Evaluation of HIV Prevention Strategies among Female Sex Workers in Honduras:

Saving Lives and Alejandra and Life

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Evaluation Report

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December, 2009

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I. Executive Summary

The goal of this evaluation is to assess current prevention strategies that attempt to reduce HIV prevalence among female sex workers in Honduras, and to find out which strategies can realistically prevent HIV and promote healthy behaviors in the long run among female sex workers in this country.

In Honduras, and practically worldwide, the majority of current prevention strategies are based on the idea that individuals can change their own behaviors (behavioral change approach). These strategies are focused on access to information, education and communication (IEC) as essential tools individuals should utilize in order to avoid or reduce risk. However, high vulnerability to HIV among female sex workers is mostly determined by conditions beyond individual choices such as sexual violence, lack of economic opportunities and gender inequality. An analysis of international experiences shows that prevention strategies with a larger impact, higher cost-effectiveness and greater sustainability address the conditions that make sex workers vulnerable to HIV.

In order to determine if these successful interventions are transferable to the Honduran case, based on interviews to 21 sex workers, this evaluation identifies whether or not structural factors exist in this country that constrain female sex workers' individual behaviors. The diagnosis of sex work in Honduras shows that there are structural factors that increase the vulnerability of sex workers to HIV. Many conditions are linked to gender inequality such as: violence and male domination, size and composition of households, and socio-economic conditions. Another set of conditions increasing women's vulnerability are related to policies against sex work that are systematically violating women's rights, seen in the closure of brothels, police abuse and compulsory health practices.

This report analyzes two prevention programs in Honduras, Saving Lives and Alejandra and Life, as well as two successful international experiences, the Sonagachi project and The 100% Condom Use . The analysis of the national HIV prevention projects shows that interventions are based on theories of behavioral change and do not systematically incorporate the conditions that make women vulnerable to HIV. For these reasons interventions have serious limitations. First, information, education and communication strategies are restricted by women's low educational level, which hinders women's understanding of HIV subjects. Second, the behavioral change approach assumes that women have the power to decide on the use of condoms. However, women's bargaining power is limited by machismo, weakening their ability to protect themselves. Thus, these interventions hand sex workers the entire responsibility of introducing condoms while on the job. Third, physical and sexual violence causes low self-esteem. As a consequence, self-protection and self-care are not sex workers' major concerns. In addition, women's living conditions determine that their priorities are focused on basic needs fulfillment (such as food and education for children) and not on HIV transmission. Finally, policies against sex work present obstacles for organizations attempting to reach out to these women. These policies increase underground work and worsen the conditions where sex work is practiced.

Besides being limited by not systematically incorporating the factors causing vulnerability, the interventions are based on individual strategies and face-to-face methodologies that have limited scope, because they involve reaching individuals one by one. Moreover, these interventions are costly because they do not generate real transformations that reduce sex workers' vulnerability to HIV. Even when women achieve significant behavioral changes, if prevention strategies do not systematically route factors such as sexual and physical violence, poor socioeconomic conditions, and state violence against sex workers, these structural conditions might at one's ability to individually maintain change.

A structural approach to prevention has been successfully implemented to reduce HIV prevalence among sex workers in a handful of developing countries. 100% Condom Use, a program introduced by the Thai government and replicated by the Dominican Republic, reduced the vulnerability of sex workers by providing them with legal and institutional support and mandating condom use in all brothels. The Thai government imposed sanctions on brothels that violated this regulation. With the application of this program, condom use no longer depended on the woman's ability to negotiate protection. 100% Condom Use is a top-down strategy, which means it is a national program imposed by the government. This solution requires a strong government with the ability and willingness to nationally regulate the sex industry. The transferability of this program to the Honduran context would be restricted, since Honduras is a very politically instable country.

The Sonagachi Project also has a structural approach that seeks to reduce conditions of risk and vulnerability among sex workers in India. Unlike the 100% Condom Use, the Sonagachi Project is a community-led intervention; therefore, women's participation has proven to be an essential factor in designing and implementing the project.[1] Indeed, at the time of writing (late 2009), the program is fully implemented by sex workers in India. To reduce the vulnerability of women, the project provides environmental conditions that promote gender equality and sex workers' dignity and self-worth by combating discrimination against sex work. The project systematically addresses other components to reduce women's vulnerability such as economic security, women's and children's education, and customers' commitment to the consistent use of condoms. The experience of this project provides important lessons on how to implement prevention programs that seek to reduce the vulnerability of sex workers to HIV.

Interventions should therefore, weaken the structural conditions that make sex workers vulnerable to HIV by providing them with access to legal, financial and educational services. Also, interventions should work for recognition, regularization and decriminalization of sex work. These strategies should have a community-based approach in order to empower women and make programs sustainable.

[1] Personal communication Dr. Smarajit Jana, founder of the Sonagachi Project, November 13th, 2009

II. Background Information and Context

Female sex workers are one of the populations world-wide targeted by HIV prevention strategies. Appropriate and consistent use of condoms is the most realistic and effective strategy to reduce the risk of sexual exposure to HIV among this population. However, consistent use of condoms requires making individual decisions that are in fact not individual, but happen in interpersonal situations where making a decision not to use a condom may be the preference of the clients. This individual power to make decisions might be constrained by structural barriers such as gender inequality, socio-economic status, and cultural beliefs. Therefore, effective implementation of prevention strategies entails addressing the structural factors that undermine individual behaviors.

In Honduras, the third poorest country in the Western Hemisphere after Haiti and Nicaragua, HIV and AIDS has had significant impact on vulnerable populations such as males who have sex with males (MSM), and female sex workers (FSW). Representing 18% of the Central American population, Honduras has the second HIV incidence of the region (0.8%), reporting 38.5% of the total cases. HIV is predominantly heterosexually transmitted. Indeed, 29% of the total new HIV infections were related to sex work in 2007. Among FSW, HIV prevalence was between 10% and 20% in 1998[1], in 2001 it was 9%, and in 2003 it was 9.68%.[2]

According to the HIV Behavioral Surveillance Survey in Central America in 2006, 99% of sex workers know about HIV, the different ways of transmission and the use of condoms as a primary method of prevention. However, only 77% of sex workers consistently use condoms with new clients and 72% use it with regular customers. According to the Epidemiological Study of 2006, 66% of women reported condom use with their last client, and only 30% of sex workers reported condom use with their steady partners. Although since 2004 national prevention strategies have focused on sex workers, only 23% of sex workers (3,055) have had access to HIV prevention programs and 21% correctly identify ways of preventing HIV transmission and reject major misconceptions about HIV transmission.

It is estimated that 0.7% of all women between 15 and 49 years old are engaged in sex work in Honduras. Thus, the approximate number of sex workers is between 13,283 and 14,000 women. This estimate does not include all women who anonymously engage in this occupation. There are three kinds of sex workers in Honduras: the street-based, the brothel-based and the clandestine sex workers. (See appendix A for more information on sex work classification).

III. Evaluation Overview and Methodology

The purpose of the evaluation is to assess the prevention strategies among female sex workers based on successful international experiences. After analyzing international experiences, I found out that the most effective interventions tackle the conditions that make sex workers vulnerable to HIV. Therefore, the first step of this report is to identify the specific conditions that make sex workers vulnerable to HIV in Honduras. This analysis is based on qualitative methods, basically on in-depth interviews to sex workers and to key informant interviewees. I interviewed ten street-based sex workers who work in the street market in Comayaguela, capital city of Honduras (Appendix B). I also interviewed two former sex workers from Tegucigalpa (one with HIV), and other two street-based sex workers from Tela, a town located in the north of the country. In the south of the country, I visited three brothels, where I interviewed seven sex workers (three of them were also managers of brothels). After identifying the conditions that make sex workers vulnerable to HIV, I analyzed two HIV prevention projects in Honduras, Saving Lives and Alejandra and Life, with the purpose of identifying whether or not these projects systematically addressed those conditions. In order to complete this analysis I did five key informant interviews with staff from both projects. I also interviewed the founder of the Sonagachi project; other research on international cases is based on secondary sources.

