workers

TARGET GROUPS

Sex workers

TIME

1 hour

1. Experience of Disclosing: Discuss in pairs, “Whom have you told about being a sex worker: at home or friends or support group members? How did you do it? What happened?

Examples of Responses: The examples below are responses from a workshop in Hanoi. They are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

- One day I told my partner. He was very upset. He said, “I don’t believe it, you make your money on your back!” I felt so ashamed - he had never insulted me like this before. I was proud of working as a sex worker and I am still proud. He was a drug user, so how could he insult me like this. I felt really bad and had to deal with the feeling of shame on my own.

- When my husband died, I had no one else to share with, so I talked to my neighbor, who I had known for a long time. She understood me very well, didn’t blame me, and supported and encouraged me. She said, focus on your children and don’t worry about what others are saying, go ahead and live your life.

- I’m close to my mother, so I told her and she has accepted me.
2. Preparing for Disclosure (Discussion in Pairs): Divide into pairs and ask each pair to discuss the following:

Think about your relationship with your family and how you feel about telling them that you are a sex worker:

a) What are the advantages and disadvantages of telling your family that you are a sex worker?.

b) What are your fears about telling your family that you are a sex worker?.

c) What methods would you use in telling your family that you are a sex worker? (Additional probe: whom would you tell, when, and how?).

3. Practicing Disclosure (Role-playing in pairs): Divide into pairs and agree in each pair who will be the first person to practice disclosure. The other partner will be the “listener”. Do the first role-play and debrief in pairs. Then swap roles and repeat the process.

After 10 minutes, ask one or two pairs to volunteer to show their plays to the whole group.

Example of a Role-Play: This is an example of what the role-play might look like.

Sex worker: I would like to tell you my personal story and explain why I had to become a sex worker. I need your help and support. You have always supported me so I decided I would start by telling you.

Mother: What are you telling me? Are you saying you are not working in an office?

Sex worker: Yes, I am now working as a sex worker in a bar. This is the only job I could find that would give me a good income and allow me to send money to you and father.

Mother: I don’t understand why you decided to work there. All the men touch you and you have to do disgusting things. Everyone hates this business.

Sex worker: No, mother. I’ve made this decision all on my own and want to keep to it. But I need to get your support and father’s support for my decision.

Mother: You should stop this work. Think of your future. Who will marry you if they found you are doing sex work?

Sex worker: I am saving money to open a small shop. It is nearly there. I have a boyfriend who loves me.
4. Processing: Discuss with the whole group:

a) How did you feel about disclosing that you are a sex worker during the role-play?

b) What words or arguments did you use?

c) What techniques did you use to tell your story?

Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right or wrong answers.

How did you feel about disclosing to your mother?

• I felt both frightened and shy to talk to her about being a sex worker.
• I love my family and want their continuing love and respect and acceptance.
• Once I got started to tell my mother, it was easier.

What words did you use?

• I told her that I needed her support.
• I told her that other women have taken up this job and are making a good living.
• I told her that I was doing this work to be able to support the family needs, to help brother.

5. Summary: Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

► Most of families find it difficult to cope with the idea that their children are sex workers. They feel embarrassed, that this will bring shame to the family.

► Many sex workers are close to their families and want their continuing love, respect, understanding, and acceptance. So telling their families is a big and fearful step. We worry about a negative reaction, about shaming and blaming and violence.
HOW TO DISCLOSE TO FAMILY OR FRIENDS

► Making the decision to tell your family, that is, who and how and when and where to tell, is a personal decision. You decide when you are ready. No one should force you to disclose before you are ready. Make sure that disclosure does not make your life worse.

► Practicing telling someone can be a useful way to develop personal strategies.

► Don’t rush. Take it slowly and give your family time to absorb the information. Don’t expect them to love you in the same way without any change. It takes time for them to understand.

► If you give them enough time to understand, they will defend you and provide support.
**UNDERSTANDING HUMAN RIGHTS**

**FACILITATOR’S NOTE**

This exercise looks at how the rights of sex workers are violated and what might be done to address these human rights violations.

**OBJECTIVES**

By the end of this session, participants will be able to:

a) Describe what human rights are and give some examples

b) Name different rights which may be violated because a person is a sex worker

c) Develop realistic strategies for protecting the human rights of sex workers

**MATERIALS**

Copies of the Case Studies - at least one copy per group

**STEPS**

1. What Are Human Rights? (Buzz Groups): Divide into pairs and ask pairs to discuss two questions

   a) What are human rights?
   
   b) What are examples of human rights?

   **Report back:** Take each question, one at a time, and ask pairs to give one point each. Record their responses on flipchart.

**TARGET GROUPS**

Sex workers

**TIME**

1 hour
UNDERSTANDING HUMAN RIGHTS

Examples of Responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right or wrong answers.

What are human rights?

- Things which every person must have because they are human
- To be treated fairly by everyone regardless of who we are and what we do, i.e., regardless of our gender, age, occupation, ethnic group, sexual orientation, etc.
- Practices that protect human beings against ill-treatment or violence.
- As human beings we are entitled to have certain things or do certain things.

Examples of human rights

Right to: life, food, water, work, shelter, health, freedom, education, protection, dignity, privacy (confidentiality), have a child, get married, make decisions, own property, vote.

2. Which Rights Are Violated? Ask pairs to discuss, “What rights might be violated if we are sex workers? How are they violated?” Then ask the pairs to report back to the group.

Examples of Responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

- Right to equality and dignity: Many sex workers are stigmatized, blamed, and shunned, which violates their right to equal and respectful treatment.
- Freedom from inhumane or degrading treatment: Many sex workers (street-based and entertainment-based) are subjected to physical, mental, and sexual abuse.
- Right to information: Sex workers are not given enough/correct information about HIV. This prevents them from fully understanding how to protect themselves from getting HIV.
UNDERSTANDING HUMAN RIGHTS

3. Finding Solutions (Case Studies): Divide into groups of three or four people. Form the groups so that you have at least one literate sex worker in each group who can read the case study. (Help those groups who have no literate sex worker to read the case study.) Give each group a copy of the case studies and assign each group to focus on one. Ask each group to read its case study and discuss the following questions:

a) Which right has been violated?

b) What could you do if you were the person whose rights were violated?

c) What examples do you have from your own experience?

Report back and processing: Ask groups to present the key points from their discussions, giving the main strategies to challenge the violation.

Case Studies

A Lan Anh lives in a rented room with two other SWs. The landlord suspects that the three women are sex workers and kicks them out of the house. The landlord says he doesn’t want the women to infect other people with “their disease” and that it would be “bad for business”.

- **Right to health care:** Sex workers are stigmatized and treated badly in some clinics; as a result, they stop getting their STIs treated, testing for HIV, and accessing treatment.

- **Right to privacy:** Sex worker patients have the right to keep their medical information and other facts about themselves confidential, but their work as sex workers is often disclosed to others without their consent. This violates their right to privacy.

- **Right to shelter/accommodation:** Sex workers are kicked out of the house by some families; or by landlords, once they discover that they are sex workers.

- **Right to equal protection by the law:** If a sex worker reports a case of rape, some law enforcement officers do not treat the case seriously, even if it occurs outside the context of her work. They may say a sex worker sells her body so she is a legitimate target for rape.
Quynh, a sex worker, goes to the clinic for an STI checkup. While she is there, she is forced to take an HIV test. There is no pre-test counseling, and she is told she is HIV-positive in a highly insensitive way: “You’ve got the killer disease and you deserve this punishment. You are the ones who are spreading HIV”. There is no post-test counseling, and the staff rush her out of the clinic, without even treating her for the STI. She feels totally humiliated.

**Examples of Responses:** The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

**Case A: Kicked out of Rental Accommodation - Right to Shelter Violated**
- Talk to the landlord and get him to explain why he is kicking you out.
- Challenge him: “Do you see us working as sex workers? Where is your evidence? We always pay rent on time”.

**Case B: Bad Treatment at the Clinic - Right to Health & Confidentiality Violated**
- Complain to the clinic director: “I came for an STI checkup. I was given no counseling and forced to take an HIV test. I was treated in an insensitive way, given no respect. The staff should focus on providing treatment, not worrying about whom I have sex with”.
- Approach a support group of people living with HIV to take up this issue with the clinic.

4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- We need to recognize that although sex work is illegal, but exists. Sex workers are human too and they have rights, e.g., right to health care, to freedom from inhumane treatment, etc., and they should be able to access those rights.
Sex workers experience human rights abuses because of stigma and fear.

In Vietnam sex work is criminalized and sex workers face a lot of persecution because of public attitudes. As a result, sex workers are forced to operate in a climate of secrecy. This leaves sex workers open to being exploited, stigmatized, and subjected to violence.

The fear of being stigmatized and persecuted prevents sex workers from asserting their rights. In fact, many sex workers accept the violation of their rights as part of their stressful lives as sex workers. As a result they find it difficult to lodge complaints with the police or challenge the stigma they face in health or other facilities.

Sex workers are more at risk of HIV infection, because sex workers lack rights and have limited power to demand their rights, it is difficult for them to control sexual decision making and other choices that will lead to a healthy lifestyle. For example, it is difficult for sex workers to negotiate safe sex with clients or partners/husbands. They are vulnerable to sexual violence by clients and partners. This makes sex workers vulnerable to getting HIV.


Task number 4: Develop community-based model to assist sex workers in HIV/AIDS prevention and re-integration to community, including:

- Investigate and develop policies to create favorable conditions for NGOs and other social organizations to participate in prevention and harm reduction activities, to reduce discrimination, and to support community re-integration of sex workers.

- Research and develop appropriate legal and financial mechanism to create favorable conditions for sex workers to easily access intervention services for: prevention/checking for and treating HIV and STIs; a methadone program if using drugs; and a condom program for sex workers and clients. Also reduce the vulnerabilities of sex workers to being trafficked, sexually exploited and sexually abused, and help them to re-integrate into community.
HOW TO CHALLENGE STIGMA ASSERTIVELY

FACILITATOR’S NOTE

In this exercise sex workers learn how to challenge stigma and discrimination in an assertive way, saying what they think, feel, and want in a clear, forceful, and confident way. Participants practice this skill through a series of paired role-plays.

OBJECTIVES

By the end of this session, participants will be able to challenge stigma and discrimination in an assertive way.

TARGET GROUPS

Sex workers

TIME

1 hour

STEPS

1. Introduction: Explain that the aim of the session is to practice how to challenge stigma in an assertive way - looking the stigmatizer in the eye and saying what we think, feel, and want in a clear, forceful, and confident way, without being aggressive or showing anger.

   Explain: You are already using an assertive approach in the way you negotiate safe sex with clients. When the client refuses to use a condom, you tell him in a clear and confident way, “If you don’t care about protecting yourself, I will help protect you”. and you put the condom on him. This is the kind of forceful communication we are talking about.

   Remember: There are no right or wrong answers.

2. Paired role-playing: Explain that we will now practice how to challenge stigma and discrimination. Then give the following instructions:

   Everyone stand up and find a partner. Face your partner. A is the client and B is the sex worker. In each pair, agree on who is A and who is B. (Wait until they decide.) The situation is: the client touches the sex worker on her breast and says insulting words to her. The sex worker should respond in a strong, clear, and confident way.

   Then say, “Play”, for the pairs to start their role-plays.
HOW TO CHALLENGE STIGMA ASSERTIVELY

Example of Role-Play:

**Client:** I want to touch you and find out what I am buying before we go to the room.

**SW:** Sir, *wait*, don’t touch me like that. We should go to the room.

**Client:** Who are you to tell me what to do? I’ve already paid, haven’t I?

**SW:** Yes, you’ve paid, but you should wait for a while until we go to the room. We cannot do things here.

**Client:** Whore, shut your mouth. I’m king here. You need to do everything I tell you to do.

**SW:** The regulation here is we should do things in the room.

After two minutes ask a few pairs to show their role-plays (one at a time) in the center of the circle. After each role-play, ask: “*How did the sex worker do? Was she convincing and effective? What made a difference in the way she challenged the client?”*

**Good eye contact; looked directly at the client. Strong voice. Spoke with confidence:**

Didn’t criticize the stigmatizer; simply asserted her rights clearly and simply. Refer to protector/pimp for help. Shout out loud for help if rape occurs. Did not apologize for her behavior. Did not allow the client to dominate or bully her. Was not afraid to disagree with the client. Did not give up; insisted on being treated fairly.

After a few pairs perform, ask other participants if they have a better way of challenging the stigmatizer, and let them take over the sex worker’s role in the play and show their approach. After each play, ask, “What made a difference?” (e.g., good arguments, strong voice level, body language, confidence, etc).

Then repeat the same process for one or two of the following situations:

- Family says that the sex worker has brought shame to the family.
- Nurse insults the sex worker and asks her to wait.
- A community woman scolds a sex worker for attracting her husband and for bringing unhappiness to her marriage.
3. **Processing:** At the end of the role-playing, ask, “What have you learned from the practice role-plays?”

**Examples of responses:**
- I now see that I can do something. I never realized I could challenge the stigmatizer.
- It’s difficult at first. I felt shy. But after a while I began to feel confident.
- The best approach is to say it honestly and simply: “I am a human being too.” It works.
- When I challenged him politely but firmly, he denied that he was stigmatizing.
- Don’t be afraid to disagree with the person, to say “No”.

4. **Summary:** As part of the summary tell the following story of a woman challenging stigma towards her from the community.

One woman worked late at night selling tea to sex workers. She always returned home late at night, and was observed by her neighbor. Each day the neighbor called the tea lady a “whore” and spat on her feet. After accepting this treatment for five years without saying anything, the tea lady finally confronted the neighbor, looked her in the eye, and said.

How do you know that I am a sex worker? Have you examined my vagina? Why are you scolding me? You should treat me like your daughter, but instead you insult me every day, calling me a whore. If I am a whore, then it is my vagina which is very tired, not your vagina. So stop worrying about me. If your vagina is not tired, and your husband is happy, then you don’t have a problem, so why are you bothering me. If you keep calling me a whore and spitting on me, I will spit in your face.

From that day on the neighbor stopped insulting her.

Then explain and discuss the following list of assertiveness techniques.
- Tell people what you think, feel, and want clearly and forcefully.
- Say “I” feel, think, or would like.
HOW TO CHALLENGE STIGMA ASSERTIVELY

• Don’t apologize for saying what you think, or put yourself down.
• Stand or sit straight in a relaxed way.
• Hold your head up and look the other person in the eye.
• Speak so that people can hear you clearly.
• Stick with your own ideas and stand up for yourself.
• Don’t be afraid to disagree with people.
• Accept other people’s right to say “No”, and learn how to say “No” yourself.
In this exercise participants look at the stigma and discrimination they face as sex workers when they try to use health facilities.

The exercise starts with a case study to identify some of the common problems, and then participants name other forms of stigma and discrimination they face. The case study could be turned into a role play performed by some of the participants.

**OBJECTIVES**

By the end of this session, participants will be able to:

a) Describe forms of stigma and discrimination faced by sex workers in health facilities

b) Analyze the root causes of these forms of stigma and the effects

c) Develop strategies for challenging the stigma and getting fair and equal treatment

**TARGET GROUPS**

Sex workers

**TIME**

1 hour

**MATERIALS**

Case study - at least one copy for every group

**STEPS**

1. **Case Study:** Divide into groups of 3-4 people and hand out copies of the case study. Form the groups so that you have at least one literate sex worker in each group who can read the case study. (Help those groups that have no literate sex worker to read the case study.) Ask each group to read the case study and discuss the questions below. Alternatively, ask a few participants to perform a role play to show the case study.

   a) What happened in the case study?

   b) What other forms of stigma have you experienced in health facilities?

   c) What are the effects of this stigma?

   d) Why is stigma happening in health facilities?

   e) What can we do to ensure that we get fair and equal treatment in health facilities?
Case Study:

One day I started to get painful sores and a burning sensation in my vagina. Even though I was worried about how I would be treated by the clinic staff, I still went to the clinic to get tested and receive treatment.

When I arrived at the clinic, I waited a long time. The nurse kept calling patients who had arrived after me. Eventually I challenged her and said, “I arrived before her. Why can’t you treat me now?” She laughed and said, “Who are you to tell me what I should do? You’ll just have to wait. We know you night butterlies! You wait all night for men, so why can’t you wait a few more minutes”. She said this in the presence of all the other patients, and I felt humiliated. She then left and had a long talk with three other nurses, and I could see them looking in my direction.

Eventually I was called in to see the doctor. Before I went into his room, the nurse had been talking to him, so I suspected she had told him that I was a sex worker. The doctor gave me a funny look and said, “What is your problem?” I explained that I had sores and a burning sensation in my vagina. He told me to take off my dress. I did so, and he looked at my sexual parts from a long distance away, and said, “You smell very bad. Why can’t you take better care of your body? You must play a lot”.

He then began to ask me a lot of questions about my sex life. “How often do you have sex? What kind of sex do you enjoy the most? Do you have a partner?” I told him I just wanted to be tested and treated, not to be asked about my sex life. He responded that the clinic only did testing for normal women, not sex workers!

As soon as he left, I put my dress on and left the clinic. It was humiliating! I will never go back to that clinic again. I went to the clinic with a medical problem to get help from the doctor, but I didn’t receive any treatment. All I got were bad words and blame!

Examples of Responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Stigma and Barriers in the Clinic:

- Sex worker patient is kept waiting a long time. Other patients are served first.
- Unfriendly treatment and insulting language.
Clinic staff gossip about the SW patient and show their disapproval.

Breach confidentiality. One nurse tells nurses and other patients about the sex worker.

Blaming and shaming. “You deserve to get this because of your disgusting behavior”.

Poorly done, rushed examination.

Invasive questioning - “How often do you have sex? What kind of sex do you enjoy?”

Doctor is more concerned about the patient’s sex life than dealing with the illness.

Transgender sex workers are targets for stigma - they come to the clinic looking like a woman, but with a man’s name, so they are teased and made fun of.

**Effects**

Sex worker leaves the clinic feeling insulted, humiliated, and angry, and having no solution to her problem, i.e., medicine to treat the problem.

She stops using the clinic and does not get her STIs treated.

It may affect her self-esteem and as a result she may take less care with her sexual health (e.g., not insisting on the use of condoms with clients and partner/husband).

**Why are these problems happening?**

Stigma toward sex workers, based on views about sex work as a “social evil”. Moral judgments of women who “sell body for sex” - viewed as shameless, depraved women who destroy the decent image of women)

Lack of confidentiality. Nurses gossip about sex workers with other staff and patients.

Health workers not trained on how to interact with sex worker patients.

The doctor is more concerned about patient’s sexual behavior than treating her STI.

**Solutions**

Challenge the health workers to be more caring and less judgmental.

Tell the health staff that you want to be treated equally with other patients.

Explain to the health workers that you have a right to health care, just like anyone else.
2. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- Sex workers have a right to health care like any other citizen, to be treated with respect and dignity and to be provided the services available at the health facility on a timely basis. Services should not be denied, delayed, or referred elsewhere because they are sex workers.
- Health workers have a code of conduct requiring them to treat all patients equally and without exception.
- Health workers are expected to protect your privacy. They are required by their code of conduct to keep the information they get from you confidential. This is your information. They have no right to tell other nurses or patients about you.
- Sex workers should not accept poor treatment at health facilities. If this happens, they should speak out and insist that they get the same services provided to other patients.
- If a health worker refuses to provide services, the sex worker should ask the health worker to write down why she is refusing to provide this service. Most health workers will not be willing to document their refusal to treat a patient. This approach was used by one sex worker and it made a difference. She simply handed a paper to the hospital nurse and said, “I want you to write on this piece of paper why you are refusing to give me an injection for pain’. The nurse quickly gave her the necessary injection.
- Another strategy is to talk to the head of the health facility and ask, “Do I have the right to access health services at this health facility?” And then use the support of this senior manager to make sure that junior health workers do their job.
- In some clinics there is a hot line which allows you to phone and complain if you have been treated badly or refused services. Sex workers should write down the hot line number so they can complain if they are poorly treated.
- In one workshop some sex workers said that our coping strategies need to be realistic. In project-supported clinics, services for sex workers are good, but in other clinics there is still lots of stigma. They said, “We need to wear ‘normal’ clothes and ask for services in a polite, rather than confrontational way. The objective is to get better treatment”.
TRANSMISSION AND SEX WORKERS

FACILITATOR’S NOTE

In this exercise participants look at their sexual activities and the level of risk involved in each activity of transmitting HIV.

The exercise is based on developing a body map - a drawing of a man or woman, his/her sexual body parts, and sexual activities. If participants are mixed (female and male sex workers), two body maps should be prepared - one female, one male.

PREPARATION

Body map - Ask a few participants to prepare a body map before session:

a) Tape four sheets of flipchart paper together to form a large sheet.

b) Put it on the floor and ask one volunteer to lie down on it.

c) Have other participants draw around the volunteer, making a body shape.

d) Then ask participants to write on the sheet sexual body parts
   • male: penis, testicles, buttocks, anus, breasts, nipples, mouth, etc
   • female: vagina, clitoris, breasts, nipples, anus, mouth, neck, etc.

e) Then add sex workers’ sexual activities, e.g., vaginal sex, oral sex, anal sex, masturbation/hand job, massage, etc., with each activity written on a card and taped on the diagram.

If the workshop involves female and male sex workers, ask each group to prepare a body map.

OBJECTIVES

By the end of this session, participants will be able to identify the risks of getting HIV through different forms of sex.

TARGET GROUPS

Sex workers
1 hour

STEPS

1. Review of Body Map: Ask the participants who prepared the body map to present it, including sexual body parts and sexual activities. Invite questions to clarify.
2. **Risk Continuum:** Then put up three topic cards along the wall - high risk, low risk, and no risk - and ask participants to place the sexual activity cards (from the body map) underneath the appropriate category.

**Sample Responses:**

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>WAYS IN WHICH HIV MAY BE TRANSMITTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td>Vaginal sex. Receptive anal intercourse without condom.</td>
</tr>
<tr>
<td>Low Risk</td>
<td>Receptive oral sex. Licking the anus</td>
</tr>
<tr>
<td>No Risk</td>
<td>Masturbation/hand job. Kissing. Massage</td>
</tr>
</tbody>
</table>

3. Take each of the high-risk activities and ask, “Why is this form of sex a high risk activity?”
   Take a few of the low-risk activities and ask, “Why is this form of sex a low risk activity?”
   Take a few of the “no-risk” activities and ask, “Why is this form of sex a no risk activity?”

4. Record responses on a flipchart.

**Examples of Responses:** The information provided below is technically correct information about HIV transmission within a sex worker context. Use this information in helping participants understand each of these risk situations. Start off by getting participants to explain what they know about each of these risk situations and how HIV is transmitted. Then provide some of this factual information when needed to help fill the gaps in understanding.

- **Receptive anal intercourse: Highest risk.** The rectum is lined with a mucous membrane, a very sensitive part of the body that tears very easily, especially if the insertive partner is not using lubricant. Once the lining of the rectum gets cut, HIV in the sperm or in blood from cuts on the penis can get easily into the woman’s body and bloodstream.

- **Vaginal intercourse: High risk.** The vagina is lined with a mucous membrane, a very sensitive part of the body that tears very easily, especially if the man is very rough. Once the lining of the vagina gets cut, HIV in the sperm or in blood from cuts on the man’s penis can get into the woman’s body and bloodstream.
• **Receptive oral sex/blow job: Low risk.** However, providing oral sex is more risky than receiving it. The sex worker who is sucking is more at risk than the man who is getting the blow job. Why? Sperm gets into the sex worker’s mouth and can penetrate the skin around the teeth (the gums). Although the skin is strong in most parts of the mouth, the gums can easily get cut, so there is a potential for HIV to enter the body through cuts or bleeding in the gums.

• **Masturbation/hand job: No risk.** When the sex worker is masturbating the client or her sex partner/husband, his/her hands may come into contact with sperm, but the sperm remains outside the body where it is exposed to air, and dies. There is no risk of HIV transmission if there are no cuts on the hands.

