

*Helping Women Help Themselves: Sex Work, Health, and Development in Mahajanga,
Madagascar*

Rachel Pryzby
Madagascar: Culture and Society, Fall 2007
Academic Director: Roland Pritchett
Academic Advisor: Jacqueline Ravelomanana

Acknowledgements

I would like to thank the following people for their generous and unconditional support:

- Thierry, Tahaina, Mahefa and Georlene, for giving me a voice
- Nanja, Voahangy, Ndriana, Hery, Ando, Charlot, Marie, Luc and Jeannine, for giving me a family and a home away from home
- Jacqueline, for guidance and encouragement
- Mary at the Jacobson Center, for patience and food for thought
- Roland, Rivo, Hanta, Jo, Lydia and Candy, for a great opportunity and an experience I will never forget
- Joanna, Kate, Ali, Ike and the rest of the group for many laughs and much-appreciated companionship
- Mom and Dad, for passing on your own ambitious ideas and impassioned determination, and for never doubting me
- Michele, Marie, Natalie, Yolande, Nirinana, Pascaline, Agasoa, Nana, Nadia, Bernadette, Josephine, Joelle, Yvette, Jeanine, Vero, Nalaina, Caroline, Monique and all the rest, for sharing with me your stories and ideas. Endless wishes for a brighter future.

Table of Contents

Introduction	Page 1
Information on Study Site	Page 2
Research Methodology: Methods	
Interviews	Page 3
Observations	Page 6
Readings	Page 6
Research Methodology: Obstacles	Page 7
Findings and Analysis	
Organization of Sex Work in Mahajanga	Page 8
Identity of Sex Workers	Page 10
Development: Health	Page 11
Development: Education and Alternative Employment	Page 16
Development: Community	Page 20
Sex Education	Page 22
Local Attitudes: Community	Page 24
Local Attitudes: Sex Workers and Ex-Sex Workers	Page 27
Conclusion and Recommendations for Further Study	Page 30
Glossary	Page 32
Bibliography	Page 33

Introduction

Poverty is an inescapable reality in Madagascar, a force that permeates the lives of many Malagasy people. Approximately 75 % of the population lives below the poverty line, defined as one United States dollar per person per day¹. This poverty proves to be particularly cruel to women who are often illiterate, unmarried, and have children to support. In cases such as these, often the quickest and most lucrative type of work available is sex work. The proportion of sex workers (called *makorelina* in Malagasy and *travailleuses de sexe* in French²) in the city of Mahajanga is quite large—approximately 1500³ in a population of 250,000⁴. Some of these sex workers are high school students interested in earning money to buy material items and others are older single mothers or victims of abuse. Though each of these individuals chose to enter the sex work industry for different reasons and under different circumstances, for many of them leaving the industry is not an option. In this paper I hope to provide a brief but thorough summary and analysis of the existing opportunities for sex workers in Mahajanga, in terms of their professional development and health. I also hope to provide suggestions for further study and development efforts.

I initially intended to examine the intersection of sex work and women's health because sexual health, especially relating to women in high-risk situations such as prostitution, is of particular interest to me. Though prostitution is a universal social phenomenon, I was struck by the visibility of sex workers in Madagascar, in Mahajanga in particular. One of my foremost goals for the project was to understand sex workers' conditions from the perspective of medical practitioners, non-governmental organizations, the community at large, and, most importantly, sex workers themselves. Upon starting my research, however, I discovered that I was much more interested in how to help sex workers—

¹ Ndriana Rasamoely. "Etude sur l'Exploitation Sexuelle des Enfants." Bureau International du Travail, International Programme on the Elimination of Child Labour. (2002): 9.

² Santé et Protection au Travail. International HIV/AIDS Alliance. (2006) : iii.

³ Taken from estimates given by Drs. Florentine Soanarenina and Sandra Razafindravoavy.

⁴ Jenne Virginie Razafindravola. "Présentation de Mahajanga." 1.

what kind of help they seek, if any; what efforts currently exist among Malagasy and foreign organizations; what is the role of healthcare in aiding sex workers; and which elements are lacking.

To investigate aid for sex workers, my goal was first to define as best I could the sex worker population in Mahajanga. Since health is such an important issue for sex workers and much of the available aid comes in the form of healthcare, I evaluated available health services and their effectiveness. I then surveyed what sort of professional development programs exist for sex workers and identified gaps in the system by speaking with sex workers about their visions for the future. The most important part of the project was to listen to the sex workers themselves, women who may not be able to openly express their opinions and perspectives in general society. Though it may not be possible to eradicate prostitution altogether, or even to help every woman who needs help, the first step is to begin listening and understanding.

Information on Study Site

The city of Mahajanga is located on the northwest coast of the island, and covers an area of 53 square kilometers. Mahajanga is the capital of the Boeny region, and is comprised of 26 *fokontany* and approximately 250,000 residents, many of whom have migrated to the region¹. Mahajanga, originally a Sakalava city, is now composed of a majority of Merina and Betsileo people, but also Tsimihety and Betsirebaka². There is also a sizeable population of foreigners, especially those originating from Comoros, India, Pakistan, East Asia, Europe (especially France), and the United States. About 60% of the population in Mahajanga is

¹ Razafindravola 1.

² Razafindravola 1.

below the age of 25, despite a high infant mortality rate¹. This fact is significant in terms of sex work because many sex workers begin at a very young age, as young as 14 or 15².

Mahajanga's location makes it a prime setting for commercial business and tourism. In fact, it is the second largest port in Madagascar and the biggest exporter of seafood³. In terms of tourism, Mahajanga boasts picturesque beaches and historic churches and mosques, along with natural attractions such as the rock amphitheatre Cirque Rouge and a nearby fishing peninsula Katsepy⁴. During the vacation season, Mahajanga is a "permanent party" with hotels, restaurants, and local transportation all profiting from the influx of primarily European tourists⁵.

Research Methodology: Methods

When defining my research subject, I decided to limit my study to only female sex workers over the age of 18. I decided on these criteria because, though there are male sex workers in Mahajanga, the majority are female. I also wanted my sex worker informants to identify as the same gender. I chose the age requirement simply because sex work is illegal for minors in Madagascar, and I did not want to endanger myself or my informants in the course of my research. All fieldwork was conducted in French, with the exception of some interviews during which I used a Malagasy-French translator. All quotations included in this document are direct translations.

Interviews

Due of the nature of the project, I collected most of my information through in-person interviews. When interviewing sex workers, I always used a translator. Most sex workers spoke only Malagasy, and even for those who had some knowledge of French, I thought it

¹ Rasamoely 9.

² Dr. Florentine Soanarenina. Interview. 28 Nov. 2007.

³ Rasamoely 14.

⁴ Razafindravola 10.

⁵ Rasamoely 15.

better for them to express themselves in their native language to encourage precise and detailed responses. I worked with four different translators during the course of my research— two men and two women. All were Malagasy citizens and residents of Mahajanga between 25 and 35 years old. Each of the translators had a different style of asking questions and I noticed that the sex workers' responses tended to vary depending on the translator. For example, one of my translators, Thierry, experimented with asking all of my questions at once without translating the responses back to me. At the end of the interview he relayed all of the responses at once. The rationale for this style was to save time, since the interviewees were working at the time and he felt they would be more amenable to an interview if it was shorter. The other three translators, though, translated each question and answer individually, which I preferred because it was as close as I could come to a dialogue with the interviewee.