A contextual analysis of sex workers conditions and a study of successful international interventions offer relevant analytical elements to assess strategies in Honduras and to offer valid and realistic recommendations to increase their effectiveness and sustainability.

IV. Conditions that make sex workers vulnerable to HIV

The analysis of sex workers' conditions offers clarity about common structural factors that sex workers face during their lifetimes (See appendix C for more information on sex workers' conditions). Street-based, brothel-based and clandestine sex workers go through very similar conditions that put them in highly vulnerable situations.

Several conditions increase women's vulnerability and exposure to sexual risks: domestic and sexual violence, large families and single parenthood, precarious socio-economic conditions, and policies that reduce women's ability to protect their own health. As a

consequence of these conditions, sex workers are simply powerless to negotiate safer sex. The following are some quotations that illustrate this lack of power:

> I went with him to the room and he said, well, you look beautiful, and he asked me to do it without a condom. I didn't want to have sex without a condom. Then, he hit me because I refused. I told him that he didn't need to pay me, but I begged him to use a condom. At the end, he neither paid me nor used a condom, and he also hit me. Since that day I don't just go with any customer.
>
> Lorraine, 33

Sexual violence is a common condition that causes sex workers' inconsistent use of condoms. Not only clients, but also family members, partners and police abuse women, leaving them no option for safe sex.

> I was raped several times. My uncle raped me three times: the first time when I was 7, the second time when I was 12, the third time when I was 14. I told my mom and she did not believe me. Then when I was 15, my cousin raped me. I got pregnant from him. When I was about to give birth, he kicked me and made me have an abortion.
>
> The father of my children also abused me. I am afraid of him. He hit me and then raped me. I condemned the incident, but police said he could not rape me because he was my husband.
>
> Iris, 32

Police abuse also represents a threat for sex workers. Mercedes, a 75 year-old woman who discovered nine years ago she had HIV, remembers that when she practiced sex work, the police rather than protecting them, were a threat for them:

> If we did not let the police do something, they forced us, and if we rejected them, they beat us. They did not pay us for sex; we had to pay them to let us go. If we complained, they got us into jail. Then, we had nothing.
>
> Mercedes, 75

Besides sexual violence, precarious socio-economic conditions make women more vulnerable to take sexual risks. Very often clients offer sex workers more money in order to have sex without condoms. All women interviewed admitted that they constantly face

this situation. Clients offer up to 1,000 lempiras in order to have sex without a condom (compared with 100 lempiras they offer for sex with condom):

> Often customers give 2,000 or 3,000 lempiras for not using condoms, but I tell them that if they want to do it without condoms it's because they are sick. I speak clearly to them; I don't do anything without a condom.
>
> Karen, 25

Due to the vulnerability of women and the fact that they have had a life of domination and battering, their power to negotiate condoms is very low. Therefore, prevention programs should not be based on women's individual power to adopt safer sexual practices. Men are who usually make decisions about use of condoms.

In conclusion, for most of sex workers interviewed, sexual and domestic violence in their childhoods is the beginning of a life full of battering and male domination. As a consequence of sexual violations many of them start having children with men who do not support them. Being a single mother and living in precarious socioeconomic conditions leave them no better option than becoming sex workers. Once they are inside the sex industry, male domination comes in the way of police harassment and abuse from their clients. The public policies implemented by the Honduran government have being very harmful for sex work, increasing violations of women's rights and exposing them to higher risks.

V. Description of the intervention programs

HIV Interventions in Honduras: Saving Lives and Alejandra and Life

Prevention strategies in this country are guided by a national document known as PENSIDA III. According to this document, prevention strategies aim to universal coverage for highly vulnerable populations and are based on the ABC goals, that is, Abstinence, Being faithful, and Correct and consistent condom use. The core elements of prevention strategies are information, education and communication (IEC), and they are based upon peer education to induce behavioral change in order to reduce risk.

The following section discusses two current HIV prevention programs in Honduras, Saving Lives and Alejandra and Life.

Saving Lives

The project Saving Lives is part of the program Strengthening the National Response to the Promotion and Protection of health in HIV/AIDS, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. This program is administered by CHF International and implemented by the Association of Medical Doctors of Asia (AMDA) and Rimas Cultural Association. One of the objectives of the program is to promote and protect vulnerable populations through the adoption of healthy behaviors to reduce the risk of acquiring HIV. This goal has two components, to reach sex workers through behavioral change communication (BCC) emphasizing face-to-face interactions, and to expand the coverage of the program's voluntary counseling and testing (VCT). From May 2008 to May 2014, the program aims to provide preventive care and promote behavioral changes in 6,930 female sex workers. This amount represents approximately 50% of all sex workers in Honduras. AMDA/Rimas is going to intervene with half of the 6,930 women, and CEPROSAF, another NGO, is going to intervene with the other half located in the north of the country.

Saving Lives is a project implemented since 2004 with the goal of providing HIV prevention services to 18 year-old and older sex workers. Initially the project focused only on sex workers in brothels, but because many sex workers were not in brothels, since 2009 the project began working with street-based and clandestine sex workers as well.

According to Denia Lopez, AMDA's Field Evaluator, the intervention has three different stages. The first is the socialization of the project with community leaders, the Ministry of Health, local governments and police. Under this strategy a main factor is the strengthening of partnerships of nightclubs and brothels' owners. This has ensured that the project reaches sex workers while they work.

The second stage is the intervention itself, which aims to promote healthy behaviors, based on the correct and consistent use of condoms. The intervention program lasts eight hours with each woman and consists of two workshops, each of four hours (eight hours total). The theme of the workshops is values, self esteem, human rights, STIs, modes of transmission, HIV prevention, and correct condom use. Correct use of condoms is based on three different techniques about how to put on the condom: using the mouth, the toes and having the eyes closed. This strategy has been successful because it has enabled women to acquire skills that are attractive to customers, encouraging women to use condoms without losing income nor reducing the number of customers. When the woman knows these new techniques, negotiating condom use is easier because the client shows less opposition to protection. The third phase of the project is to follow up with women who have been already participated in the workshops. After the eight-hour training, the

project conducts follow-up visits with women in the brothels to bring them condoms and to find out whether or not there are new sex workers.

The project has indirect and informal interventions with clients and with the police. Johana Hernandez, Rimas' Field Worker, said that "police often commit human rights violations against women, so when they come to the brothels, the project makes police officers aware of human rights respect. Project officials also speak with customers when they come to the brothels, to raise awareness about condom use."

According to Lessa Medina, AMDA's Coordinator, street-based and clandestine women are much more difficult to reach than brothel-based women. Through brothel-based women, the project reaches street-based and clandestine women, because they usually know other women who practice sex work. Street-based women are reached in the street market, but doing so is difficult because they live in a closed environment that does not easily allow the entrance of strangers. Interventions with clandestine women are even more difficult. Many of the trainings are done in one of their houses. The following is the description Medina gives about workshops with clandestine sex workers: "the training is a mystery, because it is secretly done, preventing the community from knowing that sex workers are in training. Women often enter the places where the training is going on through the back door so nobody sees them. This has been one of the major limitations, because we lack open access to women, making it difficult to work with their communities and their customers. Trainings are secret because we do not want the women to get more stigmatized and discriminated against their communities."

Besides the difficulty of reaching street-based and clandestine women, the project has other challenges. According to Johanna Hernández, "women's low level of education and income are important socio-cultural factors. Both low income and low educational levels are limiting factors for the promotion of condom use with clients, because there is a strong demand for sex without condoms, which is also better paid. Due to women's low level of education, the project had to modify the visual material used in the workshops, making it more graphic, because there are many women who cannot read or write. Thus the project aims to make messages more clear."

According to Medina, another challenge of the project is working with clients and steady partners, especially in the case of street-based and clandestine women. Usually clients are people from the same community neighborhood of sex workers. In 2008, the project began trying to reach customers indirectly through anti-stigma massive events. Another challenge is the use of condoms with their partner. Medina says that "usually although sex workers' stable partners have other sexual partners, men reject the use of condoms with their wives; this has to do with socio-cultural aspects, because no use of condoms with their partners is a manifestation of love by the sex workers."