• **Kissing: No risk.** The rectum is lined with a mucous membrane, a very sensitive part of the body that tears very easily, especially if the insertive partner is not using lubricant. Once the lining of the rectum gets cut, HIV in the sperm or in blood from cuts on the penis can get easily into the woman’s body and bloodstream.

4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

► HIV is a fragile organism and does not survive long outside the body. It can only survive for a few seconds once it is outside the body. Exposure to air or water kills HIV.

► HIV does not spread easily from person to person through everyday contact.
  a) HIV is not transmitted through the air like TB. It is not transmitted through sneezing or coughing.
  b) HIV is not transmitted through skin contact like a skin disease.
  c) HIV is not transmitted through food or plates, cups, sheets, etc., or through surfaces such as toilet seats.

► HIV is only transmitted through infected blood, semen, vaginal fluid, or mother’s milk getting into your body.
HIV can only be transmitted in the following ways:

a) Having vaginal or anal sex without condoms with an HIV-infected person.
b) Sharing needles or syringes with an injecting drug user who is HIV-positive.
c) HIV-positive mothers passing HIV to their babies before or during birth (through blood) or after birth through breast milk.

HIV has to get inside your body for you to become infected. When we have vaginal sex, sperm can get into the body through small cuts on the vagina. When we have oral sex, sperm and blood from the man’s penis can get into cuts in the gums of the woman. When we inject drugs, the infected blood can go directly into the bloodstream.

Providing oral sex is more risky than receiving it. The sex worker who is sucking is more at risk than the man getting the blow job. Why? Sperm gets into the sex worker’s mouth and can penetrate the skin around the teeth (the gums). Although the skin is strong in most parts of the mouth, the gums can easily get cut, so there is a potential for HIV to enter the body through cuts or bleeding in the gums.

Oral sex is low risk for HIV but high risk for other STIs, e.g., orally transmitted gonorrhea and herpes.

Untreated STIs greatly increase one’s risk of getting HIV. Many STIs cause sores, which make it easier for HIV to enter the body. Women may not be aware that they have an STI and the STI sore provides another route for HIV to get into the body.
HOW STIGMA TOWARD SEX WORKERS FUELS THE HIV EPIDEMIC

OBJECTIVES

By the end of this session, participants will have recognized that stigma or the fear of being stigmatized stops sex workers from a) getting health services, b) communicating with their partners about sexual health issues, and c) practicing safe sex.

TARGET GROUPS

Sex workers

TIME

1 hour

STEPS

1. Story: Read the following story:

Yen lives in a poor family. Her family keeps a careful eye on her, prevents her from having boyfriends, and keeps reminding her that she should be a virgin when she gets married. Yen finishes secondary school when she is 16 and decides to look for a job to contribute to the family’s income, since the family is very poor. One neighbor offers to help her find work in the city as a cleaner. Her parents agree to the idea and she moves to the city. The work, however, turns out to be in a karaoke bar. She is beautiful and gets a lot of attention from customers and eventually she has sex with clients. She sends money home, but she doesn’t tell her parents that she is working as a sex worker. Her parents are proud of her and happy to get the extra income.

Yen knows the risk of getting STIs, including HIV, so she is very careful with clients - she always insists on using condoms. But some clients ask her for a long term relationship. She knows them well and thinks they are “good people” so she feels there is no risk of infection and gradually stops using condoms with them. She eventually falls in love with one of them and moves in with him. When having sex with him, she never uses a condom.
A few months later Yen develops a rash in her vagina. She knows that something is wrong so she goes to a clinic for an STI test and treatment. At the clinic the doctor calls her bad names and gives her a rushed examination. She leaves the clinic embarrassed and goes home without getting the results.

Time passes. Yen is very worried that she might get HIV. She asks her lover to use a condom, but he insults her and says she does not trust him. So she stops insisting on the use of condoms with him. With her regular clients she does not insist on a condom, fearing that if she does they will drop her. She also accepts sex without a condom from clients who agree to pay her more.

One day Yen takes a test at the VCT and finds she has HIV. She is shocked and confused and doesn’t know how to tell her lover and her family. She hides the information from both of them.

2. Plenary Discussion:

a) What happened when Yen tried to talk to her boyfriend about her STI?
b) Why did Yen not get tested and treated for the STI at the clinic?
c) Why did Yen, at the end of the story, agree to have sex with her boyfriend and clients without condoms?
d) How does stigma toward sex workers result in the continuing spread of HIV?

Examples of Responses: *The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.*

What happened in the story?

- Yen didn’t use condoms because she trusted the client - this is why she got an STI.
- When she got an STI, she went to clinic where she was stigmatized so she did not get treated.
- When she wanted to make more money, she continued having sex without using condoms, otherwise the client will know.
- At end of story Yen gets HIV - and she doesn’t know how to disclose to her partner.
SW11. HOW STIGMA TOWARD SEX WORKERS FUELS THE HIV EPIDEMIC

3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

► Fear of stigma stops sex workers from:

a) Using clinics, getting tested for HIV or STIs, and getting condoms from clinics.

b) Protecting their own health and the health of their sexual partners by insisting on condom use with sexual partners, including boyfriends or husbands.

► If sex workers are HIV-positive, fear of being stigmatized stops them from disclosing their HIV status to their boyfriends/husbands and getting counseling, care, and support. Because of HIV stigma sex workers, as well as other people living with HIV, are afraid to tell others about their situation.

► It is the fear of being stigmatized that may stop sex workers from taking appropriate action to protect their health and thereby the health of their partners. It is this fear that stops sex workers from accessing health services, finding out their own status, and negotiating safe sex with partners. This increases the risk that sex workers may contract HIV and potentially pass HIV along to their sexual partners, including boyfriends or husbands.

► Fear of stigma keeps HIV underground! Sex workers may trade off their own lives and their clients’ or husbands’ lives in order to remain invisible and avoid being stigmatized.

► On the other hand, if sex workers are treated with kindness, support, and care, they will be more likely to access health services and be more able to take precautions in their sexual relationships.

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**Why did Yen not want to get tested and treated at the clinic?**

- She experienced stigma at clinic. Doctor asked her about her sex life so she was embarrassed. Because of low self-esteem she cannot claim her rights.

- The exam was very quick and not friendly - so she decided not to wait and get the results.

**Why did Yen agree to have sex with client and partner without using condom?**

- First she thinks that long term clients are good men, so they may be clean and not have HIV.

- Other clients pay more for condomless sex, so she accepts because of the extra money.
In this exercise participants discuss a number of key questions about their lives as sex workers.

**OBJECTIVES**

By the end of this session, participants will have discussed:

a) How they started doing sex work and problems they are facing

b) How their lives have changed as a result of HIV and/or addiction to drugs

c) Strategies and conditions for getting out of sex work

**TARGET GROUPS**

Sex workers
1 hour

**STEPS**

1. **Topic Groups:** Divide into five groups and assign each group one of the following questions. Ask groups to make a flipchart report.
   
   - **Group A:** How did you get into sex work?
   - **Group B:** What are some of the problems faced by sex workers?
   - **Group C:** How does your life change when you (or your partner) get addicted to drugs?
   - **Group D:** How does your life change when you (or your partner) get HIV?
   - **Group E:** How can you get out of sex work?
Examples of Responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

How did you get into sex work?

- Low education level so it is very difficult to find job which would bring in a good income.
- Not just people with low education; university students do sex work to get extra income.
- Low education and low understanding - get cheated and trafficked into sex work.
- Someone offers you a job - think you are doing something else and you end up in sex work.
- Friends coaxed me to become a sex worker - told me that I could earn lots of money.
- Friends drag you into using drugs and you need money to pay for drugs.
- Cheated or dropped by a lover so out of broken heart you turn to becoming a sex worker.
- Start off as part time sex worker to make extra money. After a while it becomes full time job.

Problems faced by sex workers

- Financial problems - income from sex work fluctuates, not stable.
- Violence from clients including gang sex. Cheating and bad treatment from clients.
- Clients who use drugs take a long time to come, so it is painful and tiring for the sex worker.
- Exploitation by pimp who demands long hours of work and grabs half the money earned.
KEY QUESTIONS ABOUT THE LIVES OF SWs

- Being beaten by pimp if in debt or don’t bring in enough money.
- In debt with pimp or employer (to buy clothes/beauty salon, and make-up) and very difficult to pay debt.
- Health problems. Getting abortion and reproductive health risks. Getting STIs and HIV, and violence.
- Cannot report abuses to the police for fear of being arrested.
- Being arrested and sent to rehabilitation camp.
- Will not find a husband, or if you already have a husband you will lose him.
- Stigma from family and community. SWs’ children get stigmatized - affects their future.
- Problems during pregnancy. Can only work as sex worker for the first few months.
- Partner is a drug addict. Have to earn a lot of money to afford to partner’s drug use. Eventually become drug addict as well. Face high risk of HIV infection.

How does your life change when you (or your partner) get addicted to drugs?

- Number of clients increases because the drugs give you the strength to have more clients.
- If client is using drugs, he takes longer to come and SW is at more risk of getting STIs/HIV.
- If sex worker uses drugs - fear of being arrested by police, lose their beauty, less clients.
- Once they get fewer clients, they may be forced to work on the street and take any clients, which is more dangerous - less selective and lower pay.
- Male sex worker - at risk of getting HIV and STIs from being the recipient of anal sex.
- Beside drugs you may turn to alcohol and smoking - health deteriorates.

How does your life change when you (or your partner) get HIV?

- Changes in family life, hide HIV status (don’t want to disclose), depression, become careless.
- If client knows, lose clients. If family and community know, avoided by both.
KEY QUESTIONS ABOUT THE LIVES OF SWs

- Neighbors assume that if sex worker has HIV, then SW’s parents and family have HIV.
- Health becomes worse - get opportunistic infections and reinfection if they do not use condoms
- If status disclosed, they get lots of pressure - because they are sex workers with HIV.
- If they use drugs - triple stigma (sex worker, PLHIV, drug user). Those with triple stigma are especially miserable, if status disclosed.
- Some clients who get HIV may come back to the sex worker looking for revenge.
- Sex worker cannot work because of poor health - affects income.
- Beauty goes down - so less and poorer customers, and less income.
- When they start ARVs they recover and become normal again.

How can you get out of sex work?

- Stigma from family or community prevents SWs from getting out of sex work.
- If stigma decreases and family is more accepting/supportive, easier to get out of sex work.
- If they have true love and some shoulder to rely on, they can quit sex work.
- If they find a good job with income they can break away from sex work.
- Sex worker needs a strong will to be able to go back to normal life.
- Hard for sex workers to find a good job because they lack skills.
- Very little education so hard to break out and get another job.
- Don’t have the initial investment - many want to leave sex work, but lack the money.
- Difficult to get out of sex work because of drug use by their partners.
- Many want to return to normal life, but family do not believe in them - don’t believe they can leave sex work and live a normal life.
- SWs may quit because of a big event in their lives. One mother found out her daughter was a SW, had a heart attack, and died in front of her daughter – the daughter stopped sex work.
- Some SWs are sent to rehabilitation camp - conditions so harsh that SW leaves sex work.
2. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary, you may use some of the following points if participants have not already mentioned them:

- We need to understand why women become involved in sex work, have more compassion and allow them to change. If we support them - families, communities, and government - we can bring out the good in them and help them to change.

- We should encourage sex workers to form or join voluntary support groups, where they can become empowered and stronger as persons. Working together they have the power to make the changes necessary to improve their lives. In these groups they can share experiences and support each other in overcoming difficult work situations (such as violence from customers, pimps, and police). They can also explore ways of leaving sex work.

- Sex workers need skills and start-up capital to get out of sex work and start their own small businesses. This will give them hope and belief in themselves. Tell the story of Hai: Hai is a former sex worker and drug user. She and her husband have HIV. Hai joined a support group and was given a grant of two million dong to set up a tea shop. In three years she has established two shops and used the money to support her husband who is in prison and her mother who is blind. She has stopped sex work and is no longer addicted to drugs.
### FACILITATOR’S NOTE

Stigma not only isolates sex workers from the general population, but it also creates divisions and tension among sex workers and toward other marginalized groups, including drug users, people living with HIV, MSM, and transgender people.

### OBJECTIVES

By the end of this session, participants will be able to:

a) Recognize some of the factors, including stigma, which create tensions among different groupings of sex workers and toward other marginalized groups

b) Develop strategies for strengthening relationships within this community

### STEPS

1. **Naming Stigma within our Community and Toward Marginalized Groups (Buzz Groups):** Divide into small groups. Ask each group to discuss:

   a) What are the forms of stigma within the sex worker community?
   
   b) How do we as sex workers stigmatize other marginalized groups?

### TARGET GROUPS

Sex workers

### TIME

1 hour
Example Responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right and wrong answers.

Stigma within the sex worker community

• Jealousy and competitiveness within the sex trade - ranking of sex workers according to where they sell sex - SW who works in the bar versus SW who works in the street.
• Looking down on other sex workers who are lower status (e.g. street workers).
• Gossip, talking back and backbiting.
• Competition - jealousy - point out another sex worker to the police so police arrest her.
• Competition - talk badly about another SW to the owner - fight among themselves.
• Say bad things about someone who bribes the owner to get better treatment by owner.
• Competition - try to grab clients from other SWs and give low prices to grab clients.

Stigma by sex workers toward other marginalized groups

• Many SWs believe that transgender are involved in sex work as a cover for theft - viewed as doing sex work so they can steal. This is an unfair image - not true of majority of TG.
• Some female sex workers do not understand transgender.
• Some sex workers are afraid they will get HIV from casual contact with PLHIV.
• Male drug users are stigmatized as dirty, not wanting to have a bath.
• Sex workers fear drug users - they take a long time to come so very painful, violent sex.
• Drug users who have been addicted a long time find it difficult to have an erection.
• Sex workers who use drugs are stigmatized because they are viewed as dirty.
• Clients may not like sex workers who use drugs because they are viewed as irresponsible.
• Some MSM want to hide their MSM identity, so they avoid contact with transgender.
2. **Strategies to Reduce Stigma:** Ask - “What can we do to reduce stigma within our own community?” Record responses on flipchart.

**Example Responses:** The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

*Remember:* there are no right and wrong answers.

- Each has its own support group - need for more exchange to build mutual understanding.
- Before we didn’t get together, but now we meet and work together.
- Joint activities that allow both groups to learn more about each other & become friends.
- Get the groups together to discuss why they stigmatize each other and what they can do to solve the tension between the groups.
- Each group has peer educators and each year we have regular meetings with each other.
- Key peer educators in the group should challenge the stigmatizers in the group.

Then agree on one or two things that the group can put into action immediately.

3. **Summary:** Bring the session to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if they have not already been mentioned by participants.

- Stigma among the groups is triggered by stigma from society. This is a coping strategy by people who are stigmatized. To avoid being stigmatized themselves through association with one of these groups, we may avoid them and join in stigmatizing them. In doing this, we have adopted the stigmatizing practices of the community/public.
PART TWO

EXERCISES FOR SERVICE PROVIDERS, LAW ENFORCEMENT OFFICERS, AND COMMUNITY
CHAPTER NAMING STIGMA AND DISCRIMINATION TOWARD SEX WORKERS THROUGH PICTURES

INTRODUCTION

This chapter introduces the topic of stigma and discrimination toward sex workers. It is designed for use with health workers, NGO staff, law enforcement officers, educators (in closed settings) and the community.

This chapter gets participants to name and take some ownership of the problem of stigma and discrimination toward sex workers, to see that:

- Stigma and discrimination exist and take many forms: rejection, isolation, blaming and shaming, judgment, scorn, denial of services, and violence.
- We are all involved in stigmatizing and discriminating, even if we don’t realize it.
• Stigma lowers sex workers’ self-esteem and results in sex workers avoiding health services and taking less care of their sexual health, and this helps to fuel the HIV epidemic.

• Stigma is not the way to help. It does not encourage sex workers to quit. Instead it marginalizes them further and makes them more careless and less likely to protect themselves and their partners from HIV and other STIs.

• We can make a difference by changing our own thinking and actions.

Exercises A1 to A7 are optional exercises that use different methods (e.g., pictures, drama, testimonies, case studies, etc.). All of these exercises are designed to bring out how sex workers are stigmatized by their families, service providers, and community. Select the exercises and methods that suit your target group.
EXERCISES

A1. Naming Stigma and Discrimination toward Sex Workers through Pictures
A2. What the Community Says, Fears, and Does about Sex Workers
A3. Naming Stigma & Discrimination through Testimonies from Sex Workers
A4. Naming Stigma & Discrimination toward Sex Workers in Different Contexts
A5. Finding Solutions and Actions to Reduce Sex Worker Stigma and Discrimination
A6. Naming Stigma and Discrimination toward Sex Workers through Case Studies
A7. Personal Experience of Being Stigmatized
A8. What is the Meaning of Stigma? (Definition)
A9. The Blame Game - Words That Hurt
A10. Forms, Effects, and Causes of Stigma toward Sex Workers
A11. How Stigma toward Sex Workers Fuels the HIV Epidemic
A12. Stigma and Discrimination toward Sex Workers in the Health Facility
A13. Key Questions about the Lives of Sex Workers
This is a good starter activity to get participants talking about stigma and discrimination through looking at and discussing pictures. It helps to introduce the topics of stigma and discrimination and what they mean.

By the end of this session, participants will be able to:

a) Describe stigma and discrimination toward sex workers in different places
b) Begin to understand why people stigmatize sex workers
c) Discuss examples of stigma toward sex worker from their own lives

Health workers, NGO staff, law enforcement officers, and the community

1 hour

Sex Worker Stigma Pictures, displayed on a wall, table, or floor

1. **Picture-Discussion:** Divide into groups of two or three people. Ask each group to look at the pictures and to select one. Ask them to discuss:

   a) What do you think is happening in your picture in relation to stigma toward sex workers?
   b) Why do you think it is happening?
   c) How does this affect the character?
   d) Have you seen situations like this? If so, give some examples

   **Option:** Instead of describing what is happening in the picture, the facilitator can ask the group to discuss what they think each of the characters in the picture would say in that given context, and to illustrate this by writing out the dialogue between characters. Based on the scenario, the group can do a role play.

2. **Report back:** Each group presents its analysis. Record points on flipchart sheets. Other members can share their stories.
Example of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

SW2. Community members are gossiping about a sex worker

Community members are pointing fingers at and gossiping about a sexily clothed young woman passing by on the street. They think she is a sex worker. They are shaming and criticizing her.

Story: This happens to us all the time. We have to accept this “blaming and shaming” from the community. Women who dress modernly and “sexily” are often criticized by the community as being “bad girls”, and they are often assumed to be sex workers, although nowadays more modern and fashionable styles are increasingly common. A woman who wears a short skirt or short shorts may be assumed to be an “improper girl”.

SW3. Parents stop their (sex worker) daughter from holding her baby

Parents insist on custody of their daughter’s child because they think she is involved in a bad line of work and therefore cannot raise the child properly. They are afraid that she may have a bad influence on the child, or they may think that she cannot be trusted to raise the child. They worry about what the neighbors will say.

Story: This happened to my sister. Things became worse for her when she became addicted to drugs and got HIV. She was not allowed to go home or to visit her child. She lost her right to raise her child.

SW6. Family kicking their son (SW) out of the house

Father kicks son out of house once he discovers that the son is a homosexual and he is doing sex work for living. SWs try to hide their job as a sex worker from their parents, but eventually the parents will find out.

Story shared by a female sex worker: I ran away from home and started sex work when I was 15. A few years later, I came home to see my family, and my sister said, “Why are you coming home? You are just a whore”. I felt hurt and left. Later when I had children, I brought them to visit my family who told them, “Don’t follow your dirty mother’s footsteps”.
3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary, you may use some of the following points, if participants have not already mentioned them.

- Sometimes we treat people badly because of how they look or what we suspect they do. We isolate or reject them, e.g., refusing to sit beside someone we suspect to be a sex worker in the clinic; or we gossip about them and call them names because of the way they look. When we isolate or make fun of other people, this is called “stigma”. It makes the person feel ashamed or disgraced.

- Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, for example a physical...
difference (e.g., physical disfiguration), or a behavioral difference (e.g. promiscuous women) and then mark that difference as something negative - as signs of disgrace. In identifying and marking differences as “bad,” this allows or justifies us to stigmatize the person or group. Stigmatized people lose status because of these assigned “signs of shame,” which other people regard as showing they have done something wrong or bad (sinful or immoral behavior).

► Stigma is the belief or attitude that leads to discrimination. The action resulting from stigma is discrimination, for example, sex workers being refused treatment at a clinic or being harassed and sexually exploited by clients. When we stigmatize sex workers, we judge them, saying they have broken social norms and should be shamed or condemned, or we isolate them, saying they are a danger or threat to us (because we think we might be negatively affected by their behavior).

► Sex workers are often stigmatized by their families and the community. Either they have to change their behavior to be accepted, or they are forced to leave home and live somewhere else. This makes sex workers feel very bad, and it affects their health.

► There are different forms of stigma:

• **Shaming and blaming** - Gossip, name-calling, insults, judging, and shaming. Sex workers are condemned or blamed for their work as sex workers. Sex work is viewed as socially negative because it is seen as destroying the stability and happiness of the family. Shaming and blaming are occurring in pictures SW2 and SW9.

• **Isolation and rejection** - Based on moral disapproval. Sex workers are shunned by their families and friends, because of their sex work. Sex workers are isolated out of fear about their depraved and immoral behavior. As a result they are forced to hide their life as sex workers from family and friends. Examples in pictures SW6, SW8, SW9.

• **Self-stigma** - Sex workers stigmatize themselves in reaction to stigma and discrimination from their families or the community. Sex workers accept the blame and rejection of society and isolate themselves. Example: picture SW8.

• **Stigma by association** - Sex worker’s family may also be stigmatized. They may feel that their neighbors are pointing fingers at them and blaming them for raising a sex worker. This is an example of stigma by association. Examples in pictures SW3 and SW6. Children of sex workers are also be stigmatized if their mothers are known or suspected of doing sex work. They are shamed and humiliated by friends and neighbors and this may have strong impact on their self-esteem.
• **Discrimination (Enacted stigma)** - Stigma is an attitude toward others that leads to and supports discrimination. When people act on this attitude (stigma) and treat people badly, this is discrimination, e.g., sex worker being harassed by clients, not given equal treatment in the clinic, etc. Examples in pictures SW6 and SW12.

Some of the effects of stigma are:

• Feelings of sadness, loneliness, rejection, hopelessness, and self-doubt, become careless, feel the need to take revenge, may turn to drug use.
• Shame and loss of confidence: SWs feel they are no longer accepted by others.
• Discrimination. Sex workers kicked out of the family, harassed by clients, etc.
• Sex workers not using clinics, not getting STIs treated, not getting tested for HIV, and taking less care in insisting on condom use with clients and partners/husbands.
• Stigma toward sex workers makes them feel despised and rejected; they feel like outcasts. As a result sex workers may stop caring about protecting themselves by using condoms, making them and their partners more vulnerable to contracting HIV and other STIs. In this way, stigma toward sex workers helps to fuel the general HIV epidemic.

▶ The main causes of stigma are:

• **Moral judgments** - Sex workers are viewed as practicing sex that breaks social norms and is judged to be immoral.
• **Fear and ignorance** - People have little understanding about sex workers, so out of ignorance they condemn sex workers for their sexual behavior or isolate sex workers out of fear. They are prejudiced toward people who are seen as behaving differently.
• **Appearance** - Sex workers who wear short dresses are judged harshly because their appearance differs from what is considered the socially acceptable way to dress.
• **Power, gender, and poverty** - Stigma is rooted in power and in women’s inequality especially regarding sexual related norms and stereotypes. Moral rules are often based on unequal power relations, as a way of punishing those who challenge men’s control of women’s sexuality. Unequal access to resources (education, land ownership) means women have fewer options for earning money.
WHAT THE COMMUNITY SAYS, FEARS, AND DOES ABOUT SEX WORKERS

A2.