Almost all of my interviews with sex workers were informal, semi-structured, and conducted on the streets between 8:00 and 11:30pm. My translator and I would walk to a neighborhood known to have sex workers (most often Mahajanga Be or Ambovoalanana) and approach women by explaining that I am a student doing a project on sex work. My translator would obtain consent and after confirming that the subject understood, I would begin asking questions. I memorized a list of base questions to ask each sex worker and though I tried to ask as many of them as possible, I often deviated from the list and asked other questions as new topics came up. I also sometimes omitted questions for the sake of saving time because interviews with sex workers are extremely time-sensitive. During the first week I asked primarily factual questions, such as “What is your family situation?” “How often do you use condoms?” and “About how many clients do you have per week?” The second and third weeks, however, I tried a different tactic by asking more theoretical questions such as “How can we prevent young girls from becoming sex workers?” and “What do you consider to be

the role of sex workers' associations?" The response was positive, though I suspect that the sex workers were more used to giving factual answers than elaborating on their own opinions.

When possible I interviewed sex workers individually, but this proved difficult because often women stand in pairs or groups on the street. In this case, I interviewed all who wished to participate. In addition, sometimes when bystanders (potential clients, other sex workers, etc.) saw that I was conducting an interview, they would come over to listen and shortly I would be surrounded by a small crowd. In most cases I did not record my informants' responses as they were translated to me; I carried a sound recording device and logged the information discretely in English after the interview had concluded. There were two group interviews and one individual interview in which I obtained consent to write down responses while we talked.

During the course of my research, I also spoke with many non-sex worker informants, including doctors, nurses, organization representatives, educators, police officers, bartenders, government officials and even a nun. Collecting information from these individuals was much more straight-forward and certainly less sensitive. In many cases I simply sought out the person I wanted to interview, introduced myself and explained my project, and they agreed to have an interview immediately. For most of these interviews I had a set of core questions to ask, but in many cases I was able to conduct the interview like a conversation. I took notes during the interviews, and did not use a sound recording device as I thought it would create unnecessary anxiety for both the interviewee and me. Most of these interviews lasted slightly over an hour, though there were several that were considerably shorter. After my first week of fieldwork when I had spoken to the main group of people from whom I needed information, I looked back over my interview notes and field journal and evaluated whether or not a second interview would be beneficial. I made a list of individuals with whom I wanted to speak a second time and proceeded to contact them.

Observations

Another important part of my study was observing sex workers and potential clients in public. I found Blues Rock Café to be an excellent establishment for this type of fieldwork because almost all of the patrons were either young female sex workers or male *vazaha*. I visited Blues Rock Café twice during the course of my research, once with a male Malagasy and once with a female American. I found that in both of these circumstances I was rather anonymous in the bar because I did not fit into either of the primary demographic groups present. Regardless, I did not write down my observations until I had left the bar because I knew it would draw attention to me. During these observations I was able to notice patterns in dress, body language, initiation of contact, and methods used by sex workers to attract clients.

I was also able to observe sex workers during and between my interviews on the street. On numerous occasions sex workers negotiated their prices with potential clients mid-interview and in one case, the interviewee left all together to be with a client.

Readings

Also important to my study were textual resources which I gathered throughout my research. I read numerous scholarly articles regarding health and sex work in Madagascar. Unfortunately, none of the studies included information from Mahajanga, but they nevertheless provided me with a framework for considering sex work in Madagascar. I was also able to obtain a copy of the 2002 International Programme on the Elimination of Child Labour (IPEC) study on sex work in Mahajanga, which was very helpful. Other text sources that I consulted include a peer educator manual from the Maison des Jeunes, informational booklets on sex work distributed by International HIV/AIDS Alliance, newspaper articles about President Marc Ravalomanana's microfinance program for women, and statistics concerning the Sexually Transmitted Infection (STI) prevalence in Mahajanga.

Research Methodology: Obstacles

One of the biggest obstacles during my research, and something that I was not able to resolve, was the fact that certain populations of sex workers were out of reach for me. In particular, sex workers who work in bars and nightclubs were difficult to approach because they are so focused on attracting potential clients that they did not want to be seen talking to me. In one instance, I tried to engage a group of sex workers in a game of pool so that we might start a conversation but they declined, implying that they were waiting to play with a nearby group of men. Also, sex workers who work on boats in the port were less available to me because there are fewer of them and they are not as visible as sex workers in other neighborhoods.

I found the language barrier to be a considerable obstacle during my research. When interviewing sex workers I used a translator, but I found that the presence of a third party in the interview put distance between my informants and me, making it difficult to connect with them. Also, as is the case with any translation, there is no guarantee of precision because the translator works as a filter in the exchange. There were several instances when the translator did not understand the question I was asking, and asked an unrelated question. Similarly, the personalities of each of my translators elicited different responses among interviewees. Though I did have a preferred translator, she was often unavailable and I was forced to find a substitute.

Another obstacle in my research was the dynamics when interviewing sex workers in pairs or groups. I found that there was always one dominant interviewee, and the other (s) would shy away. One particular example was my interview with Natalie, Yolande, and Nirinana^{1,2}. At the beginning of the interview they all contributed equally, but when it became apparent that Natalie was the dominant informant, Yolande and Nirinana ceased to

¹ Interview. 16 Nov. 2007

² Throughout this paper I will refer to sex worker informants by their given names. When I could not obtain a sex worker's name, I created a pseudonym.

respond and eventually just sat down and listened. In my interview with Caroline and Monique, Caroline proved to be the dominant interviewee and as a result Monique answered questions by stating that she had the same response as Caroline¹. In situations like this I felt like I was losing some potentially good informants due to complications with group dynamics.

Findings and Analysis

Organization of Sex Work in Mahajanga

To understand the experiences of sex workers in Mahajanga, it is crucial to first understand how sex work is organized. The city is divided into neighborhoods called *quartiers*, and within each of these is a designated work area for groups of sex workers. Each sex worker must respect the boundaries and only work where she has been “assigned” because each *quartier* is home to sex workers with different characteristics, such as age and price. In addition, there is an understood hierarchy of sex workers, comprised of three “levels.” The lowest level of sex workers is women who work at the port, doing business on boats². Port sex workers tend to be older—up to 40 to 45 years³. The middle level of sex workers are those who work in the streets, most often in Mahajanga Be or Ambovoalanana. These sex workers are the most numerous, and have the widest age range. The sex workers I interviewed in these *quartiers* were between 20 and 38 years old. The highest level of sex workers works in bars and nightclubs. These women tend to be the youngest, charge the most money, and have the most *vazaha* clients⁴. Sex workers who have become too old to continue

¹ Interview. 30 Nov. 2007

² Sœur Marie Jeanne Raharimalola. Interview. 20 Nov. 2007.

³ Dr. Florentine Soanarenina. Interview. 28 Nov. 2007.

⁴ Sœur Marie Jeanne Raharimalola. Interview. 20 Nov. 2007.

working often rent out their homes for current sex workers to use with clients. These women are called *proxénètes*, and in 2004 an average rate was about 500 ariary per night rental¹.

Sex workers' associations are also important to sex work organization. These associations are groups founded by and for sex workers for social support, distribution of health information (especially STIs and HIV/AIDS) and condoms, and as a form of protection for members, particularly concerning violence². It is also the role of the association to ensure that members only work within their designated *quartier*. There are three official sex workers' associations in Mahajanga. I became acquainted with the largest association in Mahajanga, Fikambanam Behivary Miavotena (FBM), which roughly translates as "Association of Unmarried Women Who Fight for Progress."³ The association's title carefully avoids classification as a sex workers' association as a way of empowering its members. One of the biggest advantages of being an FBM member is that the association receives funding from a British NGO called International HIV/AIDS Alliance, known colloquially as Alliance. If the association decides to organize an activity, such as an HIV/AIDS information session, all expenses, including cost of materials and taxi fare for members, are covered by Alliance⁴. When I met with the president of FBM, she explained that there are about 60 women who are considered members, but that number includes former sex workers and allies along with active sex workers⁵. FBM meets twice per month, and about 10-15 people come to a typical meeting.