Alejandra and Life

COCSIDA implemented the project Alejandra and Life from April 2007 to June 2008, with the aim of reducing the incidence of STIs, HIV and AIDS among street-based sex workers in the municipality of Tela, located on the Atlantic coast of Honduras. The project targets sex workers age 18 to 60 years old and it is funded by USAID. The specific objectives of the project are to increase correct and consistent use of condoms and to increase access to voluntary HIV testing. The cost of the project was 2,490,190 lempiras (US$138,343).

According to Kenya Carcamo, Project Coordinator, "Alejandra was a sex worker who died of AIDS. She was a woman who had great knowledge about HIV and prevention methods. Despite having the information, Alejandra became infected from one of her customers. When she died in 2000, she left a legacy that information is not sufficient for sex workers to protect themselves. The project is named after Alejandra because it has a holistic approach. That is, it is not based only on the access to information as the fundamental motivator of behavior change."

The project is based on the Stages of Change Model, a theory of behavioral change that identifies the stages at which change occurs and the necessary factors to achieve it. This theory is based on the idea that information, education, and knowledge are not sufficient for change, but also require tools and beliefs to put knowledge into practice.

The intervention takes place in small groups. COCSIDA intervened with 15 women during the year. Each one of them was responsible for conducting all the interventions with a friend. This means that peer education has allowed face to-face interventions with 30 women in total. The program also has a strong component of home visits to sex workers and their steady partners.

According to Maria Teresa Gonzales, Executive Director of COCSIDA in La Ceiba, a town also located on the Atlantic coast of Honduras, COCSIDA is implementing an intervention based on access to information and voluntary HIV tests. "The project in Tela seeks to provide a more holistic approach. In La Ceiba, the program has been implemented for more than 12 years and it focuses on larger groups. So far the project has involved 400 women, but without achieving any real behavioral change. For this reason, the idea of Alejandra and Life is to focus on women's self-worth to reduce stigma, not only on the use of condoms."

Alejandra and Life is based on the following three main strategies: The first strategy is behavioral change communication (BCC). Some project activities with this goal are home visits, educational evenings, as well as recreational, educational and informational workshops. The themes of these activities are aimed at improving women's self-esteem,

strengthening their reproductive rights through consistent use of condoms, and prompting sex workers' leadership, and participation. As part of this component women also receive lessons in how to read and write.

The second strategy is the system of promotion and assistance to condom distribution. The project ensures free distribution of condoms to sex workers by systematically providing condoms in their workplaces, such as bars, hostels, restaurants and billiards. Free access to condoms has allowed the increase of knowledge about their proper use.

The third strategy is the prevention of STI/HIV. This strategy is implemented in the clinic located in COCSIDA, and it aims to detect STIs early, as well as to administer HIV testing and counseling. The clinic has provided direct health care access to women and their clients. This has allowed an increase in the demand for health services and early detection of STIs.

As a result of the intervention, consistent use of condoms with stable partners increased from 37% in 2007 to 69% in 2008. Similarly, consistent use of condoms with clients increased from 92% in 2007 to 97% in 2008. According to Maria Teresa Gonzales, although it is evident that the project has influenced acceptance and condom use with partners and clients, maintaining a third phase of the project will require more effort. "The problem is that international organizations define the approach of interventions. We [COCSIDA] want to know whether we are on the right track to generating sustainable changes in women. We would like to see that sex workers are adopting and maintaining new attitudes and skills that contribute to reduced risk of STI/HIV/AIDS. Our concern is whether the project is actually producing long term behavioral transformations among the sex workers."

Analysis of the interventions

An analysis of the Saving Lives project suggests that the focus of interventions is to promote individual behavior changes in order to reduce the impact of HIV. This intervention strategy is based on face-to-face strategies, and it is reinforced in some cases by peer education. The project incorporates two basic objectives of prevention, the first is to increase the use of health services such as HIV tests and medical checkups, and the second is to increase access to condoms and information on methods for prevention and transmission of HIV. The goal of the project is to achieve the correct and consistent use of condoms. However, the success of the project is severely limited by structural factors that determine the vulnerability of women to HIV. These factors are not systematically incorporated in the project. For example, condom use strategy ultimately relies on women's power to convince their partners and customers to use condoms. However, the bargaining power of women is limited by the fact that men are usually the decision

makers. Also, sex workers' socio-economic conditions make them have higher priorities than protecting their own health, such as their children's subsistence.

Gender inequality is another structural condition that determines women's limited bargaining power. Therefore, in order to promote consistent use of condoms among female sex workers, strategies should provide realistic tools that increase the bargaining power of women, as well as strategies that systematically work with clients and husbands to make men also responsible for the use of condoms. The responsibility for safer sex cannot rest exclusively on women because the decision whether to use condoms stems from a relationship of two people.

Finally, the secrecy, stigma and police abuse are issues that the project do not systematically address. The difficulty of reaching women is due to government policies that have made sex work an illegal practice punished by society. These policies increase women's vulnerability, so it is necessary to incorporate elements that actually transform the conditions under which women work. Police abuse cannot be tolerated and the project must develop strategies to systematically promote respect for sex workers' rights.

The project Alejandra and life is based on a comprehensive approach to HIV prevention in sex workers. The project has produced important behavioral changes in women, including the increase in use of condoms between sex workers and their clients and stable partners. The project has other important consequences such as self-recognition of women and their self worth as human beings. As a result of all activities with sex workers, their families and customers, the project has increased the sense of community, which has enabled women to be less isolated. This community recognition has reduced sex workers' vulnerability, which in turns has increased women's power to negotiate use of condom use.

Despite the positive impact that Alejandra and Life has undertaken in Tela's sex workers, the effects of this project are restricted because they require large investments of time and resources (at least 20 hours per sex workers), and have limited ability to reach large populations. The project implements various activities that are designed to provide individualized mentoring to women at different stages of their behavior change. Therefore, the intervention requires large investments of time and human resources. Due to the complexity of the stages of change theory, the human resources involved should be specifically trained in the methodology of the project. This is not always possible because it is difficult to find enough qualified staff.

The assumption of the project is that deep and individualized interventions undertake sustained changes in women's sexual practices. The individualized approach of the project and its face to face interventions, undermine its capacity to make changes in large groups of the population. In four years, the project has only reached 75 women directly

and other 75 through peer education interventions. According to Kenia Carcamo, Project Coordinator, 150 women is not even close to be the total population of sex workers in Tela. Besides being a costly strategy and with limited scope, the impact of the project depends heavily on COCSIDA's mentoring to the women. Therefore, it is likely that behavioral changes are unsustainable without COCSIDA's ongoing support. That is, it might be that without the project, women feel again vulnerable, increasing the chances of acquiring HIV. There may be exceptions, but they will depend on individual woman's ability to sustain their own behavior change.

HIV INTERNATIONAL SUCCESSFUL CASES

The majority of successful interventions among sex workers have sought to alter the conditions in which sex work takes place.[3] They are based on the idea that HIV prevention must go beyond female sex workers' individual choices, and tackle the barriers that determine health outcomes. Two of the most well known interventions have been implemented in India and Thailand.

The Sonagachi project

Sonagachi is the largest red-light district in Kolkata, India. It is an area with several hundred brothels and some 10,000 sex workers. The Sonagachi project began in 1992 with the purpose of reducing female sex workers' vulnerability to HIV transmission. As a result of the project, condom use among sex workers increased from 2.7 in 1992 to 89.5 in 2008. Unlike other prevention programs, "the Sonagachi Project was largely unplanned and atheoretical at its inception—it began as an STD clinic targeting sex workers."[4] The goal was to create an enabling environment based on three R's: 'respect' for sex work and those engaged in it; 'reliance' on those involved in sex work to run the program; and 'recognition' of their professional and human rights.[2] Based on the short-term goal of increasing consistent use of condoms and decreasing STIs in order to reduce HIV incidence, the project slowly incorporated long-term goals that have enabled sex workers to take control of their own lives.