FACILITATOR’S NOTE

This exercise helps participants identify how they talk about sex workers, their fears toward them, and what they do. This helps to name the problem of stigma and discrimination faced by sex workers and the root causes.

This exercise overlaps with exercise A9, so only one of these exercises should be used.

PREPARATION

Put up three cards along the top of the wall:

a) What the community says/thinks about sex workers (e.g. names people call sex workers, comments community members may make when gossiping about sex workers, etc.).

b) What the community fears about sex workers (e.g., concerns the community has about sex workers that leads them to isolate them and discriminate against them).

c) What the community does to sex workers (e.g., how the community acts toward sex workers, based on their stigmatizing attitudes).

OBJECTIVES

By the end of this session, participants will be able to:

a) Describe the stigma and discrimination faced by sex workers

b) Analyze the root causes of the stigma

c) Decide on ways to challenge stigma

TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

TIME

1 hour

FACILITATOR’S NOTE

STEPS

1. What the Community Says, Fears, and Does about Sex Workers (Cardstorm): Divide into pairs and hand out cards and markers. Ask pairs to write points on each of the three topics listed on the wall, one point per card. Emphasize that pairs should write only one point per card and should avoid repeating points that are already on the wall. Tape the cards on the wall under the correct topic. Then eliminate repetition and cluster common points.
Option: The facilitator can start the session by taping up the words “SEX WORK” on the blackboard/wall and distributing small pieces of paper to participants for cardstorming. Then ask: “What comes to your mind when you see or heard the words “sex work”? Use the rotational brainstorming technique to get everyone’s response (participants can read out loud from their card or hand their card to the facilitator). Record on flipchart.

Example Responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

What the community says about sex workers

What the community fears about sex workers
Sex workers are carriers of STIs and HIV and will infect us with these diseases. People fear getting HIV from sitting beside a sex worker. Bring bad luck and shame to the family. Destroy culture and morals. Steal husbands and destroy family happiness. Recruit other young women to take up sex work. Fear of SWs using drugs/injecting on the street.

What the community does to sex workers
Look down on sex workers and despise them. Call them insulting names. Point fingers, make fun of, and gossip about sex workers. Stay at a distance from sex workers to avoid getting HIV. Prevent children from having contact with sex workers. Unfriendly treatment in clinics. Pimps exploit them (low wages). Clients cheat them. Sexual violence and rape. Some clients pay them to have sex without condoms.

2. Ask participants to read out each of the lists of cards.

3. Then review the list of cards on the wall and ask:

a) If you or someone close to you (daughter, wife, granddaughter) were called these names, how would you feel?
b) What are the effects of these labels on sex workers?
c) What can we learn from these labels and fears toward sex workers?
d) What can we do to challenge stigma toward sex workers?

Record their responses on the flipchart.

Example Responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

How would you feel?

• Hurt. Angry. Embarrassed. Unfairly treated. Rejected. These words are insulting. It would make me feel sad and ashamed. Lose face.

• I would hide my identity as a sex worker from others so I would not be stigmatized.

• I would feel hopeless, all my confidence gone.

What would be the effect of stigma on sex workers?

• These words hurt and make SWs feel despised and rejected by the family and community.

• Stigma destroys their self-esteem. They feel ashamed and feel that there is no way out of sex work; this is their life and nothing can change it.

• Sex workers may stop accessing health services.

• If SWs get HIV, they may hide it and pass it to their clients and/or partners/husbands.

• Stigma discourages sex workers from making efforts to improve their lives.
What can we learn from the words and the fears?

The stigma toward sex workers is based on the view that sex work is a social evil, and that they are bad people. Many fears are misconceptions. This shows that people know little about sex workers. We often stigmatize people on the basis of things we know little about.

What can we do to reduce stigma toward sex workers?

Challenge the misconceptions

- Most sex workers did not choose to become sex workers. Many women have become sex workers out of poverty - the father is gambling or the mother is sick and the girl is forced to do sex work to bring income to the family.
- Many become sex workers as result of being trafficked or tricked into doing the work after having been promised a different job.
- Many sex workers would prefer to find another job, but finding other jobs is not easy if you are poor and lack education and contacts.
- Sex workers are not lazy - they have a hard job, having to deal with violent clients and having to service many clients each night.
- We blame sex workers, but not the men who use their services. The supply side - sex offered by SW - would not be there without a demand for sex from the men.

4. **Summary**: Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- The community uses harsh, insulting words to “blame and shame” sex workers; they have many fears about sex workers, e.g. that sex workers destroy culture and morals, that sex workers carry HIV, and they treat them in a discriminatory way, including sexual violence.
- These words and actions are a form of stigma and discrimination. The stigma and discrimination make sex workers feel sad, ashamed, and rejected, and it makes them lose confidence and begin to doubt themselves.
WHAT THE COMMUNITY SAYS, FEARS, AND DOES ABOUT SEX WORKERS

► This loss of confidence may result in their taking less care about their sexual health. They may, for example, stop using health facilities and take less care in insisting on condoms with clients and partners/husbands; and as a result they may get HIV. In this way, stigma toward sex workers helps to fuel the general HIV epidemic.

► It is important to remember that sex workers are also someone’s daughters or mothers. They want to be loved and to have a happy family just like anyone else. We can help them to change if we are more understanding about their situation and offer care and compassion. This will help them to better to protect themselves from the risk of HIV or STI infection, and from being exploited and violated.

► Sex workers differ from others mostly in their job - to provide sex work. Besides of that, they are like anyone else - they want to be loved, to have a happy family, to be respected and to be helped when needed. In fact, sex service which is not accepted by the society still is necessary for some groups of population, for instance, single people, or those who cannot afford to marry, etc. Without such kind of services, the society would face higher risk of sexual violence, rapes, trafficking and other sexual related criminal actions.
NAMING STIGMA AND DISCRIMINATION THROUGH TESTIMONIES FROM SEX WORKERS

FACILITATOR’S NOTE

This exercise makes use of personal stories told by those mainly affected by the issue, in this case, sex workers talking about how their lives have been affected by stigma and discrimination. These stories have a powerful impact on participants. Often this is the first time participants have heard sex workers talking about their lives. It helps to give this issue a human face, to make stigma more personal.

OBJECTIVES

By the end of this session, participants will be able to:

a) Name some of the forms of stigma and discrimination experienced by sex workers

b) Describe the feelings of being stigmatized; how stigma hurts sex workers and affects their self-esteem and their health

TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

TIME

1 hour

RESOURCE PERSONS

Sex workers - to be invited to give their personal stories.

PREPARATION

Invite two or three sex workers who are open about their situation to talk to participants. Approach the sex worker support group in your area to identify sex workers who are willing to share their experiences. Give them the following briefing on how to give their testimonies:

- Talk about your own lives, growing up and how you were pulled into sex work. Talk about how you have been treated by other people once they suspect you are a sex worker at home, at your workplace, in the community, in clinics, etc. You can also talk about experiences of being treated well, e.g., someone who treated you with kindness and understanding. Talk about how these experiences made you feel.
1. **Testimonies:** Divide into groups, each group with a sex worker as a resource person. Ask each sex worker to tell her story and invite participants to ask questions to clarify the story.

2. **Report back:** If there is enough time, bring the groups back together and ask one of the participants in each group to give a brief summary of the story.

Then ask:

- a) What were the main forms of stigma identified in the stories?
- b) What were the features of non-stigmatizing behavior (e.g. when a person treated the sex worker with kindness)?

3. **Summarize:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

   ▶ These personal testimonies by sex workers help us get a better understanding of the lives of sex workers and the stigma they face. Some people are afraid of sex workers because they know little about them. They only have partial information from various sources and believe the worst about sex workers. As a result they isolate or reject sex workers.

   ▶ Some people condemn sex workers, blaming them for having sex with many men and undermining the stability and happiness of the family.

   ▶ These two things, isolation and shaming, make sex workers feel like outcasts, and this has a serious effect on sex workers mental and physical health.

   ▶ Stigma destroys sex worker’s self-esteem. They begin to doubt themselves. Stigma makes sex workers feel very alone, confused, and demoralized at a time when they really need the support and company of other people.
Example of Testimony

I had a baby when I was 17. The father refused to take responsibility. As a pregnant and unmarried woman, I had to leave the family. I went to Hanoi and found work at a karaoke bar. The job was hard and the manager very demanding. I learned how to look after the customers, but at first I did not have sex with them. Later the owner told me that if I wanted to keep my job, I had to sleep with the customers, and with him.

I found this very difficult at first but came to accept it. The customers bought me lots of beer, and this helped me forget my problems. I accepted the rule of condoms with all customers, but a few customers paid me a lot to have sex without condoms. I didn’t even like the sex. It was something I was paid to do. Our job was just to please client, and we do whatever was asked of us.

I never thought I would love someone or find a man to become my husband and care for me. But I met another man who gave me a second child. When I married him, I knew he used drugs but didn’t know he had HIV. When our child was one year old, my husband started coming down with bad fevers, and soon he had AIDS. At the hospital the doctor asked me if my husband used drugs, and I denied it.

When I got married, my family didn’t approve so they decided to have nothing to do with me. They refused to loan me money to help with our medical bills, so I had to go back to sex work in Hanoi to pay for my husband’s treatment and my children’s living.

The doctor told me that my husband would not live for long. I couldn’t believe it. I know he is drug user, but I was in my 20s, I felt too young to lose a husband. The doctor said, “Have you had an HIV test?” I agreed to take the test and luckily it was negative. I took my son for a test, and he also is negative.

My family and the neighbors assumed that if my husband had HIV then I did as well. I told them all that I was O.K., but no one would believe me. During this period of my husband’s poor health I stayed at home and looked after him. No one cared about me, visited me or talked with me. This made me feel very depressed.

My child went to kindergarten but when people found out that my husband had HIV, he was kicked out. The manager said that other parents had forced him to remove my child. I had to send him to another kindergarten far from our place where people would not about his father.
When my family informed me that my husband was very weak, I went back to see him for the last time. When I reached home I found that my husband had already died. We were not allowed to take him to the cemetery during the day, only at night so we could hide him from other people. Very few people attended the funeral. Neighbors didn’t come and even my husband’s family did not come.

After my husband died I decided I had to live for my children. I was on my own, with no love or support from my family. In my rural village they may know I am a sex worker, but I don’t care - I have to work to raise my children. I am not ashamed of my work. I have worked for 14 years now. They may stigmatize and think bad things about me, but I am not a criminal - I don’t commit crime.

I tried my best. I have become close to one neighbor who understands and supports me. Whoever cares for me, I care for them. But someone who feels badly about me, I don’t care for them. My neighbor was very good to me. She gave me rice to cook, she gave me money and didn’t ask me to pay her back.

Right after my husband died, I had no money. Since then I have been saving and now own a motorbike and have bought a small room for me and my children. My children do not have a father, but they are doing well and I am proud of them. My children are my biggest assets. Now I am a member of a voluntary group where we help sex workers and women living with HIV and AIDS to understand more about HIV prevention and support them to overcome stigma and self-stigma. Together we feel more strength to carry on.

*Source: Based on a story told by a female sex worker in a Toolkit Development Workshop, Hanoi, August, 2010*
### Facilitator's Note

In this exercise participants describe stigma toward sex workers in different contexts, e.g., family, neighbors, health facility, clients, pimps, and other contexts. Participants work in small groups, identifying forms of stigma in their assigned context.

It would work better if a few sex workers were present who could help with identifying stigma from each of the different players. They know what types of stigma occur in each environment.

The next exercise (A5) is a follow-on to this exercise. Make sure to save the outputs from A4 to use in A5, and plan for enough time for both exercises to be completed in sequence.

### Objectives

By the end of this session, participants will be able to:

a) Identify stigma and discrimination faced by sex workers in different places

b) Begin to identify some of the root causes of stigma

### Target Groups

Health workers, NGO staff, law enforcement officers, and the community

### Time

1 hour

### Steps

1. **Naming Stigma in Different Contexts (Topic Groups):** Divide into groups and assign each group one of the contexts - family, neighbors, health facility, place of employment, etc. Ask each group to make a flipchart report on the forms of stigma towards sex workers which take place in their context.
Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

Stigma from the family

Challenge the misconceptions

• Scolding, belittling, and shaming. “Why did you bring shame on the family?”

• Isolated and excluded from family decision-making, or kicked out of the house. Not allowed to raise children.

• Blamed for destroying the family name/reputation.

• When the sex worker gets sick, no one in her family cares for her.

• Family wants to protect reputation so they hide the fact that someone in their family is a sex worker from neighbors.

• Giving up on the sex worker, telling her that she is no longer part of the family.

Stigma from the community

• Isolation. Name-calling e.g. “whore.” Finger-pointing. Negative gossip. Angry looks.

• People look down on the SW and try to avoid her when they see her on the street, see SWs as carrying diseases and causing men’s adultery and debauchery; cause of decay of social morality.

• Blame sex workers for stealing other women’s husbands.

Stigma at the health facility

• Bureaucratic and unfriendly treatment. Harsh and stigmatizing language.

• Sex worker patients are kept waiting or told to come another day or treated last.

• Gossip and making fun of sex workers by clinic staff and other patients.

• Judging comments: “Your type will get HIV soon”.

• Breaching confidentiality. Clinic staff tell other staff and patients.
2. **Report Back and Processing**: Ask each group to present the points on their flipchart. Then discuss some of the following questions:
   
a) What are some of the common ways that people stigmatize sex workers?
b) What are the attitudes/feelings toward sex workers?
c) What are the effects on sex workers who have been stigmatized?

3. **Summary**: Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

   ► Stigma toward sex workers takes place everywhere: homes, communities, clinics, and the sex worker’s workplace, especially among sex workers who work on streets or at entertainment facilities.

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**Stigma from the client**

- Insulting and humiliating words, e.g., “whore”; condescending attitudes and behavior; violence, especially when drunk;
- Cheating/exploitation - refuse to pay the full amount or change the conditions after negotiating the price;
- Clients think they can do anything to a sex worker including rape and gang rape; sex without condom; other unwanted sexual acts
- Male sex workers, especially transgender sex workers, face harassment and rape.

**Stigma from pimps/employer**

- Name-calling and verbal abuse.
- Exploitation: low wages.
- When sex workers cannot work anymore, they are told to leave, and treated as useless.
- If they become pregnant or HIV-positive, they may be kicked out.
Sex workers are shamed and rejected by families; mistreated at health facilities; and harassed and exploited by their clients and pimps/employers. There are very few places where sex workers feel safe. They feel they can be abused, physically and sexually, everywhere they go.

Stigma at home is particularly painful. This is the place of last resort. If your own family stigmatizes you, you have nowhere else to go. You are all alone.

Stigma has a number of common features across all of these situations:

a) People gossip about and scorn sex workers because of how they dress.

b) People “shame and blame” sex workers, condemning them as depraved and bad women for selling sex and having sex with many clients, practices that are viewed as not conforming to socially “acceptable” sexual norms.

c) People isolate sex workers, trying to keep them at a distance. Families and friends of sex workers are also stigmatized.

d) Sex workers face discrimination, e.g., health workers treat them unfairly, clients abuse them, and employers/pimps abuse and exploit them; and they may face harassment by corrupt law enforcement officers.

As a coping strategy to avoid stigma and discrimination, sex workers try to hide, to keep their sex work hidden from others.

Being forced to hide means that sex workers may also hide their sexual activities from health workers, making it more difficult for sex workers to get the care they need. For example, sex workers may go to a clinic for STI treatment, but they might find it difficult to tell the doctor that they have an STI because they fear the doctor may discover they are a sex worker and treat them badly. As a result, the sex workers may not get treated for the STI. For similar reasons, sex workers may also avoid getting tested for HIV.
This exercise is an add-on to the previous exercise (A4). We recommend you do this exercise immediately after doing A4. The aim of Exercise A5 is to get participants to start thinking about how to reduce stigma toward sex workers. Participants work in small groups, developing solutions for each of the contexts that were discussed in A4.

By the end of this session, participants will be able to identify possible solutions to reduce stigma and discrimination.

Health workers, NGO staff, law enforcement officers, and the community

1 hour

1. **Task Groups:** Divide into small groups and give each group one of the flipchart outputs from A4. Ask them to read the flipchart and discuss the following:
   a) What are the causes of the stigma and discrimination in your place?
   b) What can we do to reduce these forms of stigma and discrimination?

   When they are finished, ask them to prepare a short role-play to show the stigma and discrimination in their place.

2. **Report back:** Ask each group to:
   a) Present their drama showing the forms of stigma and discrimination
   b) Present their ideas on: i) causes and ii) solutions.
Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

*Remember:* There are no right or wrong answers.

**Family:** Help the family understand that:

- Most sex workers take up sex work because they are poor or because of life circumstances (being misled about the work they would be doing, trafficked)
- Sex workers are not criminals or deviants; sex workers are like anyone else; they just want to be loved, cared for and treated as part of the family.
- Stigmatizing sex workers does not help them. Rather, it will likely further undermine their self-esteem and makes them take less care in protecting their sexual health.

**Health Facility:** Encourage health workers to:

- Treat all patients with respect and to follow their code of practice.
- Talk openly about their concerns about SW patients and correct misconceptions.
- Stop gossiping and name-calling and protect the confidentiality of sex workers.
- Deal with sex worker patients in a non-judgmental way.

**Community:**

- Raise awareness and improve understanding about reasons leading to sex work - many women became sex workers because they had no other choice.
- Help leaders and others understand that compassion for sex workers and encouragement of sex worker support groups will empower them to protect their health and by extension the community’s health.
- Encourage sex worker leaders to give testimonies in community meetings.
- Educate young people about sex work so they are less stigmatizing.
These case studies are based on real experiences of sex workers. They can be used to help participants develop a better understanding of the lives of sex workers.

By the end of this session, participants will be able to:

a) Understand stigma and discrimination toward sex workers in more depth

b) Discuss real-life stories and look at ways of challenging stigma and discrimination

Health workers, NGO staff, law enforcement officers, and the community

1 hour

Copies of the case studies for participants

1. Divide into small groups of three or four people. Give each group the full set of case studies and assign each group one of the case studies. Ask each group to read its case study and discuss the following questions:

a) What happened? Why?

b) What do you think about the situation in your case study?

c) What could the main character do to challenge the stigma and discrimination?

Case Study A: Mai (Stigma from family)

Mai grew up in a small poor village. Like most girls in the village, she dropped out of school after finishing junior secondary school. Her father said that it is waste to invest in girls’ education beyond that, that it is better for them to get a job and get married soon thereafter. She listened to father’s suggestion and worked as a tailor in a small factory in the village. The work was poorly paid. Her low education qualified her for very few jobs.
When she was 17, a friend’s relative invited her to go to the city to work as a waitress at a bar, where she was expected to sit with clients while serving them beer. Sometimes clients asked her to have sex with them. When her father asked her what she was doing, she told him she was working at a company. Later he found out what she was actually doing. When she went home to visit, her father said, “Why are you coming home? You are just a whore! You have destroyed our family honor”. He told her to leave and never return. Later when she got married, her father gave a message to her through her friends that she can marry whomever she wants, but to the family she is dead. A few years later when she had children, she brought them to her home so her family could meet them. However, her parents still shunned her and even told her children that their mother is a whore. The whole family still does not accept her because as someone who has worked as a sex worker, she brings unacceptable shame to the entire family.

Case Study B: Bich (Stigma at the clinic)

Bich works in May Chieu karaoke bar as a sex worker. She insists on condoms when having sex with clients, but sometimes she agrees to “bare sex” (sex without a condom) when clients pay more money. She also has a regular partner with whom she does not use condoms because if she did, this would imply she didn’t trust him. One day she started to feel a pain in her vagina. She went to the clinic to get tested and treated. The nurse gave her a funny look and kept her waiting a long time. The nurses were openly gossiping about Bich, commenting on her dyed hair and stylishly polished nails: “This kind of girl with colored hair like corn and blue lined eyes, sooner or later she will become a newcomer at the cemetery”. Finally she was called in to see the doctor. The doctor looked at her, observing the tattoos on her body, and said, “You can’t fool me. I can tell what kind of girl you are by your hair and your nails. Maybe you already have HIV”. He then started to ask her about the number of clients and different sexual positions instead of asking her about symptoms. Frustrated, Bich said, “Could you please examine me, rather than asking me about my sex life? How many partners I have and what we do is my personal matter”. The doctor got angry, said he only examined “normal people”, and did a rushed examination. Bich felt humiliated. She said she would never go back to that clinic again.

Case Study C: Thao (Stigma from clients)

Thao never thought that she would be a sex worker when she grew up, but her parents were poor. The income from farming was not enough to make ends meet for her family. Thao moved to the city to look for better job opportunities to help the family. A friend found her a job at a karaoke club. The owner told her she had to make the clients happy. On the first day a client tried to touch her breasts and said he wanted to have sex with her. She refused and he got very angry, insulted her and threatened to beat her. She told him, “I’m only here as a karaoke waitress”, but he said, “Who are you kidding! Stop pretending. You are just a cave (sex worker). That’s why you are working here. You must serve me”. He complained to the manager.
who then ordered her to meet client’s demand and to please him. Thao felt humiliated but she wanted to keep the job so she did what the client asked. He was very rude and the sex was very painful. Afterwards he beat her and scolded her, saying, “Doing this kind of job, you have to learn how to satisfy the client - that is how a whore like you can earn money!” Another client told her, “For me sex workers are just a toilet to release my urge, nothing more”.

Case Study D: Cam (Stigma from pimp)

Cam has been working for a few years in a massage parlor/hair salon. Hung is her pimp. He forces the girls to receive clients all day long. If a girl refuses for any reason, he curses her and even beats her. He keeps telling his girls, “You are useless, and once you become involved in sex work you have nothing to lose”. He is only interested in money and shows very little concern about the health of the sex workers working for him. Cam and other girls want to go for an STI test each month, but he refuses to provide money for the transport. He tells them, “I don’t care if you die. If you get HIV, it’s your own fault. And if you miss work, I will deduct your pay”. Cam has stopped going for STI testing because the combined costs of the test, transportation, and deduction from her salary is too high. In some cases Hung forces the girls to have sex with his special clients who do not pay.

Source: Based on stories told by sex worker participants in a workshop with former sex workers and collaborators, Hanoi, August, 2010

2. Report back: Ask each group to report back on what they have learned from discussing the case study. Ask other groups to comment.

Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: there are no right or wrong answers.

Case Study A

• Mai was forced to drop out of school and become a sex worker out of poverty.
• Out of shame, she tried to hide her work as a sex worker from her father.
• Once her father found out she was working as a SW, he kicked her out of the house.
• Her sister and other family members insulted her.
What could she do?

- Given the strong prejudices and stigma towards sex work, many sex workers choose to hide their work from the family. If they family finds out, as in Mai’s situation, she should seek out the most sympathetic family member who will listen and might understand why Mai felt she had to turn to sex work.
- Try to help the family understand that she loves them and her choice was driven by her desire to help them financially, and that she needs their support.

Case Study B

- Bich got an STI from having sex without a condom with a client or her partner.
- At the clinic she was badly treated - kept waiting, gossiped about, and insulted.

What could she do?

- Bich already challenged the doctor by asking him to focus on his work and by not responding to his humiliating questions.
- After examination, write a letter about the health workers’ attitudes and put it in the Clinic Feedback Box (if it is available).
- Find another clinic where she can be treated better.
- Carefully read the clinic regulations concerning health workers’ expected treatment protocol before entering the examination room.

Case Study C

- Thao started to work as a sex worker because of poverty. It was the only job available.
- She was forced by her employer to have sex with a client.
- The client insulted her and sexually and physically abused her.
- Thao felt powerless. She felt that she could do nothing but accept this treatment.

What could she do?

- Thao should talk with other sex workers and find out how to handle difficult clients.
- She should tell the manager of the karaoke club that her health is very important, that she will no longer accept having sex with violent clients, and that he should protect her for the sake of his business.
- She should learn some skills for refusal from other sex workers, and should assertively refuse to have sex with clients who are drunk or abusive (if the manager is supportive).
3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

► Sex workers face stigma and discrimination in many places: at home, in the community, in their workplace, at health facilities, and at the hands of clients, pimps, bar or guest house owners, and even some law enforcement officers.