Besides FBM, there are two other officially recognized sex workers' associations and several other informal associations in Mahajanga. Port sex workers have their own association, as do male sex workers (referred to as MSM—men who have sex with men)⁶.

¹ Sœur Marie Jeanne Raharimalola. Interview. 20 Nov. 2007.

² Mena. Interview. 13 Nov. 2007.

³ Ibid.

⁴ Caroline and Monique. Interview. 30 Nov. 2007.

⁵ Mena. Interview. 13 Nov. 2007.

⁶ Dr. Florentine Soanarenina. Interview. 13 Nov. 2007.

Though I had been told that these three- FBM, port sex workers, and MSM- were the only associations in Mahajanga, I discovered that other associations do in fact exist during an interview with three sex workers named Agasoa, Nana and Nadia. During the interview, another woman approached me and introduced herself as the president of their association. They explained that the main difference between this association and FBM is that FBM is funded by an international NGO, whereas the more informal association raises money from its members¹.

Identity of Sex Workers

Throughout the course of my research, I was able to interview eighteen sex workers, though some of the interviews were more extensive than others. My informants ranged in age from 20 to 38, with the mean age being 25.6. Length of time in the business ranged from two months to ten years, and the average length was 2.76 years. Most sex workers said that they entered the business to support their children because they were unmarried. Of the eleven sex workers I asked about family situation, nine had at least one child to support and only one of whom, Nana, was married². Opinions about marriage varied—Michèle, for example, said that she became a sex worker to earn money and possibly find a husband, while Yvette said that she started working on the streets when her husband left her a single mom, which she has since vowed to remain³.

In terms of health, every sex worker I interviewed sought some kind of health service. Most sex workers did not know the name of the clinic or service from which they received health services, but each visited a clinic at least every three months to receive STI screening and obtain condoms and counseling. The most common health problems for sex workers in Mahajanga are syphilis and gonorrhea⁴. Of the nine sex workers whom I asked about condom

¹ Pascaline, Agasoa, Nana, Nadia. Interview. 16 Nov. 2007.

² Interview. 16 Nov. 2007.

³ Michèle. Interview. 13 Nov. 2007. Yvette. Interview. 19 Nov. 2007.

⁴ Cle. Interview. 20 Nov. 2007.

use, three used protection only when the client agreed to it, and six always used condoms. In fact, of the six who said they always used condoms, two always used female condoms and one used female condoms when the client refused to use a male condom.

The majority of these sex workers' clients were Malagasy, though some also did work with Comorian men and European *vazaha*, though the general sentiment was that "any client is acceptable as long as he has money¹." The sex workers whom I interviewed had relations with between one and five clients per night and an average price per client is 5,000 ariary.

Development: Health

While investigating opportunities for sex workers, it became obvious to me that the type of aid given most frequently comes in the form of health services. In Mahajanga sex workers have both free and fee-based health services available to them. The largest and most visible location for seeking free health services is the Hôpital Mahabibo, a government-funded family planning center not far from the middle of the city. At Mahabibo there are two options for free health services for sex workers. The Centre de Dépistage Anonyme et Volontaire (CDAV) is, as its name suggests, an anonymous HIV/AIDS and STI screening center. Instead of taking patients' names, CDAV staff uses a coding system to distinguish between cases. All consultations and laboratory work is free, and patients are only charged for medication. STI medication distributed at CDAV comes in the form of Cura7 (for gonorrhea and chlamydia) or GeniCure (for syphilis) and is manufactured by the NGO Population Services International. The Ministry of Health subsidizes the cost of both medications at CDAV to reduce the price from 700 to 100 ariary². The medication kits include condoms, notification cards for the patient's partner(s), and images of what each STI looks like. CDAV receives about 30 patients per week, and in a typical month about 8-10 sex workers come for

¹ Agaso. Interview. 16 Nov. 2007.

² Dr. Florentine Soanarenina. Interview. 13 Nov. 2007.

services¹. CDAV also offers a mobile health service in which, every six months, staff members go out on the streets and distribute information about STI/HIV/AIDS and perform screenings. With this service, CDAV attracts between 80 and 150 patients². One advantage for sex workers who seek health services at CDAV is that the director of the Center, Dr. Florentine, works directly with FBM and has for many years fought for sex workers' rights.

The Hôpital Mahabibo also houses the UNC-MAD clinic. UNC-MAD is a syphilis research center devoted specifically to the health of sex workers, funded by the University of North Carolina and the United States Center for Disease Control and Prevention. Since the clinic was founded in Mahajanga in 2003, 1,800 sex workers have been seen as patients, and currently about 150 seek services each month³. When sex workers visit the clinic, they receive a free pelvic examination and syphilis screening, then counseling on health practices regardless of the results of their exam. Patients' identities are kept confidential because they are participants in a research study. UNC-MAD has eight ex-sex worker peer educators who physically seek out sex workers to participate in the study. Peer educators also lead demonstrations (such as how to use condoms), educate sex workers about the clinic's purpose and try to eradicate any stigmas attached to seeking health services⁴. Though peer educators encourage sex workers to go initially to the UNC-MAD clinic and to make subsequent visits every three months, it is ultimately the sex workers' responsibility to go to the clinic⁵. I frequently asked sex workers where they sought health services, and the majority responded that they went to the UNC-MAD clinic. There was, however, an underlying attitude that going to UNC-MAD is embarrassing for some women because accepting their services means admitting oneself as a sex worker⁶.

¹ Marie Jocelyne Razafindrazaka. Interview. 15 Nov. 2007.

² Ibid.

³ Dr. Sandra Razafindravoavy. Interview. 13 Nov. 2007.

⁴ Ibid.

⁵ Dr. Diana Ratsismbakaina. Interview. 19 Nov. 2007.

⁶ Cle. Interview. 20 Nov. 2007.

Sex workers can also seek services at the Centre Hospitalier Universitaire Androva. The main advantage at CHU is that antiretroviral treatment for HIV/AIDS is provided by the Ministry of Health and is completely free. If a sex worker visits CDAV and discovers that she is HIV+, she will be sent to speak with the organization FIFAFI (*Finoana Fanantenana Fitiavana*—“Faith, Hope, Love”), whose job is to give psychosocial support and encourage patients to seek ARV treatment¹. Though free ARV treatment exists as an option for sex workers and the community at large, very few individuals seek out the service. Since CHU began distributing ARV treatment in 2005, only 15-20 patients have received a prescription². Fear, stigmas, lack of education, and insufficient funds to travel to CHU are among the reasons for the low number of ARV prescriptions³.

Sex workers in Mahajanga also have several fee-based health services from which to choose. The most popular by far is the Top Réseau clinic chain, a franchise of the NGO Population Services International. PSI/Top Réseau contacts established doctors, trains them according to the Top Réseau model- health and sex education for all youth ages 15-24- and then distributes the names of these doctors in PSI/Top Réseau literature⁴. Simultaneously, PSI trains groups of peer educators whose job is to talk to target groups (such as sex workers) and to encourage them to seek health services at Top Réseau clinics. The peer educators then distribute vouchers for the Top Réseau clinics so that the sex workers can receive services for a discounted price, and in some cases the peer educators accompany sex workers to their appointments⁵. The clinic doctors benefit because PSI/Top Réseau advertises their practices for them, and they still receive their customary amount of money because PSI pays the difference⁶.