The project was based on community, group and individual level interventions. One of the main goals of the community level intervention was to politically advocate for a redefinition of prostitution as sex work. The group-level intervention was based on peer education; sex workers' peers worked closely with health professionals, and this activity gave sex workers educators a better social status among their communities. The group-level intervention also includes a component of peer education with clients, in which positive deviants teach other clients about use of condoms and respect for sex workers.

2 Personal communication Dr. Smarajit Jana, founder of the Sonagachi Project, November 13th, 2009

The individual-level intervention was based on developing skills and competences for HIV prevention, but this was not the main objective of the project. It was more about the community's power, status, and stigma.[5]

The first components of the project were access to health care and peer education. Sex educators were trained in groups of 12 and they got a small stipend for their work. By 1997, there were 65 educators and seven coordinators. They started with a ratio of one peer educator to 50 sex workers, but the ratio now is 1:160.[6] As a result of the meetings and trainings, the Sonagachi sex workers –led by the peer educators- formed their own organization in 1995. The Usha Multipurpose Cooperative Society Ltd., a registered society, began offering financial services to sex workers such as bank loans, and savings support, as well as social services such as schooling for sex workers and their children. This organization has mobilized sex workers, becoming a social movement that advocates for their own rights.

The project was based on a clear understanding of sex workers' needs, without trying to eliminate sex work, but instead trying to make sex work a regulated industry, establishing mechanisms that can sustain safer practices in the long run. As a result, the project has kept the HIV prevalence rate among prostitutes in Sonagachi down to five percent, while in the rest of Calcutta the rate of HIV infection among sex workers appears to be about 11%.[7]

Finally, one of the most important features of the project is its sustainability. According to Rotheram-Borus and Duan, "the Sonagachi model suggests five basic components of sustainable interventions that we identify with the acronym CURES: (a) *cost effective*: economic vehicles must be identified to initiate and maintain support for the interventions over time; (b) *useful*: programs must be useful to the target population, the stakeholders, and the practitioners who must implement the program; (c) *realistic*: programs must be feasible to implement with the existing skills of the practitioners; (d) *evolving*: programs must evolve over time; and (e) *sustainable*: programs must have an ongoing funding stream and constituency within the community to achieve long-term results".[8]

100% condom use in Thailand

The Thai HIV/AIDS program is one of the few in the world that has had success at the national level.[9] It began in 1989 and it was nationally expanded in 1991. Condom use in brothels rose from 14% in 1989 to 94% in 1993.[10] The goal of the program was to increase condom use in Thailand's sex establishments to 100%. The program involved active participation and commitment from the government and from owners of sex establishments. Although sex work is still illegal in Thailand, the government defined sex work in this country in order to control sexual risks. The purpose of the project was to enforce condom use not only based on female sex workers' decision to use it or not, but

also by getting institutional support to do so. Because losing business is one of the biggest concerns of madams, owners of businesses and sex workers, the program achieved an agreement upon the requirement of using condoms. If clients refused to use them, service was not provided. In this program, condom use is enforced through a committee that can impose sanctions to the establishments that fail to follow the norm. Therefore, the basic key components of the program are the following: requiring sex workers to use condoms with all their clients; requiring the brothels to enforce and demand use of condoms; protecting sex workers from difficult clients; monitoring that brothels actually enforced the use of condoms; and punishing the brothels that do not comply with the norm, including closing down establishments.[11] The 100% condom program was also based on a massive campaign that as a result of the implementation, changed social norms toward unprotected relations with sex workers.

The transferability of 100% condom has been problematic, because the success of this program depended a great deal on the characteristics of Thai society's hierarchical structure and its political system, which combines a traditional monarchy with military authoritarian rule.[12] Based on these cultural and political values, the program was a success mainly because in Thailand, the strongest military and central authority made enforcement of the law possible. However, there are some cases where the 100% condom use program has been adapted successfully to other socio-cultural realities, as in the case of the Dominican Republic.

VI. Recommendations

The following recommendations are based on the contextual analysis of sex workers' realities and needs. The aim of these recommendations is to provide guidelines on how to integrate structural factors that cause women's vulnerability into prevention programs. These recommendations are based on the identified structural conditions of sex work in Honduras, but also on the successful practices from other countries. I believe that especially the Sonagachi project has several components that are transferable to the case of Honduras. The following recommendations address each the factors determining the vulnerability of sex workers in Honduras.

Zero tolerance for violence, improvement of law enforcement and access to legal services

Women's testimonies show that many of them have entered the sex industry in reaction to rape in their childhoods. These violations have not been punished by authorities, nor condemned by families or communities. For this reason, prevention of HIV must condemn the widespread rape of women and all of the systematic violence against them. Therefore, one of the policies of intervention should be zero tolerance for any type of violence and violation of human rights against women. Another component that should be included in all HIV prevention programs are strategies that advocate for stricter

penalties, prosecution and punishment. Also, any kind of state violence against sex workers should be condemned. Thus, programs must establish clear mechanisms of pressure and punishment to police abuse. Organizations of women and clients can support these mechanisms by carrying out social control to reduce physical and sexual violence.

Another important element of this recommendation is to increase the number of complaints brought by communities about sex crimes and other type of gender crimes. This strategy should also include access to legal services for sex workers allowing them to report crimes which clients, husbands and authorities commit.

Access to financial services

Women with large families, who are the lone supporters of their children, are more vulnerable to HIV. Women are more likely to take greater risks motivated by their precarious economic conditions, such as having sex without a condom because the client pays more money. Thus, prevention programs should include a component for economic support, giving priority to single mothers and their families. Usha, the sex workers' cooperative in India, is a good example of an organization that provides access to credit, savings and other financial services to sex workers.

Access to education

The analysis of women's socio-economic conditions shows that low education is one of the factors that cause women to lack income opportunities outside the sex industry. This dependence on sex work increases the likelihood that women will accept poor work conditions, as well as abuses and mistreatments; because they do not have other possibilities. Many women would like to leave sex work, and argue that they do not do it, because they have no other job skills than housework. The lack of other skills reinforces their poor self-image and keeps their self-esteem low. Thus, HIV prevention should include an education component for sex workers and their children. Sonagachi incorporated a literacy program that was initially supported by volunteers, but as more and more sex workers learned to read, peer educators taught other women and their children.

The purpose of the education component will help women to acquire skills that provide them other income generating opportunities. The education component will also improve children's conditions of life and strengthen sex workers' self-esteem. Education will definitely increase women's power to negotiate the use of condoms.

Decriminalization and regularization of sex work

State policies against sex work, that at the same time allow the existence of the sex industry, increase the vulnerability of women and hinder the work of the organizations that implement prevention strategies. Prevention programs must incorporate political work to push the adoption of policies that decriminalize sex work. Decriminalization does not entail legalization, but it requires abolition of criminal penalties to sex workers, producing also changes in social and moral views on sex work. The objective of this component is gaining acceptance and regularization of sex work, in order to improve working conditions for women. To implement this component, programs must create a social movement that promotes an open discussion about sex work that involves sex workers, the media, academics, community leaders, students, politicians and health professionals, among others. The issue of sex work should be put on the political agenda as an issue of human rights, gender equality, and HIV prevention. These open discussions on sex work will encourage greater social acceptance of the subject, which will reduce the stigma and discrimination against sex workers. By making sex work a public issue, there will be more exercise of social control that will entail greater political pressure for the design and implementation of policies that respect sex workers' rights.

Based on these political interventions, it is necessary to evaluate current policies and demand clarity about the government's stance on sex work. Social mobilization will aim at pushing the government to recognize sex work as an occupation, establish a legal framework and define standards that regulate sex industry. Policies should define the institution which is responsible for sex work regulation, because at time of writing, there is no clarity whether the Secretary of Health or Police should carry out control of sex workers. This assigned institution should be responsible for defining and enforcing minimum standards for sex work practice.

Based on sex work decriminalization, policies should strongly criminalize sexual crimes such as exploitation and trafficking, including crimes against children.