► Sex workers are shamed and rejected by their families; badly treated at health facilities; and physically and sexually abused by their clients and pimps.

► Sex workers can face multiple stigmas: as sex workers, they are seen as “socially evil,” as bad and depraved for selling their bodies for sex; and if they have HIV and/or are a drug addict, they face additional stigma and discrimination. Furthermore, because sex work is illegal, sex workers have a hard time protecting their civil rights.

► One form of stigma is the physical and sexual violence sex workers often face from their clients. They often feel powerless at the hands of these men. The attitude of clients is that once they have paid their money, they can do anything to the sex worker and she has no right to complain.

► Sex workers can do something to combat stigma and violence, but to do so they need to be empowered and to find ways to tell their clients, bar/karaoke/guest house owners, and pimps that:

  • It is important to insist on safe sex practices not just to protect the health of the SW, but also to protect the client.

  • Insults and violence do not result in better outcomes for you, the SW, or the client. Treating the sex worker fairly will encourage her to protect her own health and the health of her clients while also meeting the client’s needs.

**“Many times I see no light to my life. Family is a very important support for me. Without family I do not know where to come back. If we cannot rely on the family for support, where would it be?” (shared by a sex worker participant).**

**“Supply follows demand, but the society blames only women who do sex work and not men who seek it”. (shared by a community participant).**

*(Sources: Toolkit Development Workshops, Hanoi, August, 2010)*
Sex workers need to work together to reduce stigma and violence. They can, for example, keep photos of abusive clients, develop group guidelines on how to stay safe, monitor their local situation in order to identify cases of exploitation or violence, and support each other when cheating, discrimination, or violence occurs.

### Strategies to cope with stigma and discrimination in health care settings

1. Seek support from and address your issues and complaints to superior manager or director of the hospital/clinic.
2. Report unfair treatment to the clinic’s hot line, available in most health care facilities.
3. Learn relevant laws (related to rights to health care and treatment, HIV, etc.), and clinic’s regulations and code of conduct (always available in each clinic).
4. Question stigmatizing treatment loudly and publicly to attract attention of the health clinic manager and other patients.
5. Raise awareness about laws related to health care services and other laws and policies for health worker conduct, especially related to HIV.
6. Record stigmatizing and discriminating attitudes/actions of health workers for evidence.
7. Ask for help from the local network of peers/voluntary groups.
8. Be confident.
9. Dress modestly and simply to avoid standing out as being different.

*Source: Suggestions by participant of Toolkit Development Workshop with SW, Hanoi, August, 2010.*
This exercise needs a good introduction in order to help participants break out of their initial discomfort about sitting and reflecting on their own and sharing their own experiences with others. One way to get started is for the facilitators to share their own experience and feelings first.

Emphasize that the sharing is voluntary; no one is forced to share. Emphasize the importance of confidentiality, that what is shared should stay in the room.

This exercise can trigger painful memories or experiences for some participants. As the facilitator, you should be ready to deal with the emotions raised. Some suggestions on this are given in the note on Individual Reflection in the introductory chapter, under Part C: Specific Workshop Techniques.

Part A is the most important exercise; if you are short of time and cannot do everything, at least do Part A.

By the end of this session, participants will be able to:

a) Describe some of their own personal experiences with stigma.

b) Identify some of the feelings involved in being stigmatized.
PERSONAL EXPERIENCE OF BEING STIGMATIZED

TARGET GROUPS

Health workers, NGO staff, the law enforcement officers, and the community

TIME

1 hour

PART A. EXPERIENCE OF BEING STIGMATIZED

6. Individual Reflection: Ask participants to sit on their own. Then say: “Think about a time in your life when you felt people were making fun of you or isolating you for being seen to be different from others”. Explain that this does not need to be examples of stigma toward sex workers. It could be any form of stigmatization for being seen to be “different”. Give a few examples such as being made fun of because you came from a poor family or being made fun of in school because you were smaller than others or poor at football. Ask them to consider, “What happened? How did it feel? What impact did it have on you?”

7. Sharing in Pairs: Say, “Share with someone with whom you feel comfortable”. Give the pairs a few minutes to share their stories with each other.

8. Sharing in Plenary: Invite participants to share their stories in the large group. This is voluntary; no one should be forced to give his/her story. People will share if they feel comfortable. If it helps, give your own story to get things started. As the stories are presented, ask, “How did you feel? How did this affect your life?”

9. Processing: Ask, “What did you learn from the exercise about stigma? What feelings are associated with stigma?”

10. Summarize: Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

► This exercise helps us get an inside understanding of how it feels to be stigmatized.

► The feelings of being stigmatized are very painful. People get badly hurt.

► The feelings of being stigmatized, of being mocked and despised, last a long time.

► Stigma destroys people’s self-esteem. People begin to doubt and hate
themselves. They feel very alone at a time when they need the support and company of other people.

Everybody has felt ostracized or treated like a minority at different times in their lives; you are not alone. We have all experienced this sense of social exclusion.

PART B: EXPERIENCE OF STIGMATIZING OTHERS

This exercise should be done at a different time, not immediately after Part A.

1. Individual Reflection: Ask participants to sit on their own. Then say, “Think about a time in your life when you made fun of, isolated or rejected other people because they were different.” Ask them to consider: “What happened? How did you feel? What was your attitude? How did you behave?”

2. Sharing in Pairs: Ask participants to share with someone with whom they feel comfortable.

3. Sharing in Plenary: Invite participants to share their stories in the large group. This is voluntary; no one should be forced to give his/her story. As the stories are presented, ask, “How did you feel? How did this affect your life?”

Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected. However, you should let each group come up with their own ideas.

Experiences of Stigmatizing Others

• Keeping at a distance from someone who has a skin disease. Avoiding shaking hands with people who are suspected to have HIV. Making fun of other people
• How did you feel when you stigmatized others?
• It made me feel……superior. Better than the other person. It made me feel powerful. Getting revenge for being treated the same way by others. I felt guilty to hurt someone.
4. **Processing:** Ask, “*What did you learn from this exercise?*”

**Examples of responses:** The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected. However, you should let each group come up with their own ideas.

- We can’t blame people for stigmatizing; they have been conditioned to stigmatize.
- When we stigmatize others, this gives us a feeling of power and superiority. I can forget the person (his humanity) and stop dealing with him as a human being.
- I view the stigmatized person as a “threat”, so I isolate or exclude him.

5. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them:

- These stories show that poor people, women, young people, and people who try to do unusual things (e.g., woman wanting to go to university) are stigmatized.
- People often stigmatize unconsciously. They are only acting that way because of how they have been socialized.
- Individuals can make a difference by making an effort to stop stigmatizing and to be a positive example for others.

**Examples of Stories of Being Stigmatized (from one workshop)**

**Story 1:** I was born into a poor family. We lived in a small house. The neighbors looked down on us and made fun of us for being poor. These attitudes hurt us, but it made us work hard, and eventually our lives improved. But the neighbors could not accept our improved status and continued to make fun of us. I still feel the pain of being treated as a poor person. I felt despised. We were nothing, no matter what we did. This still makes me angry.
Story 2: People have always stigmatized me as a woman. They under-rate me, never listen to my ideas, and think my opinions are useless. When I was young I wanted to study, but my parents kept saying, “No, you are a girl. Your work is in the house, not in the classroom”. They tried to prevent me from going further in my studies, but I never gave up, and I completed my university studies. Eventually they began to respect my ideas and to see that girls can also do well. Now they listen to me and accept that I have something to contribute.

Story 3: I was interviewed for a job with the police. The interviewer made fun of my height: “You are so short, even an AK47 is bigger than you”. I was not selected and felt stigmatized because of my height. I felt angry, embarrassed, frustrated, and disappointed. I couldn’t do anything about changing my size, so I was told to go home.
WHAT IS THE MEANING OF STIGMA? (DEFINITION)

FACILITATOR’S NOTE

Discussions on the definition of stigma should only be done only after participants have developed a better understanding of stigma on an experiential basis through participating in some of the previous exercises.

OBJECTIVES

By the end of this session, participants will be able to describe what stigma means and give examples.

TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

TIME

1 hour

STEPS

1. Participants’ Ideas on Stigma (Brainstorm): Ask: “What do you think is the meaning of stigma?” Then ask participants to call out what they think stigma means and record their ideas in a circle diagram. Below is an example of what this diagram might look like.
WHAT IS THE MEANING OF STIGMA? (DEFINITION)

2. Presentation: Then explain and discuss the following:

► Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, for example a physical difference (e.g., physical disfigurement), or a behavioral difference (e.g., women selling sex) and then mark that difference as something negative - as having a negative attribute, as a sign of disgrace. Identifying and marking differences as “bad”, allows or justifies stigmatizing the person or group. Stigmatized people lose status because of these assigned “signs of shame”, which other people regard as showing they have done something wrong or bad.

► To stigmatize is to believe that people are different from us in a negative way, to assume that they have done something bad or wrong. When we stigmatize, we judge people, saying they have broken social norms and should be shamed/condemned; or we isolate people, saying they are a danger/threat to us.

► Stigmatizing beliefs lead to discrimination and unfair treatment of those who are believed to be negatively different. Stigma is the belief; discrimination is the action.

► Stigma and discrimination result in great suffering. People get hurt.

► Stigma toward sex workers takes four major forms:

a) Shaming and blaming. Sex workers are shamed for behavior that is seen as breaking social norms.

b) Isolation or rejection based on ignorance and fear about sex workers. They are isolated out of fear about their behavior (sex work).

c) Stigma by association. Friends and family of sex workers are stigmatized because of their association with sex workers.

d) Self-stigma. Sex workers stigmatize themselves in reaction to stigma and discrimination from their families or the community. They accept the blame and isolate themselves.

► The main causes of stigma toward sex workers are:

a) Moral judgments - They are viewed as practicing sex that breaks social norms and that is seen as immoral.

b) Fear and ignorance - People have little understanding about sex workers, so out of ignorance they condemn them for their sexual behavior or isolate them out of fear. They are prejudiced toward people who are seen as behaving differently.
WHAT IS THE MEANING OF STIGMA? (DEFINITION)

c) Appearance - Sex workers who wear short dresses are judged harshly because their appearance differs from the norm.

d) Power, gender, and poverty - Stigma is rooted in power and in women’s inequality. Moral rules are often based on unequal power relations, a way of punishing those who challenge men’s control of women’s sexuality.

► Stigmatization is a process

a) We identify and name the differences in someone who is a sex worker.

b) We associate negative attributes to that difference, and so make judgments about that person: “She is selling sex and having sex with many men, which is immoral, breaks traditional values, and is corrupting society”.

c) We isolate or judge sex workers, separating “them” from “us”.

d) The person who is stigmatized (isolated and judged) loses status and experiences discrimination (e.g., losing a job, being denied health care).

► People think that it is acceptable to isolate and shame sex workers. They are not aware of how it affects sex workers and how it affects the HIV epidemic.

► Stigma toward sex workers can drive the epidemic underground. Those stigmatized find it difficult to access treatment or testing services and they may stop practicing safe sex, and in this way HIV keeps moving.
This exercise looks at stigmatizing words. The words can be very strong and insulting, so participants need to understand why they are being asked to make lists of stigmatizing words for marginalized groups such as sex workers or drug users. This exercise is similar to exercise A2, so it is optional if you have already done that exercise.

This exercise is designed for health workers, NGO staff, law enforcement officers, and the community. This exercise should not be used with sex workers.

This exercise, “Things the community says about sex workers”, allows participants to express their own stigmatizing labels for other groups under the cover of attributing them to “the community”. So while some words are those commonly used by the community, other words are those actually used by participants themselves.

In doing this exercise, we should make it clear that we are using these words not to insult people, but to show how these stigmatizing words hurt.

In debriefing this exercise it is important to really focus on how participants feel about these names, rather than on the words themselves. This helps to avoid embarrassed laughter. The whole point of this exercise is to help participants recognize how these words can hurt.

By the end of this session, participants will be able to:

a) Identify labels people use to stigmatize sex workers and other stigmatized groups
b) See that these words hurt

Health workers, NGO staff, law enforcement officers, and the community

1 hour

Make a list of groups that experience stigma in your community, e.g., sex workers, men who have sex with men (MSM), people living with HIV, drug users, orphans, and street people. Then using this list, prepare the flipchart stations. Tape blank sheets of flipchart paper on different walls of the room, with one of these groups written at the top of each sheet.
THE BLAME GAME - WORDS THAT HURT

1. **Warm-up - Switching Chairs Game**: Set up the chairs beforehand in a circle. Allocate roles to each person going round the circle, based on the groups listed on the flipcharts: “SEX WORKER, MSM, PERSON LIVING WITH HIV, DRUG USER, ORPHAN, AND STREET PERSON”. Continue until everyone has been assigned a role. Then explain how the game works.

   *I am the caller and I do not have a chair. When I call out two roles, e.g., “sex worker” and “MSM”, all the “sex workers” and “MSM” have to stand up and run to a new chair. I will try to grab a chair. The person left without a chair becomes the new caller, and the game continues. The caller may also shout “Revolution”, and when this happens, everyone has to stand up and run to find a new chair.*

   Shout, “sex workers” and “MSM”, and get the “sex workers” and “MSM” to run to a new chair, and this starts the game.

   **Debriefing**: Ask, “How did it feel to be called a sex worker, MSM, PLHIV?” etc.

2. **Things the Community Says About …… (Rotational Brainstorm)**: Divide into the number of groups based on the roles used in the game, e.g., all the sex workers together, all the MSM in one group, all the PLHIV in one group, etc. Ask each group to go to its flipchart station. Hand out markers and ask each group to write on the flipchart all the things the community says about those in the said group. After two minutes, shout “Change” and ask groups to rotate and add points to the next sheet. Continue until groups have contributed to all six flipcharts and end up back at their original list.
Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

Examples of Things People Say About...

Sex workers

Men who have sex with men (MSM)

Drug users

People living with HIV

Orphans
3. **Report Back:** Bring everyone together into a large circle. Ask one person from each group to stand in the middle of the circle and read out the names on their flipchart, starting with, “This is what you say about me…”.

After all lists have been read out, ask the following questions:

a) How would you feel if you were called these names?

b) How would you feel if your sister or brother were called these names?

c) Why do we use such hurtful language?

d) What are the assumptions behind some of these labels?

---

**Examples of responses:**

*How would you feel if you were called these names?*

- Their words are insulting. It makes me sad and ashamed. I wish I could die.
- It makes me feel unfairly treated.
- I’m going to hide my sex worker identity from others so I won’t be stigmatized.
- I feel hopeless. All my confidence is gone. I don’t know how I will survive.

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4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

- We are socialized or conditioned to judge other people. We judge people based on assumptions about their sexual and other behavior.

- Sex is a taboo, something shameful that we should not talk about in Vietnam. So we often shame and blame people whose sexual behavior is different from ours.

- Sex workers, MSM, and people living with HIV were all labeled on the flip charts as sexually immoral. They were called “sex crazy”, “irresponsible”, and “AIDS” or “germ carriers”. The judgments in this case are based on sexual morality.
These are disadvantaged/vulnerable groups who are lacking in power. They are stigmatized partly because they have limited power to resist these labels.

All of these labels show that when we stigmatize, we stop dealing with people as human beings. We forget their humanity (by using mocking or belittling words) and this gives us a feeling of power and superiority over them.

All of these labels are based on assumptions for which we have insufficient information. They are generalizations that have no validity. We simply assume that “the other people” are “dirty, disgusting, useless, sex maniacs, etc.”.

We attribute characteristics to a group and everyone who belongs to that group. We assume that all members of that group have the same characteristics, e.g., that all sex workers are sex maniacs.

Stigmatizing words are very strong and insulting. They have tremendous power to hurt, to humiliate, to destroy people’s self-esteem. When we “shame and blame” sex workers, it hurts!

So how should we treat sex workers? We should give sex workers: a) respect and affection; b) support and encouragement; and c) space, place, and recognition. If we treat sex workers well, giving them love and respect, they will keep their self-esteem and feel empowered and take charge of their lives, accessing health services and taking care of their sexual health. But if we treat sex workers badly, because of the feelings of hurt and shame and rejection, they will hide from society and avoid using clinics and condoms, which puts sex workers at higher risk for contracting HIV. This in turn may result in HIV being passed to others.

Why do we condemn some groups and accept others? We are not saying that sex workers are right or wrong. Whether or not you agree with someone, you don’t have the right to belittle her or him. You must look at a human being as a human being and empathize as though the person were your son or daughter. Try to put yourself in the shoes of the other person: How would you feel if you were called these names? Even if you don’t like the person, understand her or him.
This is a good exercise to review all the things learned in the earlier exercises. It uses a Problem Tree method to make a list of forms, impacts, and causes of stigma. Then the group can do further analysis on causes and start looking at solutions.

By the end of this session, participants will be able to:

a) Identify different forms of stigma facing sex workers and how stigma affects sex workers, families, communities, and the spread of HIV

b) Identify some of the root causes of stigma toward sex workers and possible solutions.

Using cards, set up the structure for the problem tree on the wall

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FEATURE</th>
<th>QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top</td>
<td>Effects</td>
<td>How does this affect the person stigmatized (e.g., isolation)</td>
</tr>
<tr>
<td>Middle</td>
<td>Forms</td>
<td>What do people do when they stigmatize? (e.g., name-calling)</td>
</tr>
<tr>
<td>Bottom</td>
<td>Causes</td>
<td>Why do people stigmatize? (e.g., lack of knowledge)</td>
</tr>
</tbody>
</table>

Write one or two example cards for each category and tape on the wall. See examples on the following page.
STEPS

Problem Tree: In pairs, participants write points on cards and tape them on a wall diagram to make a “problem tree,” showing types of stigma (main trunk), effects (branches), and causes (roots). Then points are reviewed, and more analysis is done on the causes.

1. Card-Storming (Pairs): Divide into pairs. Hand out cards and markers. Ask pairs to write points on cards corresponding to effects, types of stigma, and causes, one point per card, and then tape their cards at the appropriate level of the diagram.

2. Clustering: Ask a few pairs to come up to the wall and organize the cards for each category, eliminating repetition and putting similar points together. Then ask these participants to present the cards they have organized.

3. Debriefing (Plenary): Review one level at a time and clarify any points that are unclear. Then look at the links between the different levels. For example identify one form of stigma (e.g., shaming and blaming) and show its root causes (e.g., moral judgments) and some of its effects (e.g., shame, feeling excluded).

4. Analyzing Causes and Developing Solutions (Task Groups): By this stage you will have a huge, overwhelming list of points or “trees”, but further analysis is needed to be able to “see the forest”, to make things more meaningful.
   a) Reach agreement on the major causes. Then assign each cause to a task group.
   b) Ask each group to analyze its cause: Why is this a root cause? How does this lead to stigma? Give examples.
   c) Then ask the group to develop solutions: “What can we do to challenge these causes?”
**Examples of responses:** The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

### Forms of stigma against sex workers
- Isolation - Rejection. Avoid contact. Exclusion from activities. No one talks to them
- Violence - Kicked out of the house. Beaten by clients and law enforcement officers. Sexual violence/rape
- Discrimination - Poor treatment at clinic. Harassed by law enforcement officers.
- Self-stigma - Blaming and isolating oneself. Accepting shame. Withdrawal from activities.
- Stigma by association - Family and friends of sex workers are also stigmatized.

### Effects of stigma on sex workers
- **Family** - Forced to leave home. Breakdown in communication with parents and other family members

### Causes of stigma towards sex workers
- Moral judgments - View that SWs have broken social norms by having sex with many men and are depraved;
- Fear and ignorance - People have little understanding about sex workers, so out of ignorance they condemn them for their sexual behavior or isolate them out of fear. They are prejudiced toward people who are seen as behaving differently.
- Appearance - Sex workers who wear short dresses are judged harshly because their appearance differs from what is considered appropriate dress for a woman.
- Power, gender, and poverty - Stigma is rooted in power and in women’s inequality. Moral rules are often based on unequal power relations, a way of punishing those who challenge men’s control of women’s sexuality.
HOW STIGMA TOWARD SEX WORKERS FUELS THE HIV EPIDEMIC

Chapter A

This exercise helps participants understand how stigma toward sex workers or their fear of being stigmatized fuels the HIV epidemic.

OBJECTIVES

Participants will be able to see how stigma or the fear of being stigmatized stops sex workers from getting health services, communicating with their partners/husbands about sexual health issues, and practicing safe sex. This increases risk for contracting HIV and thus the possibility of passing HIV on to their clients and/or partners/husbands.

TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

TIME

1 hour

1. Story: Read the following story

Yen lives in a poor family. Her family keeps a careful eye on her, prevents her from having boyfriends, and keeps reminding her that she should be a virgin when she gets married. Yen finishes secondary school when she is 16 and decides to look for a job to contribute to the family’s income, since the family is very poor. One neighbor offers to help her find work in the city as a cleaner. Her parents agree to the idea and she moves to the city. The work, however, turns out to be in a karaoke bar. She looks beautiful, gets a lot of attention from customers and eventually she has sex with clients. She sends money home, but she doesn’t tell her parents that she is working as a sex worker. Her parents are proud of her and happy to get the extra income.

Yen knows the risk of getting STIs, including HIV, so she is very careful with clients - she always insists on using condoms. But she is very beautiful and some clients ask her for a long term relationship. She knows them well and thinks they are “good people” so she feels there is no risk of infection and gradually stops using condoms with them. She also begins to meet other young men from the same home region, falls in love with one of them and moves in with him. When having sex with him, she never uses a condom.
A few months later Yen develops a rash in her vagina. She knows that something is wrong so she goes to a clinic for an STI test and treatment. At the clinic the doctor calls her bad names, and gives her a rushed examination. She leaves the clinic embarrassed and goes home without getting the results.

Time passes. Yen is very worried that she might get HIV. She asks her lover to use a condom, but he insults her and says she does not trust him. So she stops insisting on the use of condoms with him. With her regular clients she does not insist on a condom, fearing that if she does they will drop her. She also accepts sex without a condom from clients who agree to pay her more.

One day Yen takes a test at the health clinic and finds she has HIV. She is shocked and confused and doesn’t know how to tell her lover and her family. She hides the information from both of them.

2. Plenary Discussion

a) What happened when Yen tried to talk to her boyfriend about her STI?
b) Why did Yen not get tested and treated for the STI at the clinic?
c) Why did Yen, at the end of the story, agree to have sex with her partner and clients without condoms?
d) How does stigma toward sex workers result in the continuing spread of HIV?

3. Summary: Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

► If sex workers are HIV-positive, fear of being stigmatized stops them from disclosing their HIV status to their partners/husbands and getting counseling, care and support. Because of HIV stigma sex workers are afraid to tell others about their situation.

► It is the fear of being stigmatized that may stop sex workers from taking appropriate action to protect their health, and thereby the health of their partners. It is this fear that stops sex workers from accessing health services, finding out their own status, and negotiating safe sex with partners. This increases the risk that sex workers may contract HIV and potentially pass HIV along to their sexual partners.

► Fear of stigma keeps HIV underground! Sex workers trade off their own lives and their clients’ or partners’ lives in order to remain invisible and avoid being stigmatized.
If, on the other hand, sex workers are treated with kindness, support, and care, they will be more likely to access health services and take precautions in their sexual relationships.

Sex work is bad for women and should be stopped. The social evils policy was implemented by government to stop sex work and the trafficking of women.

We agree with the aim of the ‘social evils’ policy - to prevent sex work, but we also have the aim of preventing HIV.

In most cases, women have been pushed into doing sex work for survival. Stigma based on the social evils policy makes sex workers feel despised and rejected - and makes them outcasts from their families and the community. As a result they hide themselves and stop accessing health services, finding out their own status, and negotiating safe sex with partners. This increases the risk that sex workers may contract HIV and potentially pass HIV along to their sexual partners.