¹ Dr. Hajamamy Rakotoarisoa. Interview. 15 Nov. 2007.

² Dr. Guy Camille Marotia. Interview. 29 Nov. 2007.

³ Dr. Hajamamy Rakotoarisoa. Interview. 15 Nov. 2007.

⁴ Dr. Marie Joelle Ranaivo. Interview. 20 Nov. 2007.

⁵ Doug Call. Interview. 7 Nov. 2007.

⁶ Dr. Marie Thérèse Rafaraso. Interview. 25 Nov. 2007.

There are six Top Réseau clinics in Mahajanga available to sex worker patients. Most sex workers, however, go to one particular clinic, Cabinet Médical La Corniche. This clinic is designated as Top Réseau Plus, which signifies that it is equipped with a laboratory for test analysis, including HIV. Dr. Marie Thérèse Rafaraso, owner of the Corniche clinic, stated that about 50% of her patients are sex workers, and about 20 sex workers come to the clinic each month¹. At her clinic, sex workers can receive STI testing and counseling if they are pregnant. Since abortion is only legal in Madagascar when the pregnancy threatens the life of the mother, Dr. Rafaraso simply gives moral support and pre-natal advice.² Significantly, she stated that about 90% of her sex worker patients already have children. Dr. Rafaraso also dispenses contraception, which she estimated that about half of her sex worker patients take. Depo Provera, also known as “the Shot,” is the most popular, though the Pill, IUD, and Norplant are also available. In terms of barrier contraceptive methods, Top Réseau clinics sell three-pack boxes of PSI ProtectorPlus condoms at 100Ar each. PSI is experimenting with selling female condoms for 100Ar to sex workers in hopes of boosting barrier contraception use, since with female condoms, the client does not need to be convinced³. Without a voucher, consultations at the Corniche clinic cost 1000Ar, the laboratory portion of STI screening costs 3000AR, and Cura7 and GeniCure cost 1000Ar each⁴.

Another fee-based clinic option in Mahajanga is FISA (*Fianakaviana Sambatra*) which is also designated as a Top Réseau Plus location. FISA’s primary focus is family health, especially providing contraception for women who have already had children. Thus, not many sex workers seek health services at FISA, but there are some who do⁵. When women go to FISA for services, they are not required to identify themselves as sex workers;

¹ Ibid.

² “Madagascar : Abortion Policy.” Population Policy Data Bank, Population Division of the Department, Economic and Social Affairs of the United Nations Secretariat.
<<http://www.un.org/esa/population/publications/abortion/doc/madaga.doc>>

³ Dr. Marie Thérèse Rafaraso. Interview. 25 Nov. 2007.

⁴ Ibid.

⁵ Cle. Interview. 20 Nov. 2007.

therefore it is impossible to estimate how many FISA patients are sex workers. Needless to say, however, FISA's services in no way cater to sex workers, which could be an advantage for some and a disadvantage for others. FISA's services are more expensive than other Top Réseau clinics: a pap smear costs 3000Ar and GeniCure is priced at 2000Ar¹. HIV testing is free, however, because it is covered by the Ministry of Health.

One final option for sex workers seeking health services is the Marie Stopes clinic. Marie Stopes is first and foremost a maternity and family planning clinic, so they do not see patients whose sole complaint is of STI symptoms². Doctors do run STI screenings, but most often as part of a pre-natal care regimen. Women can also obtain contraception at Marie Stopes. The program that is the most relevant to sex workers, however, is the free mobile pre-natal consultations. Every day, a team of Marie Stopes staff visits *fokontany* offices and offers free pre-natal services for pregnant women, a program which would be very attractive to a pregnant sex worker³.

In the course of my research, I was impressed with the availability of sexual health services for women, and the fact that sex workers have both exclusive services and public clinics available to them. When I interviewed sex workers on the street, all 18 informants said that they regularly visit at least one clinic for screenings and consultation, and are generally satisfied with the available health services. Some even said that they regarded their doctors as friends⁴. Some, though, were frustrated that at Top Réseau clinics, for example, they were charged for services. With aid organizations offering so many free services, many sex workers expect all services to be free.

Is offering health services—whether free or discounted—the most effective way to help sex workers? There are several things to consider. Despite the fact that most sex workers

¹ Dr. Holy Ranjaholivaio. Interview. 27 Nov. 2007.

² Dr. Judith Norotiana. Interview. 16 Nov. 2007.

³ Ibid.

⁴ Natalie. Interview. 16 Nov. 2007.

cite poverty as their motivation for entering the industry, sex workers actually earn more money than many other Malagasy people. In addition, their health directly affects sex workers' ability to earn money, so it is in their interest to take care of themselves whether services are free or not. It could be argued that providing free health services enables sex workers to remain in the business, and does not help provide an alternate future. On the other hand, free health services do encourage health in general—many sex workers go to clinics specifically because they are free. Free services help save money so that sex workers can theoretically spend their money on other things, such as proper nutrition, their children, or education. It is important to provide health services to women in high-risk situations such as prostitution, but it is equally important to help sex workers in other capacities, such as helping them leave the business if they wish.

Development: Education and Alternative Employment

As I began investigating how to help sex workers, it became increasingly apparent that one of the most important elements in the process, and unfortunately one of the most lacking, is continuing education and professional development. In a country with a very high unemployment rate, it is sometimes difficult for even qualified individuals to find work, much less sex workers who may not have a high school diploma, may be illiterate, and may not have other work experience. In the 2002 IPEC study on sexual exploitation of children, Ndriana Rasamoely writes:

Certain sex workers would like to leave the business to regain their self-esteem and dignity, but their low intellectual level- and in many cases, illiteracy- because they dropped out of school prevents them from earning more money¹. Thus begins a cycle. Young girls drop out of school to work in the streets and earn money, then later in life, when they wish to pursue other work, they find that they have few, if any,

¹ Rasamoely 43.

options. In the course of my research I investigated what opportunities exist for sex workers who wish to leave the business and pursue other employment.

One of the most intriguing employment opportunities for sex workers is to become a PSI peer educator and help educate other sex workers. PSI searches for outgoing, preferably literate sex workers who are interested in spreading information about the organization and encouraging healthy practices among their peers¹. When I spoke with Cle, a PSI peer educator and former sex worker, she described how she was sent to Antananarivo for training, all expenses paid by the organization. Now, she works five nights per week, generally talking with between two and five sex workers per night. Cle defined her job as “helping sex workers protect themselves” by distributing condoms (male and female) and Top Réseau clinic vouchers, answering questions such as “What are condoms?” and “Does AIDS really exist?”, accompanying sex workers to appointments at clinics, and recruiting women to attend PSI information sessions for sex workers². She stated that she not only enjoys her job, but also feels that it has helped her become a stronger person in everyday life³. Cle’s job is ideal in many ways because it removed her from sex work itself, but allows her to help women that need help and draws upon her own experiences to facilitate communication between PSI and sex workers. There are not, however, very many of these positions. The Mahajanga PSI office employs only three, and Cle is the leader⁴.

An employment opportunity for sex workers that emphasizes job training runs through the French NGO Enfants du Monde and the Ecole des Métiers du Tourisme et d’Hôtellerie. The organization works with youth ages 16-26, but their work with sex workers in particular involves going to *fokontany* offices and presenting the opportunity for professional development courses. Interested women who meet the criteria - correct age range, motivated,

¹ Doug Call. Interview. 7 Nov. 2007.