Structural support to consistent use of condoms

One shortcoming of prevention programs is that they do not provide sufficient access to condoms. Because each woman requires a different amount of condoms according to their number of customers and days worked, the supply and demand for condoms should be linked. As in the Sonagachi project, condoms can be sold, at a subsidized rate, rather than being freely distributed, and these small profits can be reinvested in the program.

In Honduras, there are two strategies that are actually promoting condom use. The first one is the informal agreement that street-based sex workers made in Tegucigalpa and Comayaguela to use condoms with all clients and not to provide services to clients who

are willing to pay more for having sex without condoms. Second, AMDA and Rimas have increased the use of condoms through alliances with brothel managers. Because these two strategies have been successful, they should be intensified in order to increase condom use. Besides strengthening women's organization, prevention strategies should incorporate some components of the 100% Condom Use in Thailand. That is, programs should involve active participation and commitment from the government and from owners of sex establishments. Furthermore, establishments that fail to follow the norm should be punished. Therefore, as in the Thai case, prevention strategies should require sex workers to use condoms with all their clients, require the brothels to enforce and demand use of condoms, protect sex workers from difficult clients, monitor that brothels actually enforced the use of condoms, and punish the brothels that do not comply with the norm.[13] Because many sex workers in Honduras are street-based, condom use should be reinforced by community led interventions that involve sex workers and their clients.

Systematic involvement of customers:

Because one reason for the lack of condom use is the lack of commitment from clients, programs should include systematic interventions with clients and sex workers' partners. One of Sonagachi's programmatic approaches was accepting clients as allies of the project.[3] As a result, the project addressed interventions to customers by identifying leaders who were respectful with sex workers and were willing to use condoms. These clients worked as peer-leaders to educate other clients. As product of the education programs, customers organized themselves to support prevention strategies and to reduce violence against women. As part of the program, clients accessed health care and counseling.

Organized women as a core element of interventions

Finally, the organization of Women United for the Control of STIs and HIV/AIDS represents a structural facilitator that reduces women's vulnerability, because it empowers them, reduces costs of the interventions and increases ownership. In order for the programs to be sustainable to be sustainable, sex workers' participation should be a core element of all interventions. For this purpose, the program should strengthen this organization and support its members in order get legal recognition. Prevention strategies should be based on sex workers and their needs as a basic foundation of interventions. The active participation of women and community empowerment will increase community ownership ensuring the effectiveness of prevention strategies. The interventions will not have difficulties reaching sex workers if sex workers themselves

[3] Personal communication with Dr. Smarajit Jana Principal, Sonagachi Research & Training Institute, Kolkata, India and Lecture Enhancing gender equity in HIV intervention program, a unique model-designed by DMSC. University of Texas, November 13th, 2009

are running and implementing the strategies. This high participation will ensure that the programs will have a greater magnitude.

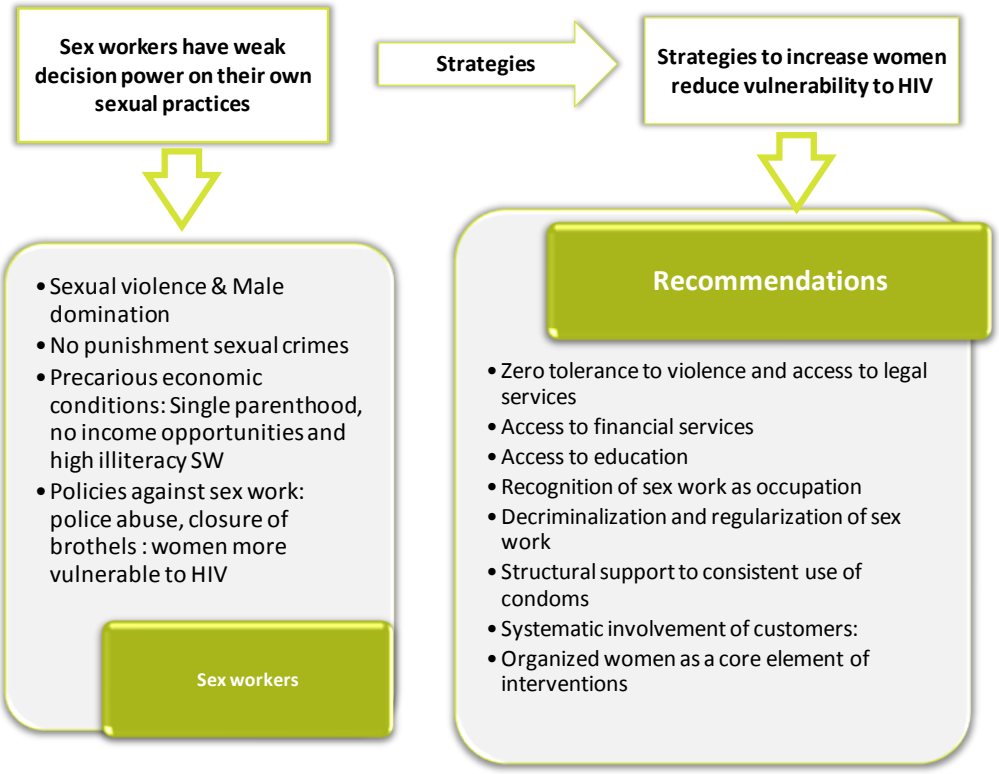

Figure 1: Summary of structural factors that sex workers face and recommendations

Figure 1 is a summary of the main findings and recommendations of this evaluation. This report aimed to find out which strategies could realistically prevent HIV and promote healthy behaviors in the long run among female sex workers in Honduras. In order to answer this question, I did an analysis of the structural conditions at the population level. I found out that there are many structural factors that make sex workers vulnerable to HIV. Thus, effective and sustainable prevention strategies must aim at reducing female sex workers' vulnerability to HIV. The recommendations therefore, tackle those structural conditions. This evaluation does not give specific details on how to implement each suggested programmatic activity. Therefore, further research in Honduras should focus more deeply on each factor, evaluating each of the current policies, such as the access to health services and the health card. This evaluation gives evidence that current policies and interventions in Honduras should be reframed to take into account sex workers' needs, and their rights. This sounds obvious, but to date it is not what interventions are fully achieving.

Appendix A

Classification of sex work

The following is a description of the different populations of sex workers and their differences.

Brothel-based sex workers

Brothel-based women work in an establishment that provides sex services. These establishments may be brothels or nightclubs. Women tend to live in brothels, while women who work in nightclubs are more volatile. In both of these places, usually, women pay a flat fee for every time they use a room. Because local government policies have been slowly closing the establishments in which sex work is offered, brothel-based sex workers are a minority in Honduras, and are located in the area of Choluteca. Although it is possible that some women suffer from exploitation by managers of nightclubs, in general, brothel-based workers are less vulnerable than those working on the street or underground.

In the case of Tela, a tourist town located in the Atlantic coast of Honduras, women are placed in strategic locations such as the gas station or the roadside. The clients are truckers, taxi drivers, trailer drivers (who have room in the trailer), masons and builders. Unlike Tegucigalpa and Choluteca, women are not working in the same place. This increases women's risks, because they are isolated trying to find their customers.

Street-Based sex workers

Due to the closure of nightclubs and brothels, the number of women working in the streets has increased in the last two decades. In Tegucigalpa and Comayagüela, the two largest cities of Honduras, sex work is mostly practiced on the street. Most women are concentrated in the San Isidro Comayagüela market. While waiting for customers, many of them also work in the market selling vegetables or at stop lights selling candies and sodas. Some of them work during the day and others at night. Sex work is performed in hostels and clients usually pay for the room. Women prefer to have regular clients, but in the presence of new clients, they use their instincts to avoid being in risky situations. Because of the highly vulnerable conditions in which they work, street-based workers are organized in order to protect themselves and ensure that all the clients are required to use condoms. In Tegucigalpa, being organized has helped women to reduce their vulnerability. Nowadays for example, the police respect them and do not abuse them as they did in the past. Customers also have become accustomed to using condoms. However, street-based sex workers are still more likely to be discriminated against than other sex workers, because they work in public spaces and crowded places where they are socially recognized as prostitutes. This public recognition makes it harder for them to obtain a job outside the sex industry.