Once sex workers get HIV, they are doubly stigmatized, and this affects their ability to care for their own health and others’ health. They hide their status from their partners and continue having unprotected sex and this allows HIV to continue to spread.

Stigmatizing sex workers does not help us to fight sex work nor to fight HIV. Instead of stigmatizing and rejecting sex workers we need to show care and compassion so they can lead a healthy life and act in their own and other people’s interest (practicing safe sex, etc). Vietnam has strong traditions of compassion, solidarity, and unity, which should be applied to supporting sex workers.

If we are to fight HIV, we need to understand their situation and help them. In many parts of the world sex workers are treated as members of the community. This is helpful because it removes the judging, the moral condemnation; sex workers are simply regarded as having to do sex work, not having failed morally.

Our research in Vietnam has found that some parents were angry with their daughters for becoming sex workers, but they didn’t give up on them. We need to draw on positive examples of families who have discarded their anger and opened their hearts. We have found that the most painful thing for sex workers is when the family gives up on them and stops loving them. Sex workers who work the hardest to quit sex work are those who have the love and support of their families.

We all may recall Thuy Kieu, a beautiful girl in Nguyen Du’s poem, who gave up her virginity...
to save her father. Her father was arrested, so she had to sell sex to pay her father’s fine and get him out of prison. She comes back home and the family does not stigmatize her; they are grateful because she saved the family.

► Her miserable and adventurous life as a sex worker and concubine was praised as an example for sacrifice. Like Kieu, there are many other young women who have turned to sex work as a means to help their families. If we can understand this, it will be easier to have compassion for them rather than judging or condemning them.

► Main message - do not rush to judge people for what they do, especially if you don’t know the full story.
HOW STIGMA TOWARD SEX WORKERS FUELS THE HIV EPIDEMIC

How Stigma Affects Sex Workers

No longer fell responsible for actions: They have already judged me, so why should I worry about how I behave?

STIGMA
Moral condemnation and rejection

Feel unwanted, despised and rejected

Loss of confidence/self-esteem and feel worthless

Weak in insisting on condom use with clients

Weak in negotiating condom use with clients or partners

HIV

Illness, death, loss of income, poverty, etc.
This exercise is designed for health workers. This exercise looks at the experience of sex workers in using health facilities - how sex workers are treated, the specific forms of stigma they face, how it makes them feel, and the effect of the stigma on their health seeking behavior.

The exercise starts with a case study to identify some of the forms of stigma faced by SWs, and then participants identify real forms of stigma in their own health facilities. The case study could be turned into a role play performed by some of the participants.

Do this exercise after a general exercise to introduce the concept of stigma to health workers (e.g., A1, A2, A3, A4, A5, or A6). This will help to prepare health workers to name stigma in their own health care setting. The aim is to help health care workers make a frank and open assessment about stigma in their own health facilities.

By the end of this session, participants will have:

a) Identified forms of stigma that discourage sex workers from using clinics
b) Started to think about how to improve things in the clinic

1. **Case Study**: Divide into groups of no more than six people, and give all groups the case study given below. Ask them to read the case study in their individual groups and discuss the following questions:

   a) What happened in the case study? Does this situation sound real?
   b) What other forms of stigma toward sex workers have you observed in health facilities?
   c) What are the effects of this stigma?
   d) Why is stigma happening in the health facility?
   e) What can we do to reduce the stigma faced by sex worker patients?
STIGMA AND DISCRIMINATION
TOWARD SEX WORKERS IN THE HEALTH FACILITY

Case Study A

One day I started to get painful sores and a burning sensation in my vagina. Even though I was worried about how I would be treated by the clinic staff, I still went to the clinic to get tested and receive treatment.

When I arrived at the clinic, I waited a long time. The nurse kept calling patients who had arrived after me. Eventually I challenged her and said, “I arrived before her. Why can’t you treat me now?” She laughed and said, “Who are you to tell me what I should do? You’ll just have to wait. We know you night butterlies! You wait all night for men, so why can’t you wait a few more minutes”. She said this in the presence of all the other patients, and I felt humiliated. She then left and had a long talk with three other nurses, and I could see them looking in my direction.

Eventually I was called in to see the doctor. Before I went into his room, the nurse had been talking to him, so I suspected she had told him that I was a sex worker. The doctor gave me a funny look and asked, “What is your problem?” I explained that I had sores and a burning sensation in my vagina. Then he told me to take off my dress. I did so, and he looked at my sexual parts from a long distance away, and said, “You smell very bad. Why can’t you take better care of your body? You must play a lot”.

He then began to ask me a lot of questions about my sex life: “How often do you have sex? What kind of sex do you enjoy the most? Do you have a full time partner or husband?” I told him I just wanted to be tested and treated, not to be asked about my sex life. He responded that the clinic only did testing for normal women, not sex workers!

As soon as he left, I put my dress on and left the clinic. It was humiliating! I will never go back to that clinic again. I went to the clinic with a medical problem to get help from the doctor, but I didn’t receive any treatment. All I got was bad words and blame!

Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

Examples of Things People Say About…
STIGMA AND DISCRIMINATION TOWARD SEX WORKERS IN THE HEALTH FACILITY

Stigma and Barriers in the Clinic
- Sex worker patient is kept waiting a long time. Other patients are served first.
- Unfriendly treatment and insulting language.
- Clinic staff gossip about the SW patient and show their disapproval.
- Breach confidentiality. One nurse tells nurses and other patients about the sex worker.
- Blaming and shaming. “You deserve to get this because of your disgusting behavior”.
- Poorly done, rushed examination. Doctor inspects sexual body parts from distance.
- Invasive questioning - “How often do you have sex? What kind of sex do you enjoy?”
- Doctor is more concerned about the patient’s sex life than dealing with the illness.
- Transgender sex workers are targets for stigma - they come to the clinic looking like a woman, but with a man’s name, so they are teased.

Effects
- Sex worker leaves the clinic feeling insulted, humiliated, and angry, and having no solution to her problem, i.e., medicine to treat the problem.
- Sex worker stops using the clinic and does not get her STIs treated.
- It may affect her self-esteem and as a result she may take less care with her sexual health (e.g., not insisting on the use of condoms with clients and partner/husband).

Why are these problems happening?
- Stigma toward sex workers, based on views about sex work as a “social evil”. Moral judgments of women who “sell body for sex” - viewed as shameless, depraved women who destroy the decent image of women
- Lack of confidentiality. Nurses gossip about sex workers with other staff and patients.
- Health workers not trained on how to interact with sex worker patients.
- The doctor is more concerned about patient’s sexual behavior than treating her STI.

Solutions
- Educate health care providers on SW issues and how to deal with patients.
- Change the attitudes of health care workers who are stigmatizing; help them to become more caring and less judgmental.
- Strengthen the code of practice of health workers so that they treat all patients equally.
- Train staff on how to counsel SW patients, i.e., nonjudgmental, neutral, or supportive language and appropriate body language.
2. **Discuss:** “*Why is judging or stigmatizing sex worker patients wrong?*”

3. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary, you may use some of the following points if participants have not already mentioned them:

- Because of your upbringing, you may believe that sex workers having sex with many men is wrong, but it is not okay to stigmatize sex workers, to treat them as evil.

- If you stigmatize sex workers, they will stop using the clinic and their health will be negatively affected. If so, you are failing in your role as a health worker.

- The health worker’s code of conduct requires treatment of all patients without exception. The code of conduct does not say we should refuse to treat sex workers.

- Stigmatizing sex workers results in their feeling cut off from family, community, and health services. This lowers their self-esteem and undermines their ability to take positive action to manage their health. As a result, sex workers may take less care about their use of condoms and put themselves at increased risk of getting HIV. Once they get HIV, sex workers are doubly stigmatized (for being sex workers and a person living with HIV), and this affects their ability to care for their own health and others’ health. Sex workers may hide their status from their partners/husbands and continue having unprotected sex, and this allows HIV to continue to spread.
In this exercise participants discuss a number of key questions about the lives of sex workers.

**OBJECTIVES**

By the end of this session, participants will have discussed:

a) How sex workers start doing sex work and problems they are facing

b) How sex workers’ lives have changed as a result of HIV and/or addiction to drugs

c) Strategies and conditions for helping sex workers get out of sex work

**TARGET GROUPS**

Health workers, NGO staff, law enforcement officers, and the community

**TIME**

1 hour

**3. Topic Groups:** Divide into five groups and assign each group one of the following questions. Ask groups to make a flipchart report.

Group A: *How do people get into sex work?*

Group B: *What are some of the problems faced by sex workers?*

Group C: *How do their lives change when SW (or partner) becomes addicted to drugs?*

Group D: *How do their lives change when SW (or partner) gets HIV?*

Group E: *How can sex workers get out of sex work?*

**5. Processing:** Encourage further discussion based on following questions:

a. Why do many sex workers not quit? What keeps them in the job?

b. Why do so many people choose sex work as mean to earn a living?

c. What are supporting factors (personal, social environment, and legal/policy environment) that may encourage sex workers to take steps to reduce their HIV and STI risk, and to protect themselves from violence?

d. What are negative factors that can result in increased risk among sex workers of HIV, STIs or violence?
**Examples of responses:** The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

*Remember:* There are no right or wrong answers.

**How do people get into sex work?**
- Family poor or broken family. Gambling or medical problems - need money to pay.
- Low education level so it is very difficult to find job which would bring in good income.
- Not just people with low education. University students do sex work to get extra income.
- Low education and low understanding - get cheated and trafficked into sex work.
- Attracted to sex worker way of life influenced by friends.
- Get addicted to drugs and to pay for drugs get into sex work.
- Cheated or dropped by a lover so out of broken heart become a sex worker.
- Start off as part time sex worker to make extra money. After a while it becomes full-time job.

**Problems faced by sex workers**
- Unstable income. No protection against violence from clients.
- Violence, rape and cheating from clients, including gang sex.
- Exploitation by pimp who demands long hours of work and takes half the money earned.
- Debt with pimp or employer, which is very difficult to pay off.
- Some sex workers are denied the right to keep their children, which can be quite traumatic for them.
- Health problems. Getting STIs and HIV; violence; getting an abortion and related reproductive health risks.
- Cannot report abuses to law enforcement officers for fear of being arrested.
- Being arrested and sent to rehabilitation center.
- Future uncertain. Will not find a husband, or will lose husband.
- Stigma from family and community. SWs’ children get stigmatized - affects their future.
KEY QUESTIONS ABOUT THE LIVES OF SEX WORKERS

- Problems during pregnancy. Can only work as sex worker for the first few months.
- Partner is a drug addict. Have to earn a lot of money to support partner’s drug habit. Eventually become drug addict as well. Face high risk of HIV infection.

How do their lives change when sex worker (or partner) becomes addicted to drugs?
- Number of clients increases because the drugs give you the strength to have more clients.
- If SW becomes addict, needs more money to pay for drugs.
- When SW or partner becomes a drug user, SW is forced to work harder to get more money. Works every day to get money - increase number of clients and accept every kind of client. May be forced to work on the street and take any clients, which is more dangerous - less selective and payment may be less. May end up selling or smuggling drugs.
- If sex worker uses drugs they can be arrested.

How do their lives change when sex worker (or partner) gets HIV?
- Stigma from family and community. If client finds out they have HIV, lose clients.
- Changes in family life, hide HIV status, depression, become careless, suicide.
- If they use drugs - triple stigma (drug user, sex worker, and PLHIV).
- Some clients who get HIV may come back to the sex worker looking for revenge.
- Sex worker cannot work because of poor health - affects income.

Why sex workers cannot get out of sex work?
- Main problem - stigma - if they quit SW, stigma from the community will push them back.
- Needs strong will and determination to be able to go back to normal life.
- Support from the family will help sex workers to quit sex work and get another job.
- If they find someone who loves them, avoids prejudice, and helps them out of the situation.
- If they find a good job with income they can break away from sex work.
- Hard for sex workers to find a good job because they lack skills.
- If they want to quit, they have no qualification so it is hard to look for good paying job.
• Don’t have the initial investment - many want to leave sex work, but lack the resource to start a new job. Many owners/pimps lend sex workers money to buy clothes and beauty products with high interest rates. This ties sex workers to the owner as they cannot pay off the increasing debt.

• Difficult to get out of sex work because of drug use by their partners. Other get involved in gambling and are in big debt.

• If sex workers try to leave sex work, the pimp or bar owner will try to stop them.

• Many want to return to normal life, but family does not believe in them - don’t believe they can leave sex work and live a normal life.

• SWs may quit because of a big event in their lives. One mother found out her daughter was a SW, had a heart attack, and died in front of her daughter - the daughter stopped sex work

• Some SWs are sent to rehab camp - conditions so harsh that SW leaves sex work.

• A former sex worker after releasing from educational centre may find difficult to get her residential registration back to the family.

6. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary, you may use some of the following points if participants have not already mentioned them:

• We need to understand why sex workers got into this work, have more compassion for their circumstances, and open the door and allow them to change. If we - families, communities, and government - support them, we can bring out the good in them and help them to change.

• We should encourage sex workers to form or join voluntary support groups, where they can become empowered and stronger as persons. Working together they have the power to make the changes necessary to improve their lives. In these groups they can share experiences and support each other in overcoming difficult work situations (e.g., violence from customers, pimps, and law enforcement officers). They can also explore ways of leaving sex work.
They need skills and start-up capital to get out of sex work and start their own small businesses. This will give them hope and belief in themselves. Tell the story of Hai: Hai is a former sex worker and drug user. She and her husband have HIV. Hai joined a support group and was given a grant of two million dong to set up a tea shop. In three years she has established two shops and used the money to support her husband who is in prison and her mother who is blind. She has stopped sex work and is no longer addicted to drugs. Not only Hai but many other women have been able to leave sex work and stop using drugs with just a little bit of extra support.

Experience of Violence - The Story of a Former Sex Worker

We often face violence and abuse by customers who are drunk or who are hooligans. If we do not do what they want they will beat us or refuse to pay us. Once I met a group of seven clients who all were using drugs. I had to do whatever they demanded because if I refused I knew they would threaten to kill me. One time I knew [my prospective clients] were hooligans, I refused to go with them. They forced me to bend down and beat me right on the street. I would rather be beaten by them than go with them because I knew that I would not be paid and they would force me to please all of them without knowing when I can go.

INTRODUCTION

This chapter is designed to help participants understand sex workers, so that with more knowledge, they will be less stigmatizing.

This chapter is designed for health workers, NGO staff, law enforcement officers, and the community.

To provide background reading, encourage participants to read the Information Sheets in Annex 1

EXERCISES

B1. Breaking the Sex Taboo
B2. What Do We Know about Sex Workers?
B3. Misconceptions about Sex Workers
Sexuality is a taboo subject, and in particular with regard to talking about sex that is considered “immoral” or “abnormal.” Our views about what is “appropriate” sex lead to a lack of acceptance of people who do not conform to our own, or society’s views about what is proper sexual behavior, and this fuels stigma against sex workers. Sex, our beliefs about sex, and how they lead to stigma against sex workers is the major topic in this chapter, so we need to help participants talk openly about sex. These exercises help to achieve this objective.

Use these activities on the second or third day of the workshop when participants are comfortable with each other and feel free to talk together.

By the end of this session, participants will be able to:

a) talk more openly about sex and their feelings about “proper” and “improper or immoral” sex
b) recognize that our beliefs about what is “acceptable” or “proper” sex is one of the root causes of sex worker stigma

In this exercise we provide three different activities to get participants talking about sex:

Activity A: First Thoughts about Sex
1. Write the term “sex” in the center of a blank flipchart sheet and ask, “What are your first thoughts when you hear the term ‘sex’?”
2. Record all responses on the flipchart.
3. Then discuss three questions:
   a) Why is it difficult to talk about sex?
   b) What are the social norms around sex?
   c) What does this tell us about stigma?

Activity B: Anonymous Participatory Sex Survey

Activity C: Why do Men and Women have Sex?

• Choose one of these activities or do them all, if you have enough time.
• Use the summary points that are given at the end of the exercise to help conclude each activity.
Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

First thoughts when we hear the word “sex”

Why is it difficult to talk about sex?
• Sex is a secret. Sex is a taboo subject. Sex is shameful or disgraceful. Sex is a potential source of evil. We are shy to talk about sex because we normally don’t talk about it in public. Sex is a private matter - according to Vietnamese cultural norms, it is unacceptable to talk about sex in public, although this may be starting to change. But generally, if we do, others will stigmatize or shame us.

Social norms around sex
• Sex is acceptable only if it is between man and woman.
• Sex is only acceptable between married couples and with the main aim of reproduction.
• Good women do not say they enjoy sex. If they did, they would be stigmatized (shamed)
• Men/husbands decide when and how to have sex. Wife doesn’t have a choice, she must have sex. If she says no, this will lead to violence. She does not initiate sex.

What does this tell us about stigma?
• It is assumed that sex workers do not follow what other people consider to be “acceptable sexual behavior,” so they are stigmatized.

Activity B: Anonymous Participatory Sex Survey

1. At least two facilitators are needed to run this exercise, one facilitator at the front of the room to read the questions, the other facilitator at the back of the room to collect the answer slips and quickly record the results on a flipchart.
2. Explain that the survey is anonymous.

3. Hand out ten slips of paper to each participant.

4. Ask each question and tell participants to record their answer on a slip of paper and fold it up. Collect the slips after each question and record the results on a flipchart. Do not present these results until all the questions have been asked.

5. Present and discuss the results. Then ask, “How did you feel answering the questions? What did you learn from exercise?”

<table>
<thead>
<tr>
<th>EXAMPLES OF QUESTIONS AND RESULTS</th>
<th>YES (# OF ANSWERS)</th>
<th>NO (# OF ANSWERS)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you talk openly about sex to close friends?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you enjoy sex?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Have you ever used drugs or alcohol to make you feel sexy?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever participated in oral sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever participated in anal sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a friend who is a sex worker?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an STI?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever taken an HIV test?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you use a condom the last time you had sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever paid for sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Examples of responses: *The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.*

*Remember:* There are no right or wrong answers.

**What did you learn from the exercise?**

- The survey helped us reveal our own sexual experience without embarrassment.
- It was easier because it was anonymous. People were laughing, so it loosened people up.
- Most men can talk easily about sex, but most women feel uncomfortable talking about sex.

**Activity C: Why do Men and Women Have Sex? (The Purpose of Sex)**

**STEPS**

1. Put up two flipcharts on the wall titled a) Why men have sex, b) Why women have sex.
2. Divide into two groups; men in one group, women in the other. Ask groups to write on their flipchart their reasons for having sex.
3. Once the groups have finished, ask one person from each group to read the points.
4. Then compare and discuss the answers on the flipcharts:
   a) What are the similarities? What are the differences?
   b) What did we learn from this exercise?
Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

Why men have sex

Why women have sex


Differences: Women: Give comfort to partner. Find partner. Make money. Forced sex

What did we learn from this exercise?
- There are differences, but there are many common reasons for having sex.
- Women have sex to get something (e.g., money, partner), men to show they have power.
- Poverty and economic hardship force sex workers to sell sex.
- Many sex workers don’t want to do sex work, but they do it out of poverty or because they are forced.

5. Then put up two more flipcharts: a) Why do men pay for sex? and b) Why do women have sex for money? Ask men to respond to the first and women to the second.

6. Summary: Bring each of the above sessions (A, B, or C) to a close by summarizing the main points which participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.
Discussing sex is a taboo. We have been socialized not to talk about sex, especially in our families, between generations, or even between married couples.

HIV is all about sex, so if we are to control this epidemic, we have to become better at talking about sex and learning to talk about sex in a non-judgmental way.

Our views about the sexual practices of marginalized groups such as sex workers are a major factor in stigma. We judge or stigmatize others because of their sexuality.

Sex workers are stigmatized for having “immoral sex”, for breaking the moral code.
WHAT DO WE KNOW ABOUT SEX WORKERS?

FACILITATOR’S NOTE
This exercise will assess participants’ knowledge about sex workers and gaps in their understanding. This will help to establish a baseline level of knowledge to build on and identify misconceptions or irrational fears that may underpin the stigma toward sex workers.

You could use the Quiz (method B) as a form of homework. Hand out the quiz at the end of the day and ask participants to complete it at home. Then discuss the answers the following day.

If possible, arrange for sex workers to attend this session as resource persons so they can help to explain some of these issues. But take care to ensure that sex workers do not feel that they are being interrogated or personally attacked in the process of answering the group’s queries.

OBJECTIVES
By the end of this session, participants will be able to identify what they know and don’t know about sex workers.

TARGET GROUPS
Health workers, NGO staff, law enforcement officers, and the community

TIME
1 hour

TWO METHODS TO ASSESS KNOWLEDGE
In this exercise we provide two activities to assess participants’ knowledge about sex workers:
Activity A: Card-storming: Everything You Wanted to Know about Sex Workers
Activity B: True/False Quiz: What Do You Know about Sex Workers?

Activity A: Everything You Wanted to Know about Sex Workers
1. Divide into pairs. Hand out blank cards to each pair. Ask pairs to write on each card things they want to know about sex workers and tape the cards on the wall. Eliminate repetition. Then discuss each question. Help to sort out fact from misinformation.
Activity B: True/False Quiz: What Do You Know about Sex Workers?

Hand out the quiz below and ask each participant to complete it, writing True or False beside each statement. (You could hand out the quiz at the end of the day and ask participants to complete it at home.) Then discuss each of the questions, using the answers provided in the ANNEX 1 as a guide. You can also give out the answers as a handout.
WHAT DO WE KNOW ABOUT SEX WORKERS?

1. Sex workers love money and are lazy to work. They could easily get other jobs but they do not.
2. Sex workers have an easy job. They just lie on their backs and collect money.
3. Sex workers all do the same job - they are all “night butterflies”.
4. Sex work is the quickest way for poor women to make money.
5. HIV is the only serious problem sex workers face.
6. Many sex workers use alcohol, tobacco, or drugs as a way of coping with their hard life.
7. Sex workers destroy family happiness and the morality of society
8. Sex workers are sex maniacs; they love sex with many people.
9. Sex workers hide their work in order to avoid being stigmatized by their families and the community.
10. Sex workers show off and sell their bodies, so they deserve to be scorned.
11. Sex workers are promiscuous and they never have long-term relationships with men.
12. When it comes to sex, a sex worker’s first obligation is to please her client.
13. Sex workers are highly vulnerable to HIV because they find it difficult to negotiate for safe sex with clients and with their husbands/partners.
14. When sex workers go to a health clinic, they receive the same treatment as anyone else.
15. In Vietnam sex work is illegal.
16. Sex work is “work” - a social services although it is not recognized in Vietnam;
17. Laws that criminalize sex work stop sex workers from selling sex.
18. Sex workers are afraid to report cases where their clients have beaten or cheated them to law enforcement officers because their work is illegal, and they think that they have no rights.
19. Arresting sex workers and putting them in an educational setting is the best method to stop sex work.
2. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

► People know little about sex workers, so out of ignorance they judge them unfairly or isolate/reject them out of fear.

► When we know little about others, we end up accepting stereotypes about them, e.g., that sex workers are lazy and sex crazy. We believe these things are true, but they are false.

► If we know more about sex workers, we will begin to overcome some of our doubts and prejudices and be less condemning toward them.

► Many sex workers become sex workers out of poverty or through force.
MISCONCEPTIONS ABOUT SEX WORKERS

FACILITATOR’S NOTE

In this exercise, participants generate a list of misconceptions about sex workers and then work in pairs to challenge each myth.

This exercise also includes a handout, located at the end of the exercise, to help you respond to participants’ group work on the misconceptions. It can also be given out to participants at the end of the session.

OBJECTIVES

By the end of this session, participants will be able to name and challenge misconceptions about sex workers.

TARGET GROUPS

Health workers, law enforcement officers, NGO staff, and the community.

TIME

1 hour

PREPARATION

Tape up 20 blank sheets of A4 paper on the wall.