² Cle. Interview. 20 Nov. 2007.

³ Ibid.

⁴ Dr. Velonirina Andrianifahanana. Interview. 19 Nov. 2007.

available, and in some sort of high-risk situation such as dilapidated home or low income - can be enrolled¹. Enfants du Monde finds students for the program, pays their tuition, and then turns them over to EMTH. Courses last eight months and there are two tracks that students can follow: service, in which they study English and French to facilitate work in reception and cleaning rooms, or cooking and pastry-making². The program's structure is two months of theory-based learning in the classroom, one month internship in a hotel or restaurant, two months of reinforcement learning, and a final three month internship. Almost all the hotels in Mahajanga participate in the EMTH program, benefiting from free labor and the possibility of a well-trained employee in the future. At the conclusion of the program, successful students are presented with a certificate to authenticate their newly-learned skills, and most are able to find work, since they already have connections with employers through their internships. Since June 2007, 150 students at EMTH have identified themselves as sex workers and a further 51 students have practiced sex work occasionally³. Michèle Razanakoto, an EMTH administrator, said that the programs "have the potential to give sex workers a voice and help them evolve in society, but many are not motivated to work hard at this type of program⁴." It is important to note that the Enfants du Monde / EMTH program is a work training program; the school equips its students with the skills and knowledge they need to enter a thriving industry, and they even have the opportunity to try out their skills in an actual establishment. This type of structure is well-suited to sex workers who do not have other skills on which to base an employment search.

A different tactic for sex workers' professional development is aid on an individual basis. Sister Marie Jeanne Raharimalola identifies herself as a "social assistant" at the St.

¹ Jean Paul Pinvidic. Interview. 26 Nov. 2007.

² Michèle Razanakoto. Interview. 27 Nov. 2007.

³ Michèle Razanakoto. Interview. 30 Nov. 2007.

⁴ Michèle Razanakoto. Interview. 29 Nov. 2007.

Maurice convent, though her work reaches far and wide within the community¹. Marie Jeanne has a personal interest in helping sex workers and has made it a point to walk in neighborhoods where she knows they work. Now, many sex workers know her name and face and look to her for help. When a woman approaches her for help finding other work, Marie Jeanne first collects her information, such as education level and any skills she has such as cooking or sewing. Then, through her connections in the community, she searches for any gap in the labor force that the woman could fill. Marie Jeanne recounted the story of one former sex worker whom she helped—an older woman whose son was ill. Though the woman had had some training in agriculture, her shoulder was injured and she was unfit for hard labor. Marie Jeanne considered her resources and was able to find work for her as a vendor. Now, everything is going well for the woman and her family. Marie Jeanne commented that “At first, sex workers are not capable of finding work independently. We must work together to help².” Marie Jeanne’s methods are simple and limited in capacity, but her work is earnest. An extension of her efforts into a systemized, yet still personal, business for helping sex workers would be greatly beneficial. Unfortunately, finding alternative work for sex workers is not her primary responsibility and there are currently no plans to expand the scope of her efforts.

The only effort I found for continuing sex workers’ education is through the HIV/AIDS support organization FIFAFI. The organization’s overall goal is to provide social and psychological support for people living with HIV/AIDS. To accomplish this, FIFAFI sponsors various activities for members, such as group psychotherapy and development classes such as literacy programs³. FIFAFI also works with Enfants du Monde on a collaborative professional development program taught by Enfants du Monde facilitators. There are currently nine sex workers who are members of FIFAFI, and not accidentally, they

¹ Sœur Marie Jeanne Raharimalola. Interview. 20 Nov. 2007.

² Ibid.

³ Dr. Hajamamy Rakotoarisoa. Interviews. 15 and 23 Nov. 2007.

are peer educators affiliated with Alliance¹. Though membership in FIFAFI is restricted to those who are living with HIV/AIDS, the organization's literacy program is important for boosting morale and teaching an important skill.

The very limited number of options for professional and educational development for sex workers is disheartening. Those that do exist, however, are effective, whether they be job training or working with an individual to find a position. After talking with numerous sex workers, I have found that illiteracy and/or lack of education is one of the biggest obstacles preventing sex workers from advancing². Therefore, one of the most important actions to be taken is encouraging girls (and students in general) to stay in school so that they will have options available to them later in life. For adults who are illiterate or who lack high school diplomas, a public adult education program with flexible schedule options should be implemented and advertised to the general public, including sex workers. If the program were to hire a peer educator to distribute information about the program, sex workers would be more likely to take interest. The focus of these adult education programs could be literacy, computer skills, academic subjects such as language or math, or practical skills aimed at a particular profession. Sex workers would also greatly benefit from a public professional development center, open to people of all educational levels and socioeconomic statuses³. If the center were uniquely for women, sex workers would benefit twofold because all of the materials would be directed toward culturally appropriate work for women. Two sex workers who I interviewed, Caroline and Monique, suggested strengthening the bond between the community and sex workers' associations so that if there are job training programs or career opportunities, the news will be distributed to association leaders and then to members⁴.

Development: Community

¹ Dr. Hajamamy Rakotoarisoa. Interview. 15 Nov. 2007.

² Cle. Interview. 20 Nov. 2007. Natalie. Interview. 16 Nov. 2007.

³ Jenne Virginie Razafindravola. Interview. 26 Nov. 2007.

⁴ Caroline and Monique. Interview. 30 Nov. 2007.

To encourage sex workers' development in a complete sense, it is imperative to consider sex workers' place in the community and to develop a community among sex workers themselves. The starting place is sex workers' associations. The ability of sex workers to unite and share knowledge, experiences, and, in some cases, even money and material objects is perhaps the best tool women have with which to arm themselves. Organizations such as Alliance and PSI have begun to finance sex workers' associations, but they are not able to reach every neighborhood and every sex worker, so groups form independently. These "informal" groups sometimes collect small fees from members to cover activities, demonstrations, or personal costs in case of an emergency¹. Organizations such as PSI form another type of community through information sessions for sex workers held every three months. In preparation for these sessions, PSI peer advisors each recruit twenty new and twenty returning sex workers, for a total of 120 in attendance². At these information sessions, PSI facilitators and peer advisors cover topics such as STIs, HIV/AIDS, sex workers' rights, and condoms. This type of assembly encourages community among sex workers.

Another important role of sex workers' associations is to protect members against violence. When I asked two interviewees, Caroline and Monique, what is the biggest problem facing sex workers, they agreed that it is abuse, and Monique showed me bruises from an encounter with an abusive client³. The most common origins of conflict are disagreements between the sex worker and her client about condom use, price, or length of the arrangement⁴. Associations teach and reinforce sex workers' rights, so that women know that they should not tolerate abuse from clients, police officers or anyone else. Women should have the option to stop "considering violence to be a part of their work⁵." Many associations try to structure

¹ Pascaline, Agasoa, Nana, Nadia. Interview. 16 Nov. 2007.

² Dr. Velonirina Andrianifahanana. Interview. 19 Nov. 2007.

³ Caroline and Monique. Interview. 30 Nov. 2007.

⁴ Vulnérabilité face au VIH et le SIDA : Faits quotidiens et aspects juridiques autour du travail du sexe. International HIV/AIDS Alliance. 2.