In the case of Tela, a tourist town located in the Atlantic coast of Honduras, women are placed in strategic locations such as the gas station or the roadside. The clients are truckers, taxi drivers, trailer drivers (who have room in the trailer), masons and builders. Unlike Tegucigalpa and Choluteca, women are not working in the same place. This increases women's risks, because they are isolated trying to find their customers.

Clandestine Sex Workers

There are places in Honduras where, due to stigmatization and public policies against sex work, women have become clandestine sex workers. Some of them are former brothel-based sex workers in places where authorities have shut down establishments that used to provide sexual service. In other cases, women do not recognize themselves as sex workers, because they do not regularly work in this occupation, but they practice it when they need money or when they find clients. Working underground is not only motivated by women who do not want to acknowledge themselves as sex workers, but also by societies and communities where they live in that prefer to avoid and ignore the existence of sex work. Working underground allows communities to evade discussions and solutions about sex work. On the other hand, acceptance of sex service provisions requires regularization and recognition of this occupation. Sex work recognition is a difficult issue in the Honduran conservative and patriarchal society.

According to Edma Gabino, a volunteer in the HIV prevention project in Amapala -a major port on the Pacific coast- many of the clandestine sex workers practice this occupation, but they do so for supplemental income. "They do not always practice sex work, but they do it when they find a good client, who gives them 500 lempiras (US$1=18 lempiras). Some old ladies, who do not get support from their children, may charge between 50 and 80 lempiras. Some pretty girls who are not regularly engaged in sex work may accept 2,000 lempiras from a man who wants to have sex with them."

Appendix B

Questions for sex workers:

Name:

Age:

Occupation:

Number of Children:

How long have you worked as a sex worker?

How often do you work as a sex worker?

How many customers do have per day?

How many condoms do you monthly receive:

Do you know about HIV: SI__X___ NO_____

Do you know about methods of transmission

Do you know how to use condoms correctly?

How many condoms do you use per month?

How many condoms per month do you have access to?

If you have to buy condoms, how much it each condom costs? Where do you get condoms?

From whom you have received information about HIV?

Do customers offer more money to not use condoms?

Ever customers have mistreated you because you want to use a condom?

Did you suffer from sexual violence as a child?

Do you use alcohol or drugs when you are working? Yes ____No _____

Do you belong to any organization of sex workers?

Do you have access to health services?

How often do you see a doctor?

Have you felt discriminated against because of your profession?

How do police treat you?

Have you participated in any workshop on HIV prevention?

Have you participated in any other activity?

Would you like to have another job?

Why you don't get another occupation?

Appendix C

Structural factors determining HIV vulnerability of sex workers

Violence and male domination

Several conditions increase women's vulnerability and exposure to sexual risks: domestic and sexual violence, large families and single parenthood, poverty and socio-economic conditions, and policies that reduce women's ability to protect their own health.

Violence and male domination

Through their lives, women must face male violence perpetuated from different actors and in different scenarios. Parents, uncles, police and clients dominate and abuse women in different scenarios, and in different ways such as, domestic or sexual violence. Most sex workers reported having suffered from physical and sexual violence. They reported physical abuse in their households or sexual abuse by family members when they were children. Street-based sex workers were more likely to speak openly about rape, and this fact was accepted as normal part of life, suggesting that in some ways, sexual violations have become socially accepted by the communities in which women live. Seven of the 10 street-based sex workers interviewed reported having been raped as children. Women reported being raped by uncles, brothers, cousins, husbands or even by fathers, mostly when they were younger than 13 years old. Some reported several sexual violations by different people.

The following are some testimonies from women who suffered sexual abuse or physical violence as children:

My grandmother beat me. Since I was 11, I grew up as a woman. My grandmother did not take me to school, or to study, or teach me how to read, or anything, just to work.

Lorraine, 33

I started working when I was 20 because I felt very disappointed and confused, I had no support. My brother was molesting me since I was 12 until I was 18. In my house nobody believed me when I told them that he harassed me, and my brother threatened me when I tried to say something. When I was 18 I decided to run away from my home. Then I got pregnant and lost my son, and then I decided to start working.

Karen, 25

I was raped several times. My uncle raped me three times: the first time when I was 7, the second time when I was 12, the third time when I was 14. I told my mom and she did not believe me. Then when I was 15, my cousin raped me. I got pregnant from him. When I was about to give birth, he kicked me and made me have an abortion. People were disgusted by me. I did not have a mother who supported me.

The father of my children also abused me. I am afraid of him. He hit me and then raped me. I condemned the incident, but police said he could not rape me because he was my husband. So I put a machete to his head 6 months ago. I was going to kill him. He has not returned since then.

Iris, 32

Sexual violations are part of women's daily lives, because rapes have been accepted by their mothers, grandmothers and other relatives in their households. For this reason, in most cases, violators are not punished by families, or communities. Partly because of this lack of social pressure, crimes remain unpunished by authorities. The impunity granted to violations related to sexual violence allows these crimes to occur again in new generations. The fact that Iris was raped when she was a child did not lead her to sex work. She became a sex worker because somebody raped her daughter. She tells the story of how she ended up as a sex worker:

My family did not support me. I started working because my daughter was raped when she was 12. When I brought her to the clinic, I had no money, and the doctor told me that somehow I had to pay him. Then I paid him with sex; that was the only thing I had. My goal was to make her feel better. After that, I started doing drugs and working on the streets. I became part of the gangs so I could take revenge of the crime committed against my daughter.

When I was selling my body, I felt that I avenged the man who raped my daughter. I condemned the incident, but authorities did not pay attention to me. I spent five years in drugs and prostitution.

Iris, 32

The lack of family support and protection makes teenagers vulnerable to social breakdown, limiting the opportunities that the social environment can offer them. Rape and abuse greatly reduce the value that they feel for themselves and to their lives. Sexual violence becomes something of everyday life. Under these conditions, sex work becomes

the only viable option for many women. The following is the testimony of Rosa, who is currently the manager of a brothel; she also works there as a sex worker:

When I was 24, a lady helped me get into the business. Sometimes when there is severe physical abuse in families, this causes psychological harm to human beings. I never knew my parents, and I lived with strangers. So I left my house and got into a brothel.

Rosa, 39

While sexual violence and family abuse are common causes that motivate women to enter sex work, once in the sex industry, violence becomes part of women's everyday life, because they are faced with abusive customers or corrupt police officers. Four of the 10 street-based sex workers, who were asked about workplace violence, said they had been battered by their clients, because clients did not want to use condoms, or they wanted to steal women's belongings.

Once, a customer wanted to rob me at a hostel; he did not want to pay me and he took my money from my purse. Since that time I'm not going with any man who I don't know; only known clients.

Glenda, 33

Women's abuse by police officers has been controlled due to an informal agreement that sex workers from the organization Women United for the Control of STIs and HIV/AIDS made with the police. However, women who have been practicing this occupation for more than three years in Tegucigalpa and Comayagüela recall violations in which the authorities were involved. Mercedes, a 75 year-old woman who discovered she had HIV nine years ago, remembers how the police, rather than protecting them, were a threat for them:

If we did not let the police do something, they forced us, and if we rejected them, they beat us. They did not pay us for sex; we had to pay them to let us go. If we complained, they got us into jail. Then, we had nothing.

Mercedes, 75

In the past, police raped and detained women. The authority arrested them and in order to release them, the officer asked them for sex. Since 2006 this does not happen anymore; we've won this battle. Now police only send a small squad to monitor women. The police know that the board of Women United for the Control of STIs and HIV regulates and

monitors women. We talked with the sheriff, and because of this agreement we are not concerned about violations and harassment by the authority anymore.

Carmen Fandino, 49

Many children and single parenthood

Many of the women reported being alone and also expressed that when they had a husband, they did not need to work because men take care of the household economic needs. Of the 10 women who were specifically asked about marital status, seven of them said they did not have a partner, three said they did have a partner, but were not married; two of them had their husbands in jail, which means that women were essentially alone taking care of their own families.