STEPS

1. Misconceptions (Brainstorming): Ask participants to brainstorm things that people in their community have been saying about sex workers. As each participant responds, one facilitator records each statement on a separate sheet of A4 paper.
Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

a. All sex workers are lazy to work. They could easily get other jobs but they do not.
b. Sex workers are sex maniacs. They love to have sex with many people.
c. Sex workers steal husbands and destroy family happiness.
d. Sex workers show off their bodies. They deserve to get scorning from people.
e. Sex workers are promiscuous. Their relationships with men don’t last.
f. As sex worker, she has to please what client wants to her. “Once I have paid for the tray, I can do anything”.
g. Sex workers are the main source of bringing HIV to the community.

2. Divide into pairs and ask each pair to select one of the statements from the wall. Ask each pair to discuss:
   a) What do you think about the statement? Is the statement true or false?
   b) How does the statement lead to stigma toward sex workers?
   c) What can you say to counter or challenge these statements?

3. Report back: Ask each group to report back to the larger group what they discussed about the statement. Did they decide it is true or false? How does the statement lead to stigma towards sex workers?

4. Summary: Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

---

1 “Mặt tiền mua mắm thì dắm cho thùng”: a Vietnamese saying means one has paid for something/she can do whatever he/she wants with that thing
B3. MISCONCEPTIONS ABOUT SEX WORKERS

All of the above misconceptions are stereotypes; negative things we say and believe about sex workers based on limited knowledge and prejudice: we describe and name another person or other groups according to a set of characteristics we believe are “bad”, labeling them as different from us in a negative way. Often we believe these misconceptions are facts about other people, when in fact they are false. This belief leads to prejudice, which can result in stigma and discrimination. As this exercise has shown, there are many misconceptions and negative stereotypes about sex workers that lead to stigma and discrimination. Being a minority, sex workers are particularly vulnerable to being stereotyped.

The truth is that most of sex workers:

a) Are doing sex work often as a form of survival, to escape from poverty.

b) Are not “sex maniacs”. They do not enjoy sex with clients; it is often very painful and results in medical problems.

c) Can lead normal, settled, moderate lives like anyone else and are equally capable of deep, long-term, loving relationships.

d) Do not “ask to be hassled”. Men have to take more responsibility. The way sex workers dress and the work they do gives no one the right to despise them. Nowadays, many young girls dress fashionably and in a “sexy” way but in fact have nothing to do with sex work.

e) Have to survive in a very hostile and violent environment. They are vulnerable to being raped, robbed, and beaten, and arrested by law enforcement officers.

f) Feel they lack rights. Some sex workers feel they have limited power to demand fair treatment, i.e., safe sex with a fair payment and no violence.

g) If sex workers are empowered and sensitized about HIV prevention they can become strong and assertive in requesting of using condom with clients and prevent from HIV infection and HIV transmission.

We need to understand and respect sex workers as human beings. Sex workers are as fully human as anyone else and entitled to be treated in the same way.
# Handout of Misconceptions about Sex Workers

<table>
<thead>
<tr>
<th>MISCONCEPTION</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex workers are sex maniacs. They love to have sex with many people.</td>
<td><strong>False.</strong> Most sex workers do not get pleasure out of the sex with clients; it is just a way of making money. When they are with a client, they want him to do it quickly and leave. In fact having sex with a stranger can be very painful due to the lack of sexual arousal, which is needed for vaginal lubrication.</td>
</tr>
<tr>
<td>Sex workers are lazy to work. They could easily get other jobs but they do not.</td>
<td><strong>False.</strong> Many sex workers have taken up this work because they are poor, have difficulty finding other work, and have limited education/skills. Like everyone else, sex workers need money to live. Many are not happy with sex work and would like to get out, but feel they have no alternative.</td>
</tr>
<tr>
<td>Sex workers steal husbands.</td>
<td><strong>False.</strong> Sex workers have no intention of stealing people’s husbands. It is men who seek out sex workers. Men need to take responsibility for their actions.</td>
</tr>
<tr>
<td>Sex workers show off their bodies. They deserve to be despised.</td>
<td><strong>False.</strong> Sex workers may show off their bodies to attract men to hire their services, but this is no justification for being despised. Nowadays, many young girls dress fashionably and in a “sexy” way but in fact have nothing to do with sex work.</td>
</tr>
<tr>
<td>Sex workers are promiscuous and their relationships with men never last.</td>
<td><strong>False.</strong> It is true that sex workers may have sex with many men, this is the nature of sex work. At the same time, most do have lasting relationships with their regular partners or husbands.</td>
</tr>
<tr>
<td>As a sex worker, she has to please her client and he can do whatever he wants to her</td>
<td><strong>False.</strong> Sex workers have rights, like other people. The payment by a client does not give him the license to abuse the sex worker. She is deserving of respect and fair treatment like anybody else.</td>
</tr>
</tbody>
</table>
INTRODUCTION

This chapter looks at HIV and STI issues in relation to sex workers and how stigma stops sex workers from protecting themselves from HIV, and STIs.

It is designed for health workers, law enforcement officers, NGO staff, and the community.

This chapter includes three exercises:

a) Establishing a baseline of what participants know already about HIV, STIs, and sex workers
b) Reviewing the basics on HIV transmission as it applies to sex workers.
c) Looking at the social factors, including stigma, which discourages sex workers from getting the right information about HIV and access to HIV prevention services.

EXERCISES

C1. Assessing Knowledge about HIV and STIs
C2. HIV Transmission and Sex Workers
C3. HIV Risk Factors Related to Sex Workers
ASSESSING KNOWLEDGE ABOUT HIV AND STIs

The aim of these exercises is to assess participants’ knowledge levels and gaps in their understanding in relation to HIV and other sexually transmitted infections (STIs).

By the end of this session, participants will be able to identify what they know and what they don’t know about HIV and STIs.

Activities to Assess Knowledge

In this exercise we are providing three different activities to assess participants’ knowledge about HIV and STIs related to sex workers:

Activity A: Brainstorming what we know already about HIV, AIDS, STIs, and sex workers

Activity B: Questions we want answers to about HIV, AIDS, STIs, and sex workers

Activity C: Misconceptions about HIV, AIDS, STIs, and sex workers

Choose Activity A or B or C, or do them all, if you have enough time.

Use the QQR Information Sheet at the end of Exercise C2 as a resource for answering questions or areas of confusion.

A. Brainstorming What We Know Already about HIV, AIDS, STIs, and Sex Workers

• Put up flipchart paper along the walls of the room and write a topic at the top of each sheet: a) What is HIV? What is AIDS? b) How can sex workers get HIV and STIs? c) How is HIV transmitted? d) What are the different types of STIs and their symptoms? e) How can sex workers protect themselves from getting HIV?
ASSESSING KNOWLEDGE ABOUT HIV AND STIS

• Ask participants to form pairs and walk around and write down: a) what they know about the topic and b) any questions, concerns, or fears. Then review each sheet and respond to questions, concerns, or misinformation.

B. Questions We Want Answers to about HIV, AIDS, STIs, and Sex Workers

Divide participants into pairs and hand out blank cards and markers to each pair. Ask pairs to write on each card questions they have about HIV or AIDS or STI in relation to sex workers, and tape the cards on the wall. Eliminate repetition. Then discuss each question, with participants contributing their ideas. Help to sort out fact from misinformation.

Examples of Questions

How can sex workers get HIV? How does HIV get into the body? Which sexual activity is most risky: vaginal sex, oral sex, or anal sex? How do STIs increase one’s risk of getting HIV? How can you tell that someone has HIV? How can sex workers prevent HIV?

C. Misconceptions about HIV, STIs and SWs

Divide participants into pairs and hand out blank cards and markers to each pair. Ask pairs to write on each card things they have heard about HIV, STIs, and SWs but which they are unsure about. Discuss each statement and provide information to correct misinformation.

Examples of Questions

• SWs won’t get HIV if they have sex without condoms with a regular partner.
• SWs won’t get HIV if they have unsafe sex with a client who is healthy looking.
• Washing yourself immediately after sex can prevent HIV transmission.
• If one sexual partner is HIV-positive, the other must also be HIV-positive.
FACILITATOR’S NOTE

This exercise is designed to review and update participants’ understanding of HIV transmission as it applies to sex workers.

It starts off with a technique called “body mapping”. Participants divide in two groups by gender. Each group then prepares a body map by having one participant lie down on top of flipchart sheets taped together while another participant draws around him/her. The resulting body outline becomes a focus for discussion on sexual body parts, sexual activities, and HIV transmission. All of this information is recorded on cards and added to the body map.

The drawing provides a non-threatening way to get people talking about sex. Participants have fun and at the same time have a serious discussion about sex and sexually related issues.

OBJECTIVES

By the end of this session, participants will be able to identify the risks of getting HIV through different forms of sex worker-related sex.

TARGET GROUPS

Health workers, law enforcement officers, NGO staff, and the community

TIME

1 hour

PREPARATION

Body Map - Ask a few participants to prepare a body map before session:

a) Tape four sheets of flipchart paper together to form a large sheet.

b) Put it on the floor and ask one volunteer to lie down on it.

c) Have other participants draw around the volunteer, making a body shape.

d) Then ask participants to write on the sheet sexual body parts.
   - male: penis, testicles, buttocks, anus, breasts, nipples, mouth, etc
   - female: vagina, clitoris, breasts, nipples, anus, mouth, neck, etc.

e) Then add sex workers’ sexual activities, e.g., vaginal sex, oral sex, anal sex, masturbation/hand job, massage, etc., with each activity written on a card and taped on the diagram.
5. **Review of Body Map:** Ask the participants who prepared the body map to present it, both sexual body parts and sexual activities. Invite questions to clarify.

6. **Risk Continuum:** Then put up three topic cards along the wall: high risk, low risk, and no risk. Ask participants to place the SW sexual activity cards (from the body map) underneath the appropriate category. Involve all participants in this activity.

### Sample Responses:

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>WAYS IN WHICH HIV MAY BE TRANSMITTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td>Vaginal sex without condom. Receptive anal intercourse without condom.</td>
</tr>
<tr>
<td>Low Risk</td>
<td>Receptive oral sex.</td>
</tr>
<tr>
<td>No Risk</td>
<td>Masturbation/hand job. Kissing. Massage</td>
</tr>
</tbody>
</table>

7. **Take each of the high-risk activities and ask, “Why is this form of sex a high risk activity?”**
   Take a few of the low-risk activities and ask, “Why is this form of sex a low risk activity?”
   Take a few of the ‘no-risk’ activities and ask, “Why is this form of sex a no risk activity?”

### Examples of responses: The information provided below is technically correct. Use this information in helping participants understand each of these risk situations. Start off by getting participants to explain what they know about each of these risk situations and how HIV is transmitted. Then provide some of this factual information when needed to help fill the gaps in understanding.

### Examples of questions from a workshop on sex worker issues
- **Vaginal intercourse:** High risk. The vagina is lined with a mucus membrane, a very sensitive part of the body that tears very easily, especially if the man is very rough. Once the lining of the vagina gets cut, HIV in the sperm or in blood from cuts on the man’s penis can get into the woman’s body and bloodstream.
8. Record responses on a flipchart.

- **Receptive anal intercourse**: Highest risk. The rectum is lined with a mucus membrane, a very sensitive part of the body that tears very easily, especially if the insertive partner is not using lubricant. Once the lining of the rectum gets cut, HIV in the sperm or in blood from cuts on the penis can get easily into the body and bloodstream.
- **Receptive oral sex/blow job**: Low risk. However, providing oral sex is more risky than receiving it. Why? Sperm gets into the sex worker’s mouth and can penetrate the skin around the teeth (the gums). Although the skin is strong in most parts of the mouth, the gums can easily get cut, so there is a potential for HIV to enter the body through cuts or bleeding in the gums.
- **Masturbation/hand job**: No risk. There is no risk if there are no cuts or broken skin on the hands. When the sex worker is masturbating the client or her partner, her hands may come into contact with sperm, but the sperm remains outside the body, where it is exposed to air and dies.
- **Kissing**: No risk. As long as there are no cuts or sores in the mouth, kissing is completely safe. The saliva of the infected person may get into the mouth, but saliva has very low quantities of HIV.

9. Hand out copies of the QQR Information Sheet (provided in ANNEX 2) and discuss. Then have participants talk in pairs about what information in the Information Sheet would help them challenge incorrect beliefs about HIV transmission.

10. **Presentation**: As a summary, present the following basic messages about HIV transmission.

**Basic Messages on HIV Transmission:**

- HIV is a fragile organism and can only survive for a few seconds once it is outside the body. Exposure to air or water kills HIV.
- HIV does not spread easily from person to person through everyday contact.
HIV TRANSMISSION AND SEX WORKERS

a) HIV is not transmitted through the air like TB. It is not transmitted through sneezing or coughing.

b) HIV is not transmitted through skin contact like a skin disease.

c) HIV is not transmitted through food or plates, cups, sheets, etc., or through surfaces such as toilet seats.

► HIV is only transmitted through infected blood, sexual fluid, or mother’s milk getting into your body.

► HIV can only be transmitted in the following ways:

a) Having unprotected anal or vaginal sex (no condom) with an HIV-infected person.

b) Sharing needles or syringes with an injecting drug user who is HIV-positive.

c) HIV-positive mothers passing HIV to their babies before or during birth (through blood) or after birth through breast milk.

d) Unsafe blood transfusion.

► HIV has to get inside your body for you to become infected. When we have vaginal sex, sexual fluid can get into the body through small cuts on the vagina. When we have oral sex, sperm and blood from the man’s penis can get into cuts in the gums of the woman. When we inject drugs, the infected blood can go directly into the bloodstream.

► Providing oral sex is more risky than receiving it. Why? Sperm gets into the sex worker’s mouth and can penetrate the skin around the teeth, which can easily get cut. The skin is strong in most parts of the mouth except around the teeth (the gums) so there is a potential for HIV entering the body through cuts in the gums.

► Oral sex is low risk for HIV but high risk for other STIs, e.g., orally transmitted gonorrhoea and herpes.

► Untreated STIs greatly increase one’s risk of getting HIV. Many STIs cause sores, which make it easier for HIV to enter the body. Women may not be aware that they have an STI, and the STI sore provides another route for HIV to get into the body.
Different fluids have different quantities of HIV. There are high amounts of HIV in blood, semen, vaginal fluids, and breast milk so it is easy to transmit HIV through these fluids. There is very little HIV in urine, feces, and saliva, so you cannot get HIV through these fluids. There is no HIV in sweat or tears.

HIV cannot be spread through close casual contact with a person living with HIV, such as touching, being in the same room, or sharing food, plates, or clothing.

These practices of limiting contact with a PLHIV are not a form of protection, since HIV is not transmitted in this way.

These practices are stigmatizing. They make the person feel unwanted, unloved, despised, rejected, and a danger or threat to others.
## OBJECTIVES

By the end of this session, participants will be able to describe the social factors that make it easier for sex workers to get infected with HIV.

## TARGET GROUPS

Health workers, NGO staff, law enforcement officers, and the community

## TIME

1 hour

## STEPS

Outputs from A4

1. **Buzz Groups**: Divide into pairs and ask, “What social factors in the lives of SWs make them vulnerable to getting HIV?”

2. Organize a report back by the pairs and record on flipchart. (See examples below.)
Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

- Stigma and discrimination. **Results:** Abandoned by families. Sexual violence/coercive sex.

- Kicked out of home. **Result:** No place to live; forced to look for alternative accommodation

- Fear of rejection by partners. **Result:** No use of condoms; if used, implies lack of trust.

- Stigma towards carrying condoms. **Result:** Fear of being shamed if seen carrying condoms.

- Discrimination from medical staff. **Result:** Limited access to health services

- Drug use or alcohol abuse. **Result:** Less care in using condoms

- Sexual violence. Some sex workers are sexually abused and in some cases gang raped.

- Forced physically or tempted by better pay to have sex without condoms

- Some sex workers are injecting drug users.

- Double stigma: Sex workers who get HIV become doubly stigmatized
3. Take each of the social factors and ask, “How does it put sex workers at risk of getting HIV?”

Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>HOW IT PUTS SEX WORKERS AT RISK OF GETTING HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma and discrimination</td>
<td>Stigma undermines sex workers’ confidence and makes them feel depressed, so they stop caring about their lives and protecting their sexual health. The climate of stigma makes sex workers desperate to find partners who will accept and love them (see “Fear of rejection” below).</td>
</tr>
<tr>
<td>No place to live</td>
<td>Having been evicted from home, young SWs have to look for alternative accommodation, which makes them more vulnerable to sexual abuse</td>
</tr>
<tr>
<td>Fear of rejection by partners</td>
<td>To avoid being rejected by a new partner sex workers often agree to unprotected sex. If they insist on condoms it would imply lack of trust.</td>
</tr>
<tr>
<td>Sexual violence</td>
<td>SWs who are sexually abused (e.g., forced sex) are more vulnerable to getting HIV. Mucous membranes are cut/exposed to HIV infection.</td>
</tr>
<tr>
<td>Sex work</td>
<td>Sex workers are often forced physically or tempted by higher pay to accept sex without a condom.</td>
</tr>
<tr>
<td>Drugs and alcohol</td>
<td>Through excessive use of drugs or alcohol, some sex workers may lose their sense of control and take less care in practicing safe sex.</td>
</tr>
<tr>
<td>Lack of access to health facilities</td>
<td>Because of anticipated stigma, SWs find it difficult to talk openly with health workers about their sexual activities. SWs can’t get information or condoms from health workers, so they find it difficult to have safe sex.</td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>SWs who are injecting drug users may get HIV from their drug use and may pass it on to their sexual partners.</td>
</tr>
<tr>
<td>Double stigma</td>
<td>If sex workers become HIV-positive, they face double stigma, so they are under more pressure to hide and not disclose their status to partners or get tested. As a result they may infect their partners with HIV.</td>
</tr>
</tbody>
</table>
4. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary, you may use some of the following points, if participants have not already mentioned them.

- Sex workers have to hide and protect their identity to avoid stigma and discrimination. To hide their sexual identity, they may avoid using health services (where they could get STIs treated and information on how to prevent HIV), avoid buying condoms, and have limited control over their sexual activities, making it difficult to practice safe sex.
- Once they are subject to stigma and discrimination, sex workers feel isolated and rejected. As a result, they begin to lose hope, doubt themselves and lose confidence. This affects their ability to manage their sexual health. They find it difficult to access health services, and they take less care in negotiating the use of condoms. They avoid getting their STIs diagnosed and treated, and getting tested for HIV. They believe that unsafe sex represents a small risk compared to the fear of rejection by a partner, so they avoid using condoms in order to keep their partner happy.
- In addition to stigma and discrimination, other factors that can put sex workers at risk of getting HIV include sexual violence, drugs and alcohol, and injecting drug use.
- There is a common assumption in Vietnam that all sex workers have HIV. Many sex workers believe this, so they give up on preventing HIV. They feel that they will get HIV whatever they do, so they say, why should we worry about trying to prevent it? It is important to help them understand that getting HIV is not automatic and they can protect themselves through HIV testing, getting STIs treated, and using condoms consistently.
INTRODUCTION

In this chapter, participants plan how they are to take action to reduce stigma and discrimination related to sex workers.

It is designed for health workers, law enforcement officers, NGO staff, and the community.

Thinking about solutions to stigma should not be left to the end of the workshop. It should start from the beginning of the process, so earlier exercises - A5, A6, A10, A12 - have included problem solving.

This chapter is intended to:

- Bring together all the things we have learned about stigma related to sex workers, including what can be done practically to change attitudes and behavior
- Build up our commitment to change things to stop stigma and discrimination towards sex workers
• Focus on what we can do to change things as individuals, as communities, and in our workplaces

• Agree on goals and how to achieve them

By the end of this chapter, all participants should be expected to:

• Develop a specific plan of action for challenging stigma towards sex workers, and

• Make a public commitment to work individually and collectively to identify, understand, and challenge stigma and discrimination towards sex workers

EXERCISES

D1. Start with a Vision - A World without Stigma
D2. Understand Human Rights
D3. Challenge What People Say about Sex Workers
D4. Building a Stigma-Free Health Facility
D5. Action Planning
KEY MESSAGES

► **We are all responsible for challenging stigma, not just sex workers.** We can all play a role in educating others and advocating for new attitudes and practice.

► **Be a role model.** Apply what you have learned in your own lives. Think about the words you use about sex workers and try to change how you think, speak, and act.

► **Encourage community leaders to speak out,** to talk to others about sex work as an existing problem and how to apply harm reduction measures. For example, help people understand why there is sex work in our society and how to change attitudes about and behavior toward sex workers.

► **Encourage and support the creation of voluntary sex workers groups** where they can help each other, obtain correct information about HIV and STI prevention, and to speak out to help people understand how it feels to be the object of stigma and discrimination.

► **Share what you have learned.** After the training, tell others what you have learned and get others talking about stigma and discrimination and how to change it.

► **Talk openly about sex workers’ issues.** Show you are not afraid to talk about this issue. This will help people see that this is not a shameful thing that has to be hidden. Talking openly will also empower sex workers and help relieve self-stigma.

► **Discuss sex worker stigma with family and friends.** What are the most common forms of stigma in your workplace or community? What can be done to change things?

► **Avoid using stigmatizing words.** Instead of saying “these whores,” use positive words such as “sex workers” or “working sisters”.

► **Challenge stigma towards sex workers when you see it in your home, workplace, and community.** Speak out, name the problem, and let people know that stigma and discrimination towards sex workers hurts sex workers, makes them hide, and helps to fuel the HIV epidemic, which affects all of us.

► **Act against stigma as a community.** Sensitize the community to better understand the nature of a sex worker’s life and that stigma and discrimination toward sex workers discourages them from quitting sex work. Each community can look at stigma towards sex workers in their own situation and agree on practical things they can do to do to bring about change.
Think big! Start small! Act now! Have a big vision, but start with something small. And don’t wait. Act now!

Things You Can Do Yourselves as Individuals

• Watch your own language and avoid stigmatizing words.
• Provide a caring ear and support to sex workers.
• Encourage sex workers to use available services, e.g., STI checkup, medical care, voluntary counseling and testing (VCT), support groups, etc.
• Encourage sex workers, as equal members of the community, to participate in community activities.
• Challenge stigma and discrimination when you see it happen.

Things You Can Do To Involve Others

• Use informal conversations as opportunities to raise and talk about sex worker stigma.
• Help people understand that sex workers are not “morally bad people”, but people like anyone else, who have become sex workers largely through poverty and trafficking.
• Encourage people to talk openly about their fears and concerns about sex workers and correct myths and misperceptions about sex workers.

Things to Do to Get the Community to Act against Stigma

• Activities that get people to identify and analyze sex worker stigma in the community:
  a) Testimonies by sex workers about their lives.
  b) Community meetings to address issues of poverty and trafficking and related sex work to raise better understanding and compassion toward sex workers and their family members. Get the community to make a map of stigma and discrimination, and display the map at the community meeting place.
  c) Drama by a youth group based on real examples, as a trigger for discussion.
• Community meetings to discuss what has been learned from the above actions and to make decisions about what the community wants to do to reduce stigma toward family members, especially the children of sex workers.
• Training workshops on sex worker stigma for community leaders and service providers.
This exercise helps to develop a vision of the kind of world we want to build, a world without stigma, and then decide on the steps to reach this vision.

If you are running a workshop that includes many different groups, divide into those different groups to conduct this exercise (e.g., health workers, law enforcement officers, community leaders, etc.). The aim is to have stakeholders working in the same field doing this exercise as a group and agreeing on the changes needed within their working context.

By the end of this session participants will be able to:

a) Describe the existing world with stigma and the future desired world without stigma
b) Identify specific actions that need to be taken to overcome stigma

1. A World without Stigma: Divide into groups and hand out A4 paper and markers

Group Task:

a) Draw pictures and write words on sheets of paper to show different scenarios, and tape the sheets on the wall as a group drawing. (Alternatively, the group can work together on one large picture.) The first drawing will be a “before” picture, the world as it is now, a world with stigma. The pictures could show different scenes of sex workers being stigmatized.

b) Make a second drawing of the “after” picture, a world without stigma

c) Make a list of actions to change things, to create a world without stigma.
2. **Report Back:** Ask each group to present its picture to the other groups. As each presentation is made, ask questions to help clarify the drawing and invite others to comment.