⁵ Santé et Protection au Travail. 68.

meetings and information sessions as discussion and participation based to emphasize the community aspect of the group¹. If one of the members has a problem relating to physical abuse, she can contact the association president, who will notify the police². This too presents a problem, however, because most exchanges between sex workers and their clients are anonymous, so the women are unable to provide the police with a name³. In theory, police are supposed to make rounds throughout the night to monitor safe practices, but this does not always happen because of the police force's ambivalence towards the safety of sex workers⁴. One solution is to distribute pepper spray, teargas, or whistles to sex workers, or to offer self-defense courses⁵.

From my conversations with sex workers, I noticed that those who were involved in associations or NGOs were better informed and more confident about their role in the community. For example, Caroline (an FBM member) mentioned "sex workers' rights" numerous times and was able to give suggestions for how to improve associations' effectiveness and define the role of the police⁶. Pascaline, on the other hand, was not involved in an association and did not know that female condoms exist until I mentioned them to her⁷. The key to building community and confidence among sex workers is through associations, and the key to integrating sex workers into the Mahajanga community is increasing awareness about sex workers' associations⁸. If community members see sex workers as people rather than a blight, there is hope for dissolving stigmas. Similarly, stronger ties within the community will motivate the police to take greater action to protect sex workers.

Sex Education

¹ Mialy Randriamampianina. Interview. 23 Oct. 2007.

² Mena. Interview. 13 Nov. 2007.

³ Sœur Marie Jeanne Raharimalola. Interview. 20 Nov. 2007.

⁴ *Santé et Protection au Travail*. 68.

⁵ *Santé et Protection au Travail*. 69.

⁶ Caroline and Monique. Interview. 30 Nov. 2007.

⁷ Pascaline. Interview. 16 Nov. 2007.

⁸ Dr. Florentine Soanarenina. Interview. 28 Nov. 2007.

I chose to research sex education in the community as a way of informing youth and potentially preventing them from becoming sex workers. I began at a public school, Collège d'Enseignement Générale Tsararano. At this particular school, sex education lessons are run in partnership with JICA, (Japan International Cooperation Agency) an educational organization that works specifically with HIV/AIDS education for youth¹. JICA helps set up sex education programs in schools and sends facilitators to help run the session every four months. School teachers and a Malagasy doctor are also present at each session. Lessons use various tactics to reach the students, and cover STIs, HIV/AIDS, condoms, but not birth control or abortion². First, the educators introduce the concepts of STIs and HIV/AIDS. Next, they show Malagasy films that demonstrate the social, familial, and health effects of AIDS. The final part of the program is role-playing, which serves to reinforce the lessons the students learned in the previous two sections. Honorine Rasoanan Tenaina, a natural science teacher and one of the school's facilitators, said that the students almost always enjoy and look forward to the lessons. Such blatant facts, however, tend to scare students, and for that reason kids do not talk amongst themselves about the material they learn³.

I also visited a private Catholic school, Collège Saint Gabriel. Saint Gabriel is a large school and employs both a doctor and a nurse, whom I interviewed to get information about the school's sex education curriculum. 2007 is the first year that Saint Gabriel has had an actual sex education program in place. All students in classes 6^{ième} through 3^{ième} receive a two-hour briefing on sexual health—"how to make love," pregnancy, menstruation, puberty, abortion (in the context of its immorality and dangerous nature), and the "natural method" of contraception: taking the woman's temperature to confirm ovulation⁴. Neither hormonal nor barrier-method contraception is mentioned at Saint Gabriel's because of the school's Catholic

¹ Honorine Rasoanan Tenaina. Interview. 15 Nov. 2007.

² Honorine Rasoanan Tenaina. Interview. 15 Nov. 2007.

³ Ibid.

⁴ Dr. Claudia Andriamiravo. Interview. 19 Nov. 2007.

affiliation. Information is presented lecture-style and afterwards the students are permitted to ask questions. The school plans to present the same information to each class each year. Students also learn the basics about sex and sexual anatomy through their natural science classes. They begin by learning about puberty, hormonal cycles and pregnancy (9^{ieme} and 10^{ieme} classes), then they cover male and female genitals in 8^{ieme} class¹. Dr. Claudia Andriamiravo, the school's doctor, commented that it is really the parents' job to educate children about sex, but that most do not because it is *fady* to discuss sex or even menstruation².

Another way for youth to learn about sex is through the Maison des Jeunes, a public youth center that provides activities and information sessions for youth ages 10-31. About ten years ago, Maison des Jeunes was established by the Malagasy government in various locations around the country³. Though the center no longer receives state funding, Alliance donates materials and covers the cost of certain activities, PSI helps find resources and also contributes to youth information sessions, and the Maison charges nominal fees for students' participation in club activities⁴. The Maison works in partnership with JICA, and also employs 22 peer educators to lead discussions on subjects including puberty, reproduction, "sexual difficulties," contraception, STIs/HIV/AIDS, prostitution, drugs, violence, and abortion⁵. Though a minimum of 130 youth per week come to the Maison, peer educators also bring films, information sessions, and demonstrations to underprivileged *quartiers* to reach youth⁶. After peer educators present information, they encourage discussions and debates between youth. Another interesting service offered by the Maison is bringing youth with STI symptoms to clinics because, as Maison program assistant Hanta Ravolaloniaina remarked,

¹ Raymondine Ravelontsiresy. Interview. 19 Nov. 2007.

² Dr. Claudia Andriamiravo. Interview. 19 Nov. 2007.

³ Hanta Ravolaloniaina. Interview. 23 Nov. 2003.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

“For the Malagasy, going to the doctor is as good as dying¹.” The youth go to Top Réseau clinics when possible, but if they can not afford to pay for services they go to CDAV.

Local Attitudes: Community

Throughout my research I talked to a variety of Mahajanga residents about sex work to understand local opinions. First, I asked why my informants believed women (or girls) become sex workers, and what could be done to prevent it. Ndriana Rasamoely, a high school principal who also worked on the 2002 IPEC study team, had very strong opinions. He stated that youth begin sex work because of peer pressure and the taste of easy money². “It’s not poverty—that’s an excuse,” he said³. They crave material items like cell phones and fancy clothes, begin sex work and eventually drop out of school. In the same vein, Dr. Diana Ratsiambakaina, head doctor at UNC-MAD, stated that any young girls “thrive on instant gratification⁴.” This harsh stance was shared by Dr. Velonirina Andrianifahanana, who works for PSI as the Top Réseau franchise coordinator. She said, “They’re not used to waiting for things. When they want money, they want it quickly and can not consider the future. If they were motivated they could do other work⁵.” Dr. Sandra Razafindravoavy, a UNC-MAD clinician, said that for young girls, the future depends on their environment, education, and family. With adequate education girls will likely stay off the streets, but in many cases it is the parents who urge their daughters to go into sex work⁶. In terms of prevention, Dr. Diana suggested founding a center for professional information which could recruit young girls for work. Soeur Marie Jeanne and Mr. Ndriana took a more philosophical stance. Mr. Ndriana urged schools, the church, and parents to work together to instill in young girls a value of

¹ Ibid

² Ndriana Rasamoely. Interview. 29 Nov. 2007.

³ Ibid.

⁴ Dr. Diana Ratsiambakaina. Interview. 19 Nov. 2007.

⁵ Dr. Velonirina Andrianifahanana. Interview. 19 Nov. 2007.

⁶ Dr. Sandra Razafindravoavy. Interview. 21 Nov. 2007.

human dignity, and Marie Jeanne stressed education on life skills, human rights, the future, and healthy decision-making¹.