Most women interviewed stated that they entered sex work as a way to take care of their children, because they were either single mothers, widowed or separated, or did not have the financial support of their husbands. In other cases, very young women enter sex work and start having children with different partners. Of the 10 women who had children, two of them had two children each, five had between five and seven, and three had four children. Most women said the children's welfare was the main reason to continue working.

I started working clandestinely and not wanting to accept that I was a sex worker. I spent 12 years working to support my five children. When I was married, I had no need to work, but my husband was unfaithful, and the only way I found to keep my children was become a sex worker.

Carmen, 49

The abandonment of husbands caused by male migration to other countries is one reason that motivates women to enter and remain in sex work. Maritza, one of the workers at the brothel La Troca, located in Choluteca, pays 50 lempiras to Blanca -the manager and sister of the owner- every time she uses the room. Maritza started working in La Troca in 2006 when her husband traveled to the United States and left her alone with their four children. Currently, there are eight other women working in the brothel, two of them are currently pregnant and one just had a baby. At the time of writing, one woman was six months pregnant and still continues working in the brothel.

Women widowed, separated and single, responsible for several children, also feel pressured to enter sex work. Paola is 29 and works in Los Almendros, another brothel in Choluteca. Paola felt very vulnerable when she lost her husband. In that moment, she decided to become a sex worker:

I have two children, I am a widow; two years ago my husband was killed. Before, when I had my husband, I worked in an American shop and earned very little. For a woman alone it is difficult to maintain two children without a husband. Two years ago I decided to work on this.

Other women are single mothers or have had several children from different men and none of them support the children. Mercedes, 75 years old, left sex work nine years ago when she discovered she had HIV:

As a single mother of two children, I washed other people's clothes to support my family, but I didn't make enough money, so I came three times a week to the Comayagüela market to find a supplementary income through sex work.

Since she became ill, Mercedes sells vegetables in the market.

Maritza, 33, has seven children from different men and none of them support her financially. She is engaged in sex work three times a week and sometimes works as a maid. In the absence of a husband or partner, she must take care of seven children by herself.

Socio-economic conditions

Socio-economic conditions are also structural factors that lead women to sex work, and, once women are inside, keep them highly vulnerable to situations in which they take risks in order to ensure their families' subsistence. According to Lessa Medina, Coordinator of AMDA, "there are socio-cultural conditions of the population [female sex workers] that cannot be changed in the short term, but must be addressed in the long run, such as their low level of education and their precarious socioeconomic conditions. These conditions generate practices among them that increase the risk of HIV transmission." Women with precarious socioeconomic conditions, for example, have unsatisfied basic needs that are more important than health protection, such as feeding their children. Also, poorest women are more likely to have less education and to accept machismo and sexual abuse more easily than more wealthy and more educated women. Machismo and unsatisfied basic needs can lead them to the inconsistent use of condoms.

Despite the difficult conditions faced by sex workers, sex work is often their best option for income, because most of them have very low levels of education. Of the 10 street-based female workers interviewed, only two said they knew how to read and write. Many of them would like to find another job, but all they can do is housework, so they could basically work as maids, but the payment they would receive in this occupation does not compare with the income they could obtain through sex work. Moreover, sex work, especially the clandestine and the street-based, offers flexibility for women who do not have to obey orders from a boss or to fulfill job requirements such as a work schedule. Because of this flexibility, many women practice sex work as a part-time job.

Five of the 10 women who were asked how often they practice sex work said they work every day, including Sundays, while the other five said they work three or four times a week, or rest on Sundays. Four of the 10 women reported having another activity such as selling vegetables in the market, or water and soda; others were maids. Six of the women were engaged in sex work as their only economic activity. The number of clients per day varies between two and seven, and they all work during the day and not during the night. Most charge between 100 and 70 lempiras, although one of the oldest said she charges between 80 and 50 lempiras, and two of the youngest said they charge between 100 and 150 lempiras. This means that in the best-case scenario, a woman who works seven days a week and has five customers a day, who will each pay 100 lempiras, will make a monthly income of 10,500 lempiras, or 583 dollars. This is a good amount of money compared with the 3,000 lempiras that usually a full time maid earns (US$166). In the worst-case scenario, a woman who works three times a week and has two customers a day, who each pays 50 lempiras, will earn 900 lempiras per month or the equivalent of 50 dollars. It is not easy to predict how much a woman earns, especially due to political instability. Curfews and protests prevent mobility and restrict nighttime work. These factors severely affect the daily income of sex workers. Indeed, all the women interviewed acknowledged that the political situation has hampered their work, reducing the number of customers, forcing them to reduce their rates to get more customers.

Marta, one of the sex-workers from Comayagüela, is 38 years old and has four children. She works every day in the market as a sex worker, and she also sells gum and candy during fairs in her city. She has two or three clients per day, and each pays between 70 and 100 lempiras per meeting. She estimates that she earns a little more than 4,000 lempiras per month (US$220). Martha would like to find another job, but it is difficult to find a job that pays her better.

We are never taken into account, because everybody says we are street-based sex workers. I would like to work only in sales, but the money is not enough. Furthermore, how can I find another job if I can't do anything, not even read and write?

Karen, 25, is a part-time sex worker too. She also works as a maid and she earns a monthly wage of 1,500 lempiras:

That money is not enough for anything. Working as a sex worker only during the weekends, Friday, Saturday and Sunday I make 8,000 lempiras per month. Sometimes clients are not good, and then I make 1,500 lempiras per weekend.

Karen, like Martha, would like to not be a sex worker, but other economic activities provide her with minimum income compared to what she can earn as a sex worker.

Policies that increase vulnerability

Closure of institutions

The main policy of the government in relation to sex work has been to close establishments that provide sex services. According to Carmen Fandino, guide of sex workers, "the authorities closed three or four brothels per year in Tegucigalpa. In these four years the government has closed about 15 bars, and then the only option for women is to work on the street; and they become more vulnerable on the street because anything can happen in the street". According to Carmen, the person who decided to start closing all establishments was Cesar Castellanos, a mayor of Tegucigalpa, who on December 31, 1997 closed the establishments located in the former "red-light district" of Belen where there were night clubs, cantinas and brothels that offered sex services.

Many other towns and cities in Honduras have adopted similar policies. In Amapala, for example, sex work was banned in the 1990s. As expected, this policy did not eliminate either the supply or demand for sex work, but instead, it increased the vulnerability of women who now practice sex work without any regulation that protects them from sexual violence. According to Amapala's doctor, Armando Salvador Carranza, the prohibition sent sex workers underground. Now, those who wish to have a sexual encounter go to La Coneja's house, a woman who, besides selling pineapple vinegar, rents rooms up to 10 lempiras. So when one of the more than 11,000 inhabitants of Amapala decides to use La Coneja's services, the common joke among Amapalinos is that he is going to buy vinegar.

Dealing with police

The women reported no current problems with the police. However, the following is the opinion of Javier Calix, Program Manager of Prodim:

There have always been violations by the police, but from 2005 and 2006, the abuses have been reduced because police got in troubles due to denounces of human rights organizations. Nowadays, the authorities are indifferent to sex work.

Due to constant complaints about abuse by officers, in 2006, the organization Women United for the Control of STIs and HIV/AIDS, reached an agreement with the chief of Tegucigalpa's Police. Under this informal agreement, women must fulfill their medical checks and police must not commit abuses of power against them. Previous to this time, women suffered continual sexual and physical abuse by the police. When women did not have their health card, police arrested them and required them to pay a fine in order to be released. Because in many cases women had no money to pay, many of them were raped and battered by the police. Police still take them to jail if they do not attend to their medical controls. Also, because the reduction of abuses has been the result of an informal agreement, policies can easily change according to the proprieties of individuals in charge. Women's rights violations can be easily accepted, since there is not a clear policy that punishes corrupted officers. Also, because stigma, discrimination and human rights violations are inter-related, society and sex workers themselves may wrongfully believe they deserve physical violence.