3. **Individual Actions:** After the groups have reported, ask each person to write down on a sheet of paper what s/he can do individually to make a change. Then go round the circle, asking each person to state what s/he plans to do to make a change.

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**Examples of responses:** The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

*Remember:* There are no right or wrong answers.

**Example: Health care setting**

**Picture 1 - World with stigma:** Sex workers sitting alone on bench at clinic, with other patients avoiding and making fun of them. Nurse tells sex workers to wait and she serves other patients first. Health workers make insulting comments to sex workers. Doctor refuses to help sex workers, says he is too busy.

**Picture 2 - World without stigma:** Sex workers sitting with other patients who are friendly with them. Health workers provide counseling, information, and condoms to sex workers.

**Action Plan**

- Provide training for health workers on: a) sex workers’ lives and challenges, b) patients' rights, including the right of sex worker patients to equal care and confidentiality, c) how to provide counseling and services to sex workers in a nonjudgmental way, d) how to diagnose and treat STIs in sex workers.
- Train health staff to be able to talk with ease and without judgment about sexual practices when diagnosing and treating STIs in sex workers.
- Invite sex workers to attend the stigma training workshops for health workers so that health workers learn directly from sex workers how they feel about the way they are handled in the clinic.
- Encourage health workers to follow the clinic code of conduct: treat all patients equally, with confidentiality, and with non-stigmatizing attitudes.
• Build working relations between health staff and SW support groups, and invite sex worker support groups to advise health staff on services provided to sex worker patients.

• Educate other patients and the community on sex workers: that sex workers are also human; they have rights to health care, support, and equal treatment.

**Picture 1 - World with Stigma:** Client sexually harasses sex worker. She did not dare to report to law enforcement officers, she asks help from owner but get no help.

**Picture 2 - World without Stigma:** Client is abusing sex worker, who reports to law enforcement officers and the man is arrested and charged of abusive behavior. Law enforcement officers protect sex workers from violence by clients. One boy gang tries to rape sex workers, but law enforcement officers arrest them.

**Action Plan:**
• Hold meetings with sex worker voluntary groups to develop a collaborative plan with owner/pimp to protect sex workers when they have problems and to ensure they are safe.

• Train law enforcement officers on a) how to deal with sex workers in a sensitive, non-judgmental way.

• Speak up and confront other law enforcement officers when they stigmatize sex workers.

• Get people to reduce stigma towards sex workers starting with using non-stigmatizing words.

• Teach law enforcement officers that sex workers have rights like anyone else.

• Teach everyone that sex workers are human beings, so we need to respect them and not regard sex workers as bad people. We should treat them the same way as other members of the public.

**Individual Actions**
• Be friendly to sex workers. Try to understand their situation and why they are doing so. Beside of doing sex work, they are also someone’s daughter, someone’s mother and lover, they also want to be cared and treated equally like others. Explain to stigmatizers the situation of sex workers so that they understand sex workers and stop stigmatizing.

• Explain that sex workers are human beings and we need to value them.

• Explain the difficulties that sex workers face because of stigma and poverty.
UNDERSTANDING HUMAN RIGHTS

**FACILITATOR’S NOTE**

This exercise looks at how the rights of sex workers are violated and what might be done to address these human rights violations.

During the initial brainstorm, where participants are naming the rights that are violated, probe further on how the rights are violated. During the second activity where groups are working on solutions, push them to come up with realistic solutions.

**OBJECTIVES**

By the end of this session, participants will be able to:

a) Describe what human rights are and give some examples.

b) Name different rights that may be violated because a person is a sex worker.

c) Develop realistic strategies for protecting the human rights of sex workers.

**TARGET GROUPS**

Health workers, law enforcement officers, NGO and CBO staff, and the community

**TIME**

1 hour

**PREPARATION**

Photocopies of the scenarios

**STEPS**

1. What Are Human Rights? (Buzz Groups): Divide into pairs and ask pairs to discuss two questions:

   a) What are human rights?

   b) What are examples of human rights?

   **Report Back**: Take each question, one at a time, and ask pairs to give one point each. Record their responses on flipchart.
2. Which Human Rights Are Violated? (Buzz Groups): Divide into pairs and ask pairs to discuss: “Do you think sex workers have rights? What rights might be violated for sex workers? How are they violated?” Then ask the pairs to report back to the group.

Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas. Remember: There are no right or wrong answers.

- Right to equality and dignity: Many sex workers are stigmatized, blamed, and shunned, which violates their right to equal and respectful treatment.
- Freedom from inhumane or degrading treatment: Some sex workers are subjected to physical, mental, and sexual abuse.
- Right to information: Sex workers are not given enough/correct information about HIV. This prevents them from fully understanding how to protect against getting HIV.
- Right to health care: Sex workers are stigmatized and treated badly in some clinics; as a result, they stop getting their STIs treated, testing for HIV, and accessing treatment.

What are human rights?
- Things that every person must have because they are human
- To be treated fairly by everyone regardless of who we are and what we do, i.e., regardless of our gender, age, occupation, ethnic group, sexual orientation, etc.
- Practices that protect human beings against ill-treatment or violence.
- As human beings we are entitled to have certain things or do certain things.

Examples of human rights
Right to: life, food, water, work, shelter, health, freedom, education, protection, dignity, privacy (confidentiality), have a child, get married, make decisions, own property, vote.
3. **Finding Solutions (Case Studies):** Divide into small groups and give each group one of the case studies (below). Ask them to read the case study and discuss:
   
a) Which right has been violated?
b) What could you do if you were the person whose rights were violated?
c) What examples do you have from your own experience?

Write the questions on a flipchart and tape on the wall so that all the groups can see it.

**Report back and processing:** Ask groups to present the key points from their discussions, giving the main strategies to challenge the violation.

### Case Studies

**A.** Anh lives in a rented room with two other SWs. The landlord suspects that the three women are sex workers and kicks them out of the house. The landlord says he doesn’t want the women to infect other people with “their disease” and that it would be “bad for business”.

**B.** A sex worker went to a gynecological clinic after she came down with a severe infection. The doctor found the infection was caused by a condom that had been deep inside her body for a few days. The doctor strongly scolded her for her “careless behavior” and accused her of only caring about making money. He said that a sex worker’s STI can never be cured because she sees so many men every day. The sex worker left feeling depressed and ashamed.
C. Quynh, a sex worker, goes to the clinic for an STI checkup. While she is there, she is forced to take an HIV test. There is no pre-test counseling, and she is told she is HIV-positive in a highly insensitive way: “You’ve got the killer disease and you deserve this punishment. You are the ones who are spreading HIV.” There is no post-test counseling, and the staff rush her out of the clinic, without even treating her for the STI. She feels totally humiliated.

D. A woman has a husband who is a drug addict, and he forced her into sex work to support his habit. Eventually she was arrested and placed in an educational rehabilitation center. After being released, she did not dare to go back to her home because she would have to be monitored and supervised by local authorities, and people in the community would find out that she had been a sex worker. She had to move and rent a house somewhere else. It is very difficult for her to get residential registration and re-apply for the lost ID document.

Examples of responses:
The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

Case A: Kicked out of Rental Accommodation - Right to Shelter Violated
- Talk to the landlord and get him to explain why he is kicking you out.
- Challenge him: “Do you see us working as sex workers? Where is your evidence? We always pay rent on time”.

Case C: Bad Treatment at the Clinic - Right to Health and Confidentiality Violated
- Complain to the clinic director: “I came for an STI checkup. I was given no counseling and forced to take an HIV test. I was treated in an insensitive way, given no respect. The staff should focus on providing treatment, not worrying about whom I have sex with”.
- Approach the support group of people living with HIV to take up this issue with the clinic.
7. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants not already mentioned them.

- We need to recognize that although sex work is illegal, it exists. Sex workers are human too and they have rights, e.g., right to live, to health care, to freedom from inhumane treatment, etc., and they should be able to access those rights.

- Sex workers experience human rights abuses because of stigma and fear and because sex work is against the law.

- In Vietnam, sex work is criminalized and sex workers face a lot of persecution because of public attitudes. As a result, sex workers are forced to operate in a climate of secrecy. This leaves sex workers open to being exploited, stigmatized, and subjected to violence. Because they have to operate underground, they get no protection from abusive customers or pimps.

- The fear of being stigmatized and persecuted prevents sex workers from asserting their rights. In fact, many sex workers accept the violation of their rights as part of their stressful lives as sex workers. As a result, they find it difficult to make complaints to law enforcement officers or to challenge the stigma they face in health or other facilities.

- Sex workers are more at risk of HIV infection: Because sex workers lack rights and have limited power to demand their rights, it is difficult for them to control sexual decision making and other choices that will lead to a healthy lifestyle. For example, it is difficult for sex workers to negotiate safe sex with clients or partners/husbands. They are vulnerable to sexual violence by clients and partners. This makes sex workers vulnerable to getting HIV.

- In Vietnam, although protection of sex worker’s rights are not specifically addressed in legal documents, it is mentioned in the National Action for Prevention and Control of Prostitution from 2011-2015 to develop models to support sex workers in HIV/AIDS prevention and re-integration to community, to enhance harm reduction measures for sex workers and to research for developing policies and legal documents in order to reduce stigma and discrimination towards sex workers, to mitigate sex worker’s vulnerabilities of being trafficked, sexually exploited, and physically and sexually abused, and to support their community re-integration.
Task number 4: Develop community-based model to assist sex workers in HIV/AIDS prevention and re-integration to community, including:

- To investigate and develop policies to create favorable conditions for NGOs and other social organizations to participate in prevention and harm reduction activities, to reduce discrimination, and to support community re-integration of sex workers;

- To research and develop appropriate legal and financial mechanisms to create favorable conditions for sex workers to easily access intervention services for prevention, health checks, and treatment of HIV and STI; a methadone program for sex workers who use drugs, a condom program for sex workers and clients; and assistance for sex workers to reduce vulnerabilities of being trafficked, sexual exploitation, sexual abuse, and to re-integrate into the community.
This exercise looks at how to challenge stigma against sex workers in one’s day-to-day work, e.g. as a health worker, NGO worker, or law enforcement officer. Participants learn how to be assertive and then practice this skill in a series of paired role-plays. The aim is to help people see that acting against sex worker stigma can be done whenever it happens.

1. **Introduction:** Explain that the session is aimed at practicing how to challenge stigma in an assertive way, i.e., looking the stigmatizer in the eye and saying what we think, feel, and want in a clear, forceful, and confident way, without being aggressive or showing anger.

2. **Paired Role-Playing:** Explain that we will now practice how to challenge stigma and discrimination in different situations, taking one issue at a time. Then give the following instructions:

   **Role-Play:** Everyone stand up and find a partner. Face your partner. You are both health workers. Decide in each pair who is A, who is B. (Wait until they decide.. Now make a role-play about the following) situation: A complains to B about a sex worker patient, saying, “She keeps getting diseases from her dirty game. I don’t know why we waste time on her!” Health worker B should respond in a strong and confident way. Play!

By the end of the session, participants will have the skills to challenge sex worker stigma and change the situation using an assertive approach.

**TIME**

1 hour
Challenge What People Say About Sex Workers

Example of Role-Play: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

A: I don’t know why we are wasting our time on these sex workers. They are doing their dirty business and bringing their disgusting diseases here.

B: She is our client. We should treat her like anyone else; she needs us. She may not want to be a sex worker; she is doing it out of poverty and lack of skills. She has no other source of income.

A: But she has no morals. She sleeps with everyone. We should send her away.

B: She is one of our patients and we have to help her.

A: But she is dirty and has no morals. She is stealing husbands and ruining people’s lives. I don’t know why we have to treat her. She should go somewhere else.

B: As health professionals, we have a code of conduct. We need to treat all of our patients equally. We cannot stop serving a person because we don’t like her. It is part of our responsibility as professionals to provide medical care to everyone.

After two minutes, ask a few pairs to show their role-plays (one at a time) in the center of the circle. After each role play, ask, “How did the “challenger” do? Was she convincing and effective? What made a difference in the way she challenged the other health worker?”

Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

- Good eye contact; looked directly at her colleague. Strong voice. Spoke with confidence.
- Didn’t criticize the stigmatizer; simply explained her duties/responsibility as a health worker.
D3. CHALLENGE WHAT PEOPLE SAY ABOUT SEX WORKERS

After each performance, ask other participants if they have a better way of challenging the stigmatizer, and let them take over the challenger’s role in the play and show their approach. After each new attempt, ask, “What made a difference?” (e.g., good arguments, strong voice level, body language, confidence, etc).

Then repeat the same paired role-playing process for other scenarios. For each new scenario the partners should take turns playing the “stigmatizer” and “challenger” roles.

Other scenarios:

• One health worker refuses to examine a sex worker because he is disgusted with the sex worker’s sexual behavior.
• One health worker says to another health worker, in the presence of the sex workers, that the “prostitute” will sooner or later get HIV because of her “sexual behavior with any man”

7. Processing: Ask, “What have you learned from the practice role-plays?”

Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

• I now see that I can do something. I never realized I could challenge the stigmatizer.
• It’s difficult at first. I felt shy. But after a while I began to feel confident.
• The best approach is to say it honestly, clearly, and simply, “This is wrong”. It works.
• When I challenged him politely but firmly, he denied that he was stigmatizing.
• Don’t be afraid to disagree with the person, to say “No.”
8. **Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

► We can all challenge sex worker stigma on an individual level, using an assertive approach.

► When stigma leads to discrimination, however, you may need to develop policies or a code of practice to protect sex worker patients. Involve senior managers in this process.

► The most powerful responses to people who are stigmatizing are those that make the stigmatizer stop and think, rather than attacking responses that make the stigmatizer defensive.

**Examples of strong responses:**

- You are probably not aware that you are stigmatizing.
- Sex workers don’t want to do this job. The only reason they are doing it is poverty.
- We have a code of conduct as professionals to serve everyone.

Then explain and discuss the following list of assertiveness techniques.

- Tell people what you think, feel, and want clearly and forcefully.
- Say “I” feel, think, or would like.
- Don’t apologize for saying what you think, or put yourself down.
- Stand or sit straight in a relaxed way.
- Hold your head up and look the other person in the eye.
- Speak so that people can hear you clearly.
- Stick with your own ideas and stand up for yourself.
- Don’t be afraid to disagree with people.
- Accept other people’s right to say “No” and learn how to say “No” yourself.
This exercise brings health workers and sex workers together to discuss the stigma and discrimination sex workers face in health facilities and to agree on what can be done to change things. The aim is to produce a guide for the care and treatment of sex workers in a stigma-free, accepting way, to create a stigma-free, user-friendly health facility.

This exercise should be done only after health workers have gone through some of the other exercises in the toolkit, which would help prepare them for this exercise.

Before this joint session, hold separate meetings with sex workers and health workers, so that both groups have had a chance to discuss how sex workers are currently treated in the clinic.

The idea of bringing these two groups together is to ensure that health workers take their cues from sex workers regarding the health services they need, rather than deciding for them.

The output of the workshop will be practical guidelines, agreed by both parties, which can be used to guide practices in the health facility. Applying the new guidelines on a daily basis will help to reinforce what was learned during the workshop. Health workers will begin to internalize the new, non-stigmatizing ways of working, which will become standard practice. This will ensure that the rights of sex workers are supported and that they receive high quality and comprehensive health care services.

**OBJECTIVES**

By the end of this session, participants will have produced guidelines for running health facilities on a stigma-free basis.

**TARGET GROUPS**

Health workers and sex workers

**TIME**

1 hour

**MATERIALS**

Examples of Codes of Conduct from other countries (see Information Sheet 7 in the annex to this toolkit for an example code of conduct).

**STEPS**

1. How Are Sex Workers Treated in the Health Facility? Put up a list of a) the
major forms of stigma in health facilities and b) their effects on sex workers. Use the list from Exercise A12 compiled by participants.

Examples of responses (taken from Exercise A12): The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected.

Stigma and Barriers in the Health Facility:

- Sex worker patient is kept waiting a long time. Other patients are served first.
- Unfriendly treatment and insulting language.
- Clinic staff gossip about the SW patient and show their disapproval.
- Breach confidentiality. One nurse tells nurses and other patients about the sex worker.
- Blaming and shaming. “You deserve to get this because of your disgusting behavior”.
- Poorly done, rushed examination. Doctor inspects sexual body parts from distance.
- Invasive questioning - “How often do you have sex? What kind of sex do you enjoy?”
- Doctor is more concerned about the patient’s sex life than dealing with the illness.
- Transgender sex workers are targets for stigma - they come to the clinic looking like a woman, but with a man's name, so they are teased.

Effects

- Sex worker leaves the clinic feeling insulted, humiliated, and angry, and having no solution to her problem, i.e., medicine to treat the problem.
- Sex worker stops using the clinic and does not get her STIs treated.
- It may affect her self-esteem and as a result she may take less care with her sexual health (e.g., not insisting on the use of condoms with clients and partner/husband).

2. Finding Solutions to Stigma (Small Groups): Divide into small groups of four people, with two sex workers and two health workers in each group. Ask each group to write guidelines for a stigma-free health facility.
BUILDING A STIGMA-FREE HEALTH FACILITY

Example of a guideline for Change: Building a Stigma-Free, User-Friendly Health Facility

This sample guideline provides you with an example of the type of responses you can expect, as well as some additional points. If these are not raised by any participants, you may want to discuss them as possible additions to the guidelines the groups developed.

- Treat all patients with equality, respect, dignity, and privacy.
- Ensure that care for sex worker patients is not denied, delayed, or referred elsewhere and that it is the same quality as the care provided to other patients.
- Ensure that all staff are trained in patients’ rights and the right of sex worker patients to equal and confidential care.
- Ensure that staff are trained in the skills to diagnose and treat STIs in sex workers and talk with comfort about sexual activities without judgment.
- Challenge stigmatizing words and actions when you see them. Get health workers to think about how their words and actions can hurt.
- Encourage health facility staff to talk openly about their concerns about sex worker patients and correct misconceptions about sex worker patients. This will help people see that this is not a shameful thing that has to be hidden. Talking openly about sex worker patients will also empower sex workers and help relieve some of their self-stigma.
- Normalize sex workers’ sex. Get health workers to regard sex workers as “people who are doing work because they are poor”, and not “people with bad behavior”.
- Educate other patients and the community that sex workers are like anyone else. They deserve respect, acceptance, and equal treatment.
- Build working relations between health staff and sex worker support groups, and invite sex worker support groups to advise health staff on services provided to SW patients.

3. **Individual Commitments (Small Groups):** Divide into two groups, sex workers and health workers. Ask each group to brainstorm what they can do to contribute to the goal of zero new HIV infections.

**Examples of responses:** The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected and can help you identify issues you may want to raise, if they are not raised by participants. However, you should let each group come up with their own ideas.

**Remember:** There are no right or wrong answers.
BUILDING A STIGMA-FREE HEALTH FACILITY

**Optional Activity:** Ask the sex worker representatives to brainstorm answers to the following question: “What makes a health facility sex worker-friendly?”

### Examples of responses:
- The staff are friendly.
- The staff do not judge us.
- The staff treat us the same way as other patients.
- We trust the staff.
- The staff promote our privacy and keep our information confidential.
- The staff are sincere and want to help us.
- The staff explain things simply and clearly.
- We have access to good services, e.g., medicines are available, the equipment is good, the clinical services are high quality, etc.

**4. Summary:** Bring the session to a close by summarizing the main points that participants have made during the exercise. In giving your summary you may use some of the following points, if participants have not already mentioned them.

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**SEX WORKERS**
- Insist on 100% condom use with all partners, including husbands.
- Go for regular STI checkups and HIV testing.
- Educate peers about safe sex.
- If HIV-positive, learn how to live in healthy way, access ARVs, and adhere to treatment.
- If HIV-negative, learn how to remain negative.
- Work through sex worker associations to assert their human rights and health demands.

**HEALTH WORKERS**
- Distribute condoms without stigma.
- Provide STI diagnosis and treatment for sex workers on a stigma-free and confidential basis.
- Provide sex workers with counseling in a non-judgmental way.
- Provide regular checkups on sex workers’ health.
Service providers all have a specific type of job to do that involves helping people. Just because someone is a sex worker does not mean that she should be treated any differently.

Once service providers become more comfortable with sex workers and the types of issues that sex workers face, they will be able to provide better services to sex workers.

Once sex workers become more comfortable talking about their concerns with health workers, law enforcement officers, and other service providers, they will seek help more often, and that will improve the overall public health and safety of the community.

Staying silent helps no one. Sex workers and service providers must work together to find realistic solutions to problems facing the sex worker community.

If discriminatory behaviors are tolerated and no one holds people accountable to doing their job and treating people equally, it tears the fabric of the community.

Finding ways to improve services for sex workers is in the best interest of the health and safety for the entire community.

Here are some tips on how to provide nondiscriminatory services to sex worker patients:

Build a relationship of trust and make the sex worker patient feel safe to express herself freely. Remember that it has taken a lot of courage for her to be open to you about her situation.

Emphasize that you will handle the information she provides in a confidential way.

Let her talk first and tell her to take her time. Listen attentively to what she says. Lean forward and show with your body that you are listening carefully to what she is saying.

Don’t probe into her sexual activities. It is not your job to find out more about her sexual relationships. Limit your questions to what you need to know.

Don’t ask directly whether she has commercial sex. Wait until she is comfortable to raise this subject himself. It may take several visits before she is comfortable.

Talk about the STI symptoms, the problem she has brought to the clinic, and, when she is ready, let the patient mention that she got the STI from doing sex work.
To avoid talking about the patient herself, make up a “typical” sex worker and discuss how she could practice safer sex.

Be aware of your own personal feelings and avoid judging or condemning her sexual behavior in words or body language.

If you don’t know that the patient is a sex worker, don’t make assumptions about her relationships or sexual behavior.

Once the person reveals that she is a sex worker, help her to become aware of her rights. If appropriate, refer her to the local sex worker support group.
In this exercise service providers and community leaders apply what they have learned in the training to propose actions they can take in their different work contexts. After reviewing what they learned during the training, they develop solutions to specific forms of stigma within their own work contexts, working in different professional groupings. The process also asks participants to develop strategies for challenging stigma as individuals.

This exercise could work well in a joint workshop with different types of service providers and community leaders.

**OBJECTIVES**

By the end of the session, participants will begin developing practical strategies for overcoming stigma and discrimination.

**TARGET GROUPS**

Health workers, law enforcement officers, NGO CBO staff, and the community

**TIME**

2 hour

**STEPS**

1. **What did we learn from the training?**
   
   **(Small Groups):** Divide into groups, by category (e.g. health workers, law enforcement officers, community leaders, etc) if it is a joint workshop. Ask each group to discuss and prepare to report back on what they have learned from the training and how they have applied it in their lives:
   
   a) New knowledge and awareness;
   
   b) New attitudes; and
   
   c) Behavioral changes, both personal and professional.
Examples of responses: The examples below are not the required answers, and you are not expected to read them out loud. They are included to illustrate the type of responses expected. However, you should let each group come up with their own ideas.

Remember: There are no right or wrong answers.

Knowledge

• Sex workers face stigma everywhere - home, community, workplace, health facility
• Sex workers have rights and responsibilities.
• Women become sex workers because of poverty and lack of education, and being trafficked.

Attitudes

• More compassion and support will help sex workers make positive changes in their lives.
• Should recognize that stigma toward sex workers does not help sex worker to quit their work and does not help encourage them to use preventive methods to reduce HIV transmission. Instead, it may help to fuel HIV epidemic.

Behavior change - personal

• Stop condemning and isolating sex workers. We should support and encourage them to change, and to use protection (such as condoms) to protect themselves and their clients. Encourage them to form voluntary groups to share HIV prevention and abuse prevention strategies.
• Stop stigmatizing family or children of sex workers.
• Share what we have learned with colleagues, family members, neighbors, etc.