I also asked community members about stigmas against sex workers: whether they exist, how they exhibit themselves, and how severe they are. Both doctors I interviewed from UNC-MAD stated that stigmas did not exist against sex workers in Mahajanga. Dr. Diana stated that sex work is a part of the coastal culture and that sex workers are accepted in general society². Dr. Sandra said that stigmas certainly do not exist, but then admitted that she had never actually talked to any of her patients about relations with the community because “our work only concerns health³.” On the other hand, Marie Jeanne stated that sex workers have “essentially no value in society⁴.” I myself observed stigmatization of sex workers simply in talking to Mahajanga residents. Zaza, a patron at Blues Rock Café, stated casually that sex workers are “immoral” and “dirty,” and he himself would never have relations with them⁵. I was not surprised to hear this from a man in a bar, but I was a bit taken aback when Raymondine Ravelontsiresy, a nurse at Collège Saint Gabriel, stated that sex workers are “dirty,” and the school does not include sex work in its curriculum because “students already know how dirty the women are⁶.” Other demonstrations of stigmas in Mahajanga include referring to sex workers as “the prostitute” instead of by name, and the refusal to live in *quartiers* that are considered “sex worker *quartiers*⁷.” This range of responses could be explained by history. In the 1970’s and 80’s, sex work was very much looked down upon. Sex workers would hide and cover their faces when they saw someone they knew. Since Mahajanga has become a tourist destination, however, sex workers have the possibility of

¹ Ndirana Rasamoely. Interview. 29 Nov. 2007. Sœur Marie Jeanne Raharimalola. Interview. 20 Nov. 2007.

² Dr. Diana Ratsiambakaina. Interview. 19 Nov. 2007.

³ Dr. Sandra Razafindravoavy. Interview. 21 Nov. 2007.

⁴ Sœur Marie Jeanne Raharimalola. Interview. 20 Nov. 2007.

⁵ Zaza. Interview. 24 Nov. 2007.

⁶ Raymondine Ravelontsiresy. Interview. 19 Nov. 2007.

⁷ Sœur Marie Jeanne Raharimalola. Interview. 20 Nov. 2007. Dr. Florentine Soanarenina. Interview. 28 Nov. 2007.

having relations with wealthy tourists and earning a lot of money. For this reason, sex work has become both more accepted and more widely practiced¹.

A final subject about which I asked community members is a solution for sex workers: how can NGOs, doctors, or community members help better the lives of sex workers? The responses I received were mixed. Some informants said that a large factory or other big business should be brought to Mahajanga so that many jobs could be created for sex workers². Others suggested that there was no absolute solution, but that society should continue doing as it has been doing, contributing small efforts like marketing female condoms³. Dr. Velo suggested creating another NGO to work with sex workers on non-health issues, since there are already several who provide health services⁴. Dr. Diana and Marie Jeanne had similar responses in that they both thought society should help sex workers help themselves. Dr. Diana said, “It is necessary to change the mentality of how women think about money,” so that they can transition from earning money each night to earning a salary on a regulated basis⁵. Marie Jeanne stated,

It is up to the women to make the decision to find other work, but others can help. For example, others can present questions such as ‘What are the advantages and disadvantages of your work?’ and ‘Until what age will you be able to work?’ It is important that sex workers find the solution themselves⁶.

The most comprehensive solution I heard, though, came from Virginie Razafindravola, president of FAFED, a local organization for the advancement of women. She called for three actions: parents must be able to educate their children about sex, and should not bring their families to live in Mahajanga if they can not afford to do so; there should be a public professional development center open to people of all social classes; and it is imperative that

¹ Jenne Virginie Razafindravola. Interview. 26 Nov. 2007.

² Officer Misy. Interview. 27 Nov. 2007.

³ Dr. Marie Thérèse Rafaraso. Interview. 25 Nov. 2007.

⁴ Dr. Velonirina Andrianifahanana. Interview. 19 Nov. 2007.

⁵ Dr. Diana Ratsiambakaina. Interview. 19 Nov. 2007.

⁶ Sœur Marie Jeanne Raharimalola. Interview. 20 Nov. 2007.

the police follow and regulate the practices of sex workers, specifically age, location, and avoidance of violent practices, and avoidance of dangerous clients (such as a client who asks to hire several sex workers at once)¹. These solutions are all helpful and could potentially benefit sex workers very much, but as of now they are merely ideas.

Local Attitudes: Sex Workers and Ex-Sex Workers

I asked sex workers and ex-sex workers the same questions about prevention, stigmas, and solutions to compare the responses to those of community members. In terms of how to prevent young girls from working on the streets, sex workers were not able to generate many ideas, presumably because they themselves are (or were) sex workers. Caroline and Monique suggested that the police take a more aggressive stance in patrolling the streets and making sure that sex workers are of legal age, 18 years old². Cle, the PSI peer educator and former sex worker, stated that young girls who intend to become sex workers, despite their rationale, can not be helped. “One can only help those who are motivated,” she said³.

Concerning stigmas, I found that sex workers had more to say, and their responses were surprisingly varied. Numerous women stated that they did not believe there to be stigmas against sex workers in Mahajanga, and that community relations are satisfactory⁴. Two of the women who said that stigmas did not exist, when asked if they hid their identity as sex workers, said yes, that they wore different clothes and spoke differently when out in the community⁵. Hiding sex worker identity was a common theme; one woman, Joelle, said that because of community stigmas she chose to work in a *quartier* that is far from her home so that she will not see anyone she knows⁶. Other sex workers, such as Yvette, said that people in the community “don’t like” sex workers, and Cle, the PSI peer educator, stated that sex

¹ Jenne Virginie Razafindravola. Interview. 26 Nov. 2007.

² Caroline and Monique. Interview. 30 Nov. 2007.

³ Cle. Interview. 20 Nov. 2007.

⁴ Natalie. Interview. 28 Nov. 2007.

⁵ Vero and Nalaina. Interview. 28 Nov. 2007.

⁶ Joelle. Interview. 19 Nov. 2007.

workers are “put last in society¹.” When I asked Cle about Dr. Sandra’s and Dr. Diana’s reaction to the same question (stigmas do not exist and sex workers are accepted in society), she said that it was a normal response for a doctor. “They do not spend much time in the streets, they are certainly not sex workers themselves, and people often show more respect to sex workers when they are with a doctor,” she explained². Furthermore, from her own experience Cle said that when she started working for PSI and left the sex work business, people treated her differently³. Caroline approached the idea of stigmas differently from the others by proposing that “it is up to the sex worker to change their behavior and the way people think⁴.”

Sex workers proposed a variety of solutions for improving their lives and situations. Only one sex worker, Josephine, neglected to respond to the question, though her lack of response is, itself, significant. Josephine stated that she could not think of a solution for sex workers because she could not think beyond experiences contained in her own life⁵. Vero and Nalaina said that the most helpful solution for them would be receiving money to start their own business, while Caroline and Monique suggested more professional development workshops available to sex workers, and creation of an association for new members of the labor force⁶. When asked what sort of work they were interested in doing, numerous answered that they would prefer manual labor, such as sewing. Natalie proposed creation of an NGO devoted to professional development for sex workers, and Joelle suggested that existing NGOs alter their methods of reaching sex workers, since the women generally work all night and sleep during business hours when NGOs would be likely to distribute

¹ Yvette. Interview. 19 Nov. 2007. Cle. Interview. 20 Nov. 2007.

² Cle. Interview. 20 Nov. 2007.

³ Ibid.

⁴ Caroline. Interview. 30 Nov. 2007.

⁵ Josephine. Interview. 19 Nov. 2007.