No authorization to work and the health card

The Health Ministry issues a health card to recognized sex workers, that is, all except the clandestine ones. Police usually require women to carry their health cards in order to work. Ana Guillen, the doctor in charge of the STIs clinic in Las Crucitas, the health center that provides medical services to sex workers in Tegucigalpa and Comayagüela, states that the health card women carry is not a work permit:

In the past, they had a card that gave a report on sexually transmitted infections, but now what they have is only a card for appointments. Then, the card does not authorize them to work in the street, but it shows whether or not they go to their medical checkups. However, police do not understand this and if the women do not have their card signed, the police arrest them.

Sex workers are constantly required to go to the doctor, not with the purpose of taking care of themselves but with the goal of not harming others. According to Calix "the health card is against human rights, because the police use it as a mechanism to force women to attend their medical checkups. Instead of implementing threatening measures, it is necessary to find mechanisms that increase awareness of the importance of women's health." Sex workers also consider the health card as a violation of the right to integral health care. The right to health care is very different than compulsive exams and tests that violate women's confidentiality and dignity.[14]

Access to prevention and health

In the past, police used violence to force women to go to their medical checkups. Nowadays, women are required to go periodically to their medical checkups, and if they do not comply with this law, police arrest them. To avoid being in prison, sex workers attend their medical checkups. In the past, health checkups were once a week, and at the time of writing, they are once a month. According to Carmen Fandino, women requested this change, because every time they have to go to the doctor, this means losing a day's work. In the medical center, women have access to HIV tests and condoms, as well as access to information about STIs and HIV prevention. Carmen said that the service is not free and that each medical appointment costs five lempiras. All women are required to go to the same health center in Tegucigalpa and Comayaguela, and most women report having good health services. In places where sex work is clandestinely practiced, women are not required to go to the doctor, therefore, they are less aware about use of condoms, HIV and STIs.

Inconsistent condom use

Most women use a condom all the time. However, there are four reasons why women do not use condoms: because there is a shortage of condoms, because the customer offers to pay more, because the client rejects the use of condoms and physically abuse women, or because although the woman uses condoms with her clients, she does not do it with her stable partner. All 21 women I interviewed stated they use condoms with all clients but only four women said they did not use condoms with their partners. One woman said that sometimes she does not have condoms and for this reason, she does not use protection with her clients. All of them said they have access to condoms, especially through the health center, but most of the women stated they do not have access to enough condoms. However, according to Calix, "women have enough access to condoms, but the amount provided is low. This should be their motivation to go to the health center, but street-based women do not like to attend medical checkups. In the past, the United States provided Honduras with sufficient free condoms. During George Bush's administration,

however, the policy changed, and access to condoms went from being free to be based on the concept of social marketing, which means women have to pay a little for the condoms. Condoms cost up to 5 lempiras, so the lack of free access should not be an excuse for not using condoms."

Women reported buying condoms in the hostels where they have sex. Each condom costs between two and three lempiras. Most women reported receiving from 30 to 50 condoms a month, depending on the availability in the health center. However, there are times when the health center does not have condoms, and then they have to buy them. Faced to women precarious economic conditions, insufficient access to condoms is an obvious reason for women's inconsistent use of condom. For example, a woman who has only three customers per day and work seven days a week needs at least 84 condoms a month. If in the best cases, she receives 50 condoms from the health center and other organizations, she will have a shortage of 34 condoms; an amount that she will need to buy. If the cost of each condom is three lempiras, she will spend at least 100 lempiras a month in condoms, a considerable amount of money compared with women's monthly income.

The second reason for inconsistent use of condom is that clients offer them more money in order to have sex without condoms. All women admit that they constantly face this situation. Clients offer up to 1,000 lempiras in order to have sex without a condom (compared with 100 lempiras they offer for sex with condom), but they all expressed that if the customer offers so much money, it is probably because he is very ill, so it is not worth exposing themselves:

Often customers give 2,000 or 3,000 lempiras for not using condoms, but I tell them that if they want to do it without condoms it's because they are sick. I speak clearly to them; I don't do anything without a condom.

Karen, 25

The third reason why sex workers do not use condoms is because the client rejects the use of condoms and physically abuses them. Lorraine, 33, said that in 2006 a client abused her:

I went with him to the room and he said, well, you look beautiful, and he asked me to do it without a condom. I didn't want to have sex without condom. Then, he hit me because I refused. I told him that he didn't need to pay me, but I begged him to use a condom. At

the end, he neither paid me nor used a condom, and he also hit me. Since that day I don't go just with any customer.

Due to the vulnerability of women and the fact that they have had a life of domination and battering, their power to negotiate condoms is very low. Although prevention programs are based on the idea that women should use condoms, in many cases, it is the man who makes the decision to not use a condom, even against women's will.

The last reason for not using condoms is related to women's sentimental issues when they find a steady partner. Although women who have husbands claim to be less vulnerable economically, paradoxically, those who have a husband are more exposed to risks, because many of them do not use condoms with their partners, and in most cases, husbands are unfaithful. Lorraine is 33 and has six children, her husband is in jail and she thinks he is not faithful. She does not know when he will leave prison, because he was previously imprisoned for five years. She hopes to be able to break up with him when he gets out of prison, but she is in love with him. Sentimental reasons such as love, trust and commitment reduce sex workers' use of condoms. Therefore, women put themselves at high risks when they fall in love.

Maritza works in a brothel called La Troca. She charges almost all of her customers an average of 150 to 200 lempiras. The only person who she does not charge is a man who was her client, but who is now her husband. He neither pays her nor uses condoms with her. He persuaded her to not use protection with the argument that he would not treat her "like if she were a prostitute." Although she believes he is not faithful to her, and despite having participated in 10 workshops about HIV, this 36-year-old woman decided not to use protection, as if HIV were not transmitted when people have sex for love:

I came here [La Troca] and they told me I always had to use a condom, so I always use it. I do not use it with my partner though. I've been working here for three years, and I have been all the time with him. He is my husband. He does not come every day, because he works in the battalion. He started as one of my customers; he paid me for two years up to 600 lempiras, and then got involved. So he does not pay me anymore, but he does not take my money. I tell him that I have my work because of my children, not in order to support him, and he understands that. The children live with my mom, at Palenque. When I have money, I see them, but I send them money and food weekly. Palenque is very far away. When he is not working, he stays here.

He is not faithful. The truth is that he cannot be, because I know that men are not faithful. But I tell him: I know you're with other women, but it's enough if you protect yourself, because I do not expect a nasty disease from you.

Maritza is not the only one taking this risk. In fact only 30% of female sex workers in Honduras use condoms with their steady partners. This practice has become a challenge that HIV prevention projects must face.

Women organized: a structural facilitator

Sex workers do not only face negative conditions. Violations against sex workers' rights have decreased because women have become organized. The organization of Women United for the Control of STIs and HIV/AIDS began in 2000 with 75 women and at the time of writing has 575 women in the area of Choluteca and Tegucigalpa; the majority of them are street-based female sex workers. The organization was inspired by Tacones Altos (High Heels), a movement of female sex workers in Latin America. According to Carmen Fandino, the purpose of Women United for the Control of STIs and HIV/AIDS is to give recognition to women and organize them so they come together and become empowered; therefore, sex workers will be able to demand recognition and respect.

The organization has worked in HIV prevention and promotion of healthy behaviors, such as encouraging medical checks and health protection. These efforts, however, have not been fully integrated and supported by the organizations that implement HIV prevention programs. The organization is seeking legal recognition, but to achieve it, they have to collect 20,000 lempiras (US$1,100), amount that they have not yet been able to collect. However, according to Cadix, the real reason for not achieving legal recognition is that "prostitution is not legal in Honduras, and this is why it is difficult that government recognizes an organization formed by sex workers. This lack of acknowledgment limits access to projects and funds."

Despite having no legal status, the organization has been working with the local government to be recognized as female sex workers rather than as prostitutes. The aim of this recognition is to reduce discrimination and stigmatization against this occupation. For this reason, women have worked to advocate for their rights and increase their visibility in the social and political scenario, in order to increase their power in decisions that affect them, such as how to address HIV prevention programs. Although their recognition has increased, women still are viewed as recipients of aid rather than as key actors in the design and implementation of policy interventions on the population of sex workers.

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