Behavior change - professional

• Encourage sex workers to join support groups.
• Help sex workers get protection from violence.

Report back: Ask each group to give a report.
2. **Solutions (Professional Groupings):** Divide into groups, by professional grouping, if it is a joint workshop. Ask each group to discuss

a) What forms of stigma do you see in your own context/institution?

b) Which of these forms of stigma are the biggest problems in your context?

c) What are some possible solutions to these problems? Identify two or three new things you would like to do to put an end to stigma and discrimination.

**Report back:** Ask each group to give a report.

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**HEALTH WORKERS**

- Forms of stigma
  - Avoid touching SW patients and minimize contact when checking symptoms; using stigmatizing language.
  - Breach confidentiality - gossip about sex workers to other staff and patients.
  - Judgmental - blame sex workers for getting HIV through reckless behavior.
  - No proper counseling, comfort, encouragement or reassurance.
  - Refuse to provide services to clients suspected to be sex workers.
  - Strategies to combat stigma and discrimination
  - Avoid stigmatizing or coded language for sex workers.
  - Do not violate confidentiality.
  - Learn skills to handle patients with sensitivity. Treat all patients with respect.
  - Provide counseling and encouragement.

**COMMUNITY**

- Forms of stigma
  - People look down on the SW and try to avoid her when they see her on the street.
  - People stop or reduce visits to the family and stop sharing food.
  - Blame sex workers for stealing other women’s husbands.
3. Individual Action (Buzz Groups): Divide into pairs and ask: **What can you do as an individual to get people thinking and talking about stigma?**

Report Back (Round Robin)

**Strategies to combat stigma**
- Raise awareness by providing correct information about sex workers.
- Encourage sex worker leaders to give testimonies in community meetings.
- Lobby law enforcement officers to stop violence by clients towards sex workers.

**Sample Responses**
- Change our attitudes and language toward sex workers. Stop blaming them and using words such as “whores”.
- Be a role model. Show in words and actions that we are no longer stigmatizing SWs.
- Educate others on how stigma feels and why stigma is wrong.
- Get the community to name stigma as a problem.
- Treat sex workers like you treat other people - no difference!
- Help sex workers find the resources to set up their own small businesses.
- Encourage sex workers to use available services, such as HIV testing, ARV treatment, and medical care.
- Empower sex workers with assertiveness skills.
- Encourage sex workers to be involved in family and community gatherings.
Q&A. WHAT DO YOU KNOW ABOUT SEX WORKER?

Sex Workers - General

1. Sex workers love money and are lazy to work. They could easily get other jobs but they do not.
2. Sex workers have an easy job. They just lie on their backs and collect money.
3. Sex workers all do the same work - they are all “night butterflies”.
4. Sex work is the quickest way for poor women to make money.
5. HIV is the only serious problem sex workers face.
6. Many sex workers use alcohol, tobacco, or drugs as a way of coping with their hard life.
7. Sex workers destroy family happiness and the morality of society.
8. Sex workers are sex maniacs; they love sex with many people.
9. Sex workers hide their work to avoid being stigmatized by their families and the community.
10. Sex workers show off and sell their bodies so they deserve to be scorned.
11. Sex workers are promiscuous and they never have long term relationships with men.
12. When it comes to sex, a sex worker’s first obligation is to please her client.

Sex Work and HIV

13. Sex workers are highly vulnerable to HIV because they find it difficult to negotiate for safe sex with clients and with their husbands/partners.
14. When sex workers go to a health clinic, they receive the same treatment as everyone else.

Sex Work and the Law

15. In Vietnam sex work is illegal.
16. Sex work is “work” - a social services although it is not recognized in Vietnam;
17. Laws that criminalize sex work stop sex workers from selling sex.
18. Sex workers are afraid to report cases where their clients have beaten or cheated them to law enforcement officers because their work is illegal and they think that they have no rights.
19. Arresting sex workers and putting them in an educational setting is the best method to stop sex work.
ANSWERS

Sex Work - General

1. Sex workers love money and are lazy to work. They could easily get other jobs but they do not.

   FALSE. The majority of sex workers have taken up this work because they are poor, have difficulty finding other work, have little education, are the sole breadwinner and/or have families and children to support. Many of them are victims of trafficking or have somehow been forced into doing sex work. They need money for food and shelter, to support their children and families, to pay debts, or to pay for medical treatment. It is even hard for poor women to get jobs as cleaners or as domestic servants without connections. Sex work is the only job available for many poor and uneducated women. If she has no job skills or ways to get money, she sells the only thing she has - her body - in order to survive. Sex workers like money for the same reasons as anyone else - they need money to live. Many sex workers are not happy with their job as sex workers and would like to get out, but feel they have no alternative. Most sex workers would rather have a job that pays well and that gives them dignity and respect. If sex workers feel they are cared for and loved, they will have stronger motivation to quit their job and start a new life.

2. Sex workers have an easy job. They just lie on their backs and collect money.

   FALSE. Sex work is not easy. Sex workers have to deal with many clients in a single night and clients make demands for different types of sex. “Pleasing the customer” takes a lot of work. They face the risk of being cheated, abused by clients, pimps/employers, and of HIV or STI infections and other reproductive health problems. In addition, they are often subject to stigma and discrimination.

3. Sex workers all do the same work - they are all “night butterflies.”

   FALSE. Sex work is not a uniform type of job - there is lots of diversity. Many sex workers work at night, but some work during the day. Some work full time as sex workers, but some work part time. Sex workers work in many different contexts - brothels, bars, clubs, hotels or guest houses, the street, some are “call girls”, and some work in mining communities. Some sex workers are single and some are married or have regular partners. Sex workers include both women and men. What they share in common, though, is that they sell sex because they desperately need money.
Q&A. WHAT DO YOU KNOW ABOUT SEX WORKER?

4. Sex work is the quickest way for poor women to make money.

TRUE. Sex workers can make money quickly through this work. Earnings from sex work especially helps women to pay the rent, put food on the table, send their children to school, support other family members, and buy new clothes. Many sex workers want to remain in this work because of the financial benefits. They can make considerably more money as a sex worker than in unskilled labor, e.g., as a day laborer or domestic servant. Many sex workers would leave this work if they could find other work with similar financial remuneration. Many are heavily in debt with their employer/pimp (in fact their employers often ensure this is the case to maintain power and control over the sex workers) and cannot get out, although they would like to do so.

5. HIV is the only serious problem sex workers face.

FALSE. Sex workers have many problems, and their job is very dangerous. Clients exploit and abuse them because they think they can do anything to them, once they have paid them. They regard sex workers as women without rights. As a result, some clients refuse to pay them the agreed amount, beat them, and rape them, in some cases involving gang rape. Sex workers are also abused by their pimps or bar/karaoke owners where they work. They also face harassment and violence at the hands of their partners/husbands.

6. Many sex workers use alcohol, tobacco, or drugs as a way of coping with their hard life.

TRUE. Many sex workers use alcohol, tobacco, or drugs to forget their troubles with this job. Many female sex workers have sexual partners who are drug users, and they can easily become addicted as well. They then become further entrenched in sex work because they need the money it brings to support the drug habit. They also face double stigma and higher risk of HIV infection.

7. Sex workers destroy family happiness and the morality of society.

FALSE. Sex workers simply respond to men’s demand for sex. Men look for sex workers, not the other way around.

8. Sex workers are sex maniacs; they love to have sex with many people.

FALSE. Most sex workers do not get pleasure out of the sex with clients; it is just a way of making money. In fact having sex with a stranger can be very painful due to the lack of
Q&A. WHAT DO YOU KNOW ABOUT SEX WORKER?

sexual arousal, which is needed for vaginal lubrication. Sex work often results in medical problems such as acute and chronic pelvic pain, pathological vaginal discharge, genital ulcers, skin disease, pain during urination, bladder and kidney infections, and STIs.

9. Sex workers hide their work to avoid being stigmatized by their families and the community.

TRUE. Sex workers often do everything possible to ensure that while they are working, family members or family friends do not find out what they are doing. While some families may know that they are supported by money from sex work, it is still heavily stigmatized by the family and the community. Sometimes the community stigmatizes the entire family if one member is known to be a sex worker. The stigma associated with this work is so painful that it forces the women to carry the burden of their secret life alone and usually away from home.

10. Sex workers show off and sell their bodies, so they deserve to be scorned.

FALSE. While sex workers do show off their bodies to attract men to hire their services, this is no justification for being despised. We cannot judge people by their appearance. The payment by a client does not give him the license to exploit or abuse the sex worker.

11. Sex workers are promiscuous and they never have long term relationships with men.

FALSE. While sex workers do have sex with many men as part of their job, outside sex work they often have long term relationships like anyone else. Many do sex work to support their partner, especially when he is a drug user. Many sex workers would like to get married, and this gives them motivation to get out of sex work.

12. When it comes to sex, a sex worker’s first obligation is to please her client.

FALSE. While the sex worker has to adjust her services to please the client, she has rights too - she can refuse to have sex if not enough money is offered, or the client wants to use a form of sex that she is uncomfortable with.
Sex Work and HIV

13. Sex workers are highly vulnerable to HIV because they find it difficult to negotiate for safe sex with clients and with their own husbands/partners.

**TRUE.** Sex workers are relatively powerless and often don’t feel they have the strength to insist that their clients (or partners) use condoms. Some clients offer to pay more for sex without a condom. Because sex workers are often poor, they feel inclined to accept, even though they know this puts them at risk. Sex workers who are also injecting drug users face an even higher risk of HIV infection.

14. When sex workers go to a health clinic, they receive the same treatment as everyone else.

**FALSE.** Sex workers are sometimes stigmatized and discriminated against by health workers. Sex workers often have to wait longer, may be called names by health workers, and may receive incomplete diagnosis or inadequate counseling for their health problems. They also may be sexually harassed by male health workers who provide their check-up.

Sex Work and the Law

15. In Vietnam sex work is illegal.

**TRUE.** The Ordinance on Sex Worker Prevention and Control prohibits the selling and trafficking of sex and pimping. Sex workers can be arrested for selling sex.

16. Sex work is “work” - a social services although it is not recognized in Vietnam.

**TRUE.** In society, there are people who need sex work services. They are unmarried/single persons including those who cannot marry due to economic or health problems. Sex worker use their bodies to provide sexual services to clients based on voluntary basic. Not recognizing sex work may means that sexual desires of some groups are denied, this may lead to social vices such as sexual violence, trafficking of women and girls, rapes, etc.

17. Laws that criminalize sex work stop sex workers from selling sex.

**FALSE.** Rather than preventing sex work, this law makes sex workers try to hide their activities from law enforcement officers. In going underground, sex workers are less careful about their sexual practices. Because they feel under threat, they are less willing
to negotiate safe sex with clients, making them and their clients more vulnerable to getting HIV. Abolishing this law would not increase the number of sex workers; it would remove a barrier to the national strategy of ensuring no new infections.

18. Sex workers are afraid to report cases where their clients have beaten or cheated them to law enforcement officers because their work is illegal.

**TRUE.** Most sex workers do not report to law enforcement officers cases of physical violence or unfair treatment by clients or employers because they fear being arrested. In some cases law enforcement officers harass sex workers and demand free sex.

19. Arresting sex workers and putting them in an educational setting is the best method to stop sex work.

**FALSE.** International experience of dealing with sex work has shown that punishment does not change behavior. It is often the case that women who were sent to rehabilitation centers go straight back to sex work upon their release.
Handout for Exercise C2

For HIV transmission to take place, the quality of the virus must be strong, a large quantity must be present, and there must be a route of transmission into the bloodstream. All of these things must be present for someone to get infected with HIV.

**QUALITY:**

- For transmission to take place, the quality of the virus must be strong.
- HIV cannot survive outside the human body. It starts to die the moment it is exposed to the air.
- HIV is not an airborne virus. This is why there is no risk of transmission in sitting close to or sharing the same room with someone living with HIV.
- HIV does not live on the surface of the skin; it lives inside the body. There is no risk from shaking hands or hugging someone. The only place the virus can survive outside the body is in a vacuum (like a syringe) where it is not exposed to air.
- HIV will die if it is exposed to heat (e.g., if someone bleeds into a cooking pot).

**QUALITY:**

- For transmission to take place, there must be enough quantity of the virus to pose any risk.
- HIV is found in large quantities in blood, semen, vaginal fluids, and breast milk.
- HIV is not found in sweat or tears.
- HIV can be found in very tiny amounts in urine, feces, and saliva, but the quantity is not enough to pose any risk of transmission.
- Cleaning or bathing a patient is quite safe, provided all wounds are covered.
- Kissing, even deep kissing, poses no risks.

**ROUTE OF TRANSMISSION:** For HIV transmission to take place, the virus must get inside your bloodstream.

- Our body is a closed system; HIV cannot pass through normal skin.
- HIV, however, can pass through the skin on the genitals - penis, vagina, or anus - during sex because the skin here is much thinner and has small openings where HIV can pass
• The vagina is lined with a mucous membrane, a very sensitive part of the body that tears very easily, especially if the man is very rough. Once the lining of the vagina gets cut, HIV in the sperm or in blood from cuts on the man’s penis can get easily into the woman’s body and bloodstream.

• Providing oral sex is more risky than receiving it. Why? Sperm gets into the sex worker’s mouth and can penetrate the skin around the teeth, which can easily get cut. The skin is strong in most parts of the mouth except around the teeth (the gums) so there is a potential for HIV entering the body through cuts or bleeding in the gums.

• Oral sex is low risk for HIV but high risk for other STIs, e.g., orally transmitted gonorrhoea and herpes.

• Untreated STIs greatly increase one’s risk of getting HIV. Many STIs cause sores, which make it easier for HIV to enter the body. Women may not be aware that they have an STI, and the STI sore provides another route for HIV to get into the body.

• Common sense and everyday hygiene mean that many concerns that people worry about would not really happen in everyday life. For example, you wouldn’t share a toothbrush if it were covered in blood; you would wash if you cut yourself; you would wear gloves or cover your hands if you are cleaning up someone’s diarrhea.

Using QQR, you can see why there is no risk of transmission by:

WHAT ARE HUMAN RIGHTS?

- Human rights are the rights of all human beings to certain conditions fundamental to a healthy, meaningful, satisfying life. All human beings are born with these rights.

- Human rights are based on recognized needs such as right to life, food, health, clothing, shelter, protection, work, education, and privacy; the right to own land and property; and other needs, such as freedom from discrimination, freedom of sexual expression, freedom to have a child, freedom of association, and freedom of speech.

- Human rights are universal. They exist even if the state does not recognize them.

- The foundation for most rights is the right to dignity and equality. Human rights recognize that all human beings are born free and equal in dignity and rights. People have to respect our dignity and worth as human beings, even if they don’t like what we are doing.

- Human rights are based on principles of fairness and justice. Human rights mean that we should be treated fairly by everyone regardless of our class, gender, occupation, etc.

- Human rights means that we should respect and not harm one another, so human rights go hand in hand with responsibilities. As others must respect our human rights, we must respect theirs.

WHAT HUMAN RIGHTS ARE INCLUDED IN VIETNAM’S CONSTITUTION?

- The right to life
- The right to personal liberty and security of person
- The right to freedom of conscience, expression, assembly, association, and movement
- The right to privacy (confidentiality)
- The right to a fair trial when charged with a crime
- Protection from deprivation of property and security
- Freedom from torture and from inhumane and degrading treatment
- Freedom from discrimination on the basis of color, race, tribe, sex, political opinion or creed
WHAT ARE SOME RIGHTS OF SEX WORKERS THAT ARE COMMONLY VIOLATED IN VIETNAM?

- Right to equality and dignity: Many sex workers are stigmatized and discriminated against. This violates their right to equal and respectful treatment.
- Freedom from inhumane or degrading treatment: Some sex workers have been scolded and beaten and treated harshly in the home.
- Freedom of association: Some sex workers have been kicked out of public places.
- Right to information: Some sex workers do not get enough correct information about HIV, preventing them from fully understanding how to protect themselves from getting HIV.
- Right to health care: Some sex workers have been given substandard care or refused care at health facilities; and as a result they have stopped getting STIs treated, testing for HIV, etc.
- Right to privacy: Some health workers have breached confidentiality by revealing the occupation of sex worker patients, thus violating the sex worker’s right to privacy.
- Right to shelter: Some sex workers have been kicked out of the house by their families or landlords.
- Right to work: Some sex workers find it difficult to find other work once it is known that they have been sex workers.
- Right to equal protection by the law: If a sex worker reports a case of violence or sexual harassment to the police, the police often refuse to take up the case.

WHAT CAN WE DO?

- Sex workers should know that they have rights and responsibilities, and if their rights are violated, they can do something. They have a right to seek redress, e.g., by using existing provisions within the law.
- Sex workers should also know about: (1) legal remedies if their rights are violated, (2) legal obligations of the state in protecting their rights, and (3) their right to lay criminal charges against a perpetrator of violence (including clients and partners).
- Sex workers need to understand the obligations of the police and the courts to protect the rights of vulnerable groups within society, such as abused women, children, and sex workers.
WHAT CAN HAPPEN IF THE RIGHTS OF SEX WORKERS ARE NOT RESPECTED?

• Sex workers will feel persecuted and threatened in a climate of fear and denial.
• Some sex workers will be secretive about their HIV status and not disclose voluntarily. This secrecy will continue to fuel the HIV epidemic.
• Sex workers will become more vulnerable to getting HIV and more likely to pass HIV to others.

WHAT WILL HAPPEN IF THE RIGHTS OF SEX WORKERS ARE RESPECTED?

• Sex workers will be able to live a life of dignity without discrimination. They will feel that their human rights are protected.
• Feeling safe, sex workers will be able to take more responsibility for their own health and the health of others, and they will be able to access their right to health services.
• Sex workers will be less vulnerable to getting HIV and less likely to pass HIV to others.

WHAT ARE THE ROLES AND RESPONSIBILITIES OF INDIVIDUALS AND THE STATE IN ENSURING HUMAN RIGHTS?

• Individuals should be aware of their rights and defend their rights when needed.
• The state should create a positive environment in which all people can access their human rights and recognize, uphold, and protect the human rights of all citizens.

HOW CAN THE STATE IMPLEMENT A RIGHTS-BASED APPROACH?

• The Vietnamese public is not a homogenous group of people with the same needs and circumstances, but a heterogeneous group with varying needs. Sex workers are vulnerable to getting HIV because stigma and discrimination discourages them from fully accessing health services and taking responsibility for their sexual health. There is a need to use our awareness of such vulnerabilities to guide public health policy. This creates openness and trust through the law and through protective structures.
• Without a human rights approach, some sex workers will continue to be secretive about their sexual relationships and HIV status and not disclose voluntarily. A protective legal framework will normalize living with HIV, and ideally it will normalize the rights of sex workers.
HOW ARE HUMAN RIGHTS PROTECTED INTERNATIONALLY?

There are a number of international human rights instruments. Vietnam is a signatory to four of them:

- Universal Declaration of Human Rights (UDHR)
- International Covenant on Civil and Political Rights (ICCPR)
- Convention on the Rights of the Child (CRC)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
What are STIs? STI stands for sexually transmitted infection. STIs are a group of infections that are passed from one person to another, mainly through sexual contact. While the main form of transmission is sex, many STIs can also be transmitted from a pregnant woman to her child during delivery. Some STIs can be passed through unclean injection needles, skin-cutting tools (such as razors), and blood transfusions.

Women get STIs (including HIV) twice as easily as men. The woman’s vagina has a larger surface than a man’s penis and vaginal walls have thin membranes that easily develop small tears through which STIs can pass.

How do I know if I have an STI? Some STIs do not show symptoms at all and may be hidden, e.g., in the case of women, in the vaginal canal. As a result, women often have no visible symptoms, making it more difficult for them to know that they have an STI; they have to depend on their sexual partner(s) or a health worker to tell them they have an STI.

What are the symptoms of STIs? Sometimes, a woman who gets an STI has no initial or visible symptoms. She feels healthy, but the STI germs are inside her body damaging her reproductive organs. She can unknowingly pass an STI to her partner. Even if symptoms seem to go away, the STI remains, so she should seek testing and treatment.

Common symptoms of STIs in women are:

- Unusual or excessive discharge and smell from the vagina
- Burning pain when urinating
- Sores, bumps, or blisters near or on the sex organs or mouth
- Burning or itching around the vagina
- Unusual itching around the sex organs, especially the pubic area
- Pain in the lower part of the abdomen
- Pain inside the vagina during sexual intercourse
- Unusual bleeding from the vagina when it is not the woman’s regular monthly period
- Backache, fever, and chills

What are common types of STIs among women? STIs include chlamydia (the most common STI among sex workers in Vietnam), gonorrhea, chancroid (genital ulcer), genital herpes, genital warts, hepatitis B, syphilis, and HIV. Below is a list of symptoms specific to different STIs.
• **Chlamydia**: Symptoms can include discharge from the vagina or burning/pain when urinating. Chlamydia is known as a “silent” infection because many people show no symptoms at all, but they can still pass it on to others.

• **Gonorrhea**: Symptoms for women include sores in the vagina, a discharge from the vagina, and pain when urinating.

• **Genital warts**: Small and bumpy warts on the sex organs, which are painless but itchy. The warts grow around the genitals or anus and can sometimes cause problems in passing urine. Women with untreated genital warts may be at increased risk of developing genital cancers.

• **Genital herpes**: Small painful blisters on the genitals, mouth or anus, itching or burning before the blisters appear. The sores can come back, particularly if you are feeling weak or tired or have a vaginal infection.

• **Chancroid (genital ulcer)**: Sores on or around the genitals; sometimes the glands in the groin swell up and the sores may burst.

• **Syphilis**: A painful sore on the vagina, a rash and flu-like symptoms. These signs disappear, but the disease is still growing in the body.

• **Hepatitis B**: Flu-like feelings, tiredness, jaundice, dark urine, and light-colored stool.

Do STIs affect my risk of getting HIV? Having an STI increases the risk of getting HIV. STIs produce sores in the genitals, which make it easier for HIV to pass into the bloodstream during sex. Prevention and early treatment of STIs will reduce the risk of contracting or transmitting HIV.

Can I get an STI from oral sex? Oral sex is high risk for most STIs, including chlamydia and gonorrhea, which can cause sores in the mouth. If there are no cuts, sores, or STIs present, oral sex is low risk for HIV. It is important to keep one’s mouth clean and clear from sores or cuts and to use a condom for oral sex to lower the risk of STI transmission. Saliva contains a natural enzyme that kills HIV but provides no protection from other STIs. Oral sex is a much safer activity to avoid HIV, but many forget that oral sex is high risk for other STIs.

Are STIs curable? All STIs except HIV, hepatitis B, and herpes are easily treated and cured, but they can be very dangerous and even fatal if they are left untreated. If left untreated, they can be passed on to sexual partners, pregnant women can pass the STI to their babies at birth, and the STI can damage the sexual organs and lead to infertility. Gonorrhea, for example, if left
untreated, can lead to pelvic inflammatory disease (PID), which makes it impossible to have a baby. Some STIs, if left untreated, can cause blindness, cancer, and heart problems; others can lead to death.

**STIs fall into two categories:**

- Those caused by bacteria and which can be cured, such as chlamydia, gonorrhea, chancroid, and syphilis.
- Those caused by viruses, which cannot be completely cured, e.g., genital herpes, genital warts, hepatitis B, and HIV.

**What should I do if I think I have an STI?** Go to a clinic and get tested and treated. Many STIs can be treated and cured with antibiotics. However, viruses like HIV, hepatitis B, and genital herpes cannot be cured. Genital or anal warts can be removed but may return.

Patients should complete the full treatment for any given STI. Otherwise the germs will stay in the body and make the person ill later on. The person can also transmit the disease to others. People who are treated for STIs should tell their most recent partners, so they can also be treated.

It is recommended that all sexually active people get tested regularly for HIV and other STIs.