⁶ Vero and Nalaina. Interview. 28 Nov. 2007. Caroline and Monique. Interview. 30 Nov. 2007.

information¹. I received an earnest response from Cle; she stated that even if other work were presented to sex workers, they may not choose to leave the business because at this point, they are accustomed to sex work². In many cases women are afraid of advancing and they doubt that aid efforts will be successful. Cle did suggest, however, starting with literacy programs, since reading and writing are essential skills.

Conclusion/Recommendations for Further Study

After investigating sex work in Mahajanga- actors, causes, prevention, available aid, solutions, and local ideas- the thing that is most apparent to me is that sex work is not a social phenomenon that can be changed solely by some well-intentioned NGOs, doctors, or individuals. Sex work is one result of Madagascar's overwhelming poverty; sex workers will remain on the streets until society as a whole undergoes massive changes. Though disheartening, I also now realize that some sex workers made the active and deliberate choice to enter the business because it is the most lucrative work to which they have access. Their bodies are the most powerful weapon they have in the battle against poverty, and it is their prerogative to sell them as they wish. There are others, though, who would accept other work if given the tools and the opportunity. It is for these women that we must keep trying, keep listening, and keep extending hands of help. They want and need help. Throughout the course of my research, many sex workers asked me for money, lessons, and contact information because they were desperate to find another way of life, and a white foreigner taking interest in their lives is certainly a rarity.

From listening to both sex workers and community members, I have many ideas about how to ameliorate the situation, but I realize that in many cases, money is the main obstacle.

¹ Natalie. Interview. 28 Nov. 2007. Joelle. Interview. 19 Nov. 2007.

² Cle. Interview. 20 Nov. 2007.

Without money, professional development centers can not be built, literacy programs can not be established, condoms, pepper spray and whistles can not be distributed, sex education programs can not be offered, and every young girl who is hungry and considering selling her body can not be dissuaded. The best and simplest solution, then, is for those to give who can afford to give. An individual like Sister Marie Jeanne contributes her time and energy to helping sex workers, and it really is that simple. It boils down to humanity, and giving what you are able to help another person.

There is much left to be investigated. I propose studies on the following subjects: effectiveness of free versus fee-based clinics, effectiveness and popularity of professional development and literacy programs, effect of sex work sensitivity training in community, likelihood of sex workers' children to become sex workers, and effectiveness of sex education in preventing sex work. Devoting time and attention to these topics could give great insight about sex work as a social phenomenon, and how to prevent or decrease its prevalence in society.

Glossary

Malagasy:

fady: a taboo; something forbidden

fokontany: the smallest administrative unit in the Malagasy government, constituting a hamlet

makorelina: a sex worker

vazaha: a foreigner, especially a person of European origin

French:

proxénète: woman (often former sex worker) who rents out home to sex workers and their clients

quartier: district, neighborhood

travailleuses de sexe: sex worker

Acronyms:

ARV: Antiretroviral drug

CDAV: Centre Dépistage Anonyme et Volontaire

CHU: Centre Hospitalier Universitaire

EMTH: Ecole des Métiers du Tourisme et de l'Hôtellerie

FAFED: Fédérations des Associations Femme et Développement

FBM: Fikambanam Behivary Miavotena

FIFAFI: *Finoana Fanantenana Fitiavana*

FISA: Fianakaviana Sambatra

HIV/AIDS: Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome

IPEC: International Programme on the Elimination of Child Labour

JICA: Japan International Cooperation Agency

MSM: Men who have Sex with Men

NGO: Non-Governmental Organization

PSI: Population Services International

STI: Sexually Transmitted Infection

UNC-MAD: University of North Carolina – Madagascar

Bibliography

Agasoa. Interview. 16 Nov. 2007.

Andriamiravo, Claudia. Interview. 19 Nov. 2007.

Andrianifahanana, Velonirina. Interviews. 13 and 19 Nov. 2007.

Bernadette. Interview. 16 Nov. 2007.

Call, Doug. Interview. 7 Nov. 2007.

Caroline. Interview. 30 Nov. 2007.

Cle. Interview. 20 Nov. 2007.

Georlene. Translator. 28 Nov. 2007.

Jeanine. Interview. 28 Nov. 2007.

Joelle. Interview. 19 Nov. 2007.

Josephine. Interview. 19 Nov. 2007.

“Madagascar : Abortion Policy.” Population Policy Data Bank, Population Division of the Department, Economic and Social Affairs of the United Nations Secretariat.
<<http://www.un.org/esa/population/publications/abortion/doc/madaga.doc>>.

“Manuel de Référence sur la Santé de la Reproduction des Adolescents.” Ministre de la Santé.
Sept. 2001.

Marie. Interview. 13 Nov. 2007.

Marotia, Guy Camille. Interview. 29 Nov. 2007.

Mena. Interview. 13 Nov. 2007.

Michèle. Interview. 13 Nov. 2007.

Monique. Interview. 30 Nov. 2007.

Nadia. Interview. 16 Nov. 2007.

Nalaina. Interview. 28 Nov. 2007.

Nana. Interview. 16 Nov. 2007.

Natalie. Interviews. 16 and 28 Nov. 2007.

Nirinana. Interview. 16 Nov. 2007.

Norotiana, Judith. Interview. 16 Nov. 2007.

Misy. Brigade de Police des Moeurs et Protection des Mineurs. Interview. 27 Nov. 2007.

Pascaline. Interview. 16 Nov. 2007.

Pinvidic, Jean Paul. Interview. 26 Nov. 2007.

Rafaraso, Marie Thérèse. Interview. 25 Nov. 2007.

Raharimalola, Sœur Marie Jeanne. Interview. 20 Nov. 2007.

Rakotoarisoa, Hajamamy. Interviews. 15 and 23 Nov. 2007.

Rakotomamonjy, Mahefa. Translator. 20 Nov. 2007.

Rakotondrasoa, Thierry. Translator. 13 and 19 Nov. 2007.

Ranaivo, Marie Joelle. Interview. 20 Nov. 2007.

Randriamampianina, Mialy. Interview. 23 Oct. 2007.

Ranjaholivao, Holy. Interview. 27 Nov. 2007.

Rasamoely, Ndriana. “Etude sur l’Exploitation Sexuelle des Enfants.” Bureau International du Travail, International Programme on the Elimination of Child Labour. (2002).

Rasamoely, Ndriana. Interview. 29 Nov. 2007.

Rasoanan Tenaina, Honorine. Interview. 15 Nov. 2007.

Ratsimbakaina, Diana. Interview. 19 Nov. 2007.

Ravelontsiresy, Raymondine. Interview. 19 Nov. 2007.

Ravolaloniaina, Hanta. Interview. 23 Nov. 2003.

Razafimbeloma Nantsialonina, Tahiana. Translator. 16 Nov. 2007.

Razafindravoavy, Sandra. Interviews. 13 and 21 Nov. 2007.

Razafindravola, Jenne Virginie. "Présentation de Mahajanga."

Razafindravola, Jenne Virginie. Interviews. 8 Oct. and 26 Nov. 2007.

Razafindrazaka, Marie Jocelyne. Interview. 15 Nov. 2007.

Razanakoto, Michèle. Interview. 27 Nov. 2007.

Santé et Protection au Travail. International HIV/AIDS Alliance. (2006) : iii.

Soanarenina, Florentine. Interviews. 13 and 28 Nov. 2007.

Vero. Interview. 28 Nov. 2007.

Vulnérabilité face au VIH et le SIDA : Faits quotidiens et aspects juridiques autour du travail du sexe. International HIV/AIDS Alliance.

Yolande. Interview. 16 Nov. 2007.

Yvette. Interview. 19 Nov. 2007.

Zaza. Interview. 24 Nov. 2007.