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Sex work and compromised health: Health conditions and the barriers to accessing treatment services in Pelourinho, Salvador

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Abstract

Sex workers remain one of the most marginalized populations in Brazilian society, both coming from and living within realities defined by poverty and poor health. Through partnership with Força Feminina – an organization located in Salvador, dedicated to aiding local sex workers– I explored the day-to-day health complications sex workers encounter and the impact these problems have on quality of life. I then questioned how discrimination and stigma impact a woman's willingness to prioritize her health and seek out healthcare services. To pursue these questions, I utilized participant observation, interviews with 4 staff members – a pastoral educator, financial coordinator, and two social educators – and a focal group with 4 of Força Feminina's women.

I concluded that in terms of physical health, STDs remain rampant among the sex worker population. Mental disturbances influenced by violence and drug abuse also pose immense challenges to daily life. However, when women seek help from health clinics, they are often met with severe discrimination or inhibited from accessing services due to SUS's disorganization. These results indicate that the physical and mental health problems experienced by the sex workers of Pelourinho can often be attributed to structural violence rooted in governmental neglect and institutionalized racism. These systems create and perpetuate vulnerability among marginalized populations, especially those like the poor, black, uneducated, drug using sex workers of Pelourinho, Salvador.

Key words: sex work, STDs, mental health, violence, stigma

Resumo

Profissionais do sexo continuam a ser uma das populações mais marginalizadas da sociedade brasileira, de onde as mulheres vêm e vivem dentro de realidades definidas por pobreza e saúde mal. Através da parceria com a Força Feminina – um organização localizada em Salvador, dedicada a auxiliar os profissionais do sexo – explorei os complicações de saúde que profissionais do sexo enfrentam e o impacto dessas problemas na qualidade de vida. Depois eu questionei como a discriminação e o estigma afetam a vontade de uma mulher priorizar sua saúde e procurar serviços de saúde. Para seguir essas questões, usei engajamento ativa e observações participantes, entrevistas com 4 membros da equipe – um coordenador pastoral, coordenador financeiro, e dois educadores sociais – e um grupo focal com 4 mulheres da Força Feminina.

Concluí que, em termos de saúde física, as DSTs permanecem desenfreadas entre a população de profissionais do sex. Distúrbios mentais influenciados pela violência e abuso de drogas também representam imensos desafios para a vida diária. Mas quando as mulheres procuram ajuda das clínicas de saúde, muitas vezes são encontradas com discriminação grave ou impedem o acesso aos serviços devido à desorganização do SUS. Estes resultados indicam que os problemas de saúde física e mental experimentados pelos profissionais do sexo do Pelourinho podem ser atribuídos a violência estrutural enraizada na negligência governamental e no racismo institucionalizado. Esses sistemas criam e perpetuam a vulnerabilidade entre as populações marginalizadas, especialmente aquelas como as pessoas pobres, pretas, sem educação, que usam profissionais do sexo do Pelourinho, Salvador.

Palavras-chave: trabalho do sexo, DSTs, saúde mental, violência, estigma

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Key Words and Abbreviations

FF – Força Feminina

STDs – Sexually Transmitted Diseases

HIV – Human Immunodeficiency Virus

U.S. – United States of America

USAID – U.S. Agency for International Development; an independent federal agency that provides financial support in the form of disaster relief, technical assistance, poverty alleviation, and economic development to foreign countries

Praça da Sé – Square in Pelourinho where most women that attend workshops at FF both live and conduct work

SUS – Sistema Único de Saúde; the Brazilian public healthcare system that is free to all permanent residents and foreigners in Brazilian territory

CAPs – Community Psychosocial Centers; function of SUS – public, universal, and free psychiatric and psychological services

Aquidabã – Square located in the lower city where many homeless individuals live

I. Introduction

Personal Relevance

While I arrived to Brazil with numerous ideas about what I might be interested in studying, my main objective was to focus on a subject related to social determinants of health. This is a topic that I have frequently touched upon in my major-related classes at school and it has always sparked my interest. Then, when I was considering what population I hoped to partner with within the context of health, sex workers immediately came to mind. I learned about sex work for the first time in one of my classes during a debate about whether sex work should be criminalized or legalized. The narrative that I continued to hear from both teachers and peers was that sex work is a universal human right violation and should be outlawed and addressed as such. However, my opinions on sex work aligned very similarly to my opinions on abortion – outlawing it will not stop it from happening, and will counteractively put those who pursue it in a state of increased vulnerability. For this reason, I hoped to delve deeper into the complexities that lie within the subject of sex work, and how social forces impact a woman's ability to maintain proper health. Therefore, I was absolutely thrilled when I learned about the organization, Força Feminina, who is entirely dedicated to aiding the sex worker population in and around the neighborhood of Pelourinho, Salvador. Not only do they address the health of these women, but also work to address all of the factors that limit a woman's pursuit of personal fulfillment and empowerment.

Literature Review

When observing health disparities across various populations, one thing becomes incredibly clear – the social, political, and economic conditions under which a person is born is heavily correlated to their health trajectory in later life (National Commission on Social Determinants of Health, 2008). This is because these social structures advantage and

disadvantage people differently depending upon their gender, race, and age (Rousseff, 2011). These identity differences and how society views one's worth as an individual then translates into inequalities in access to basic sanitation and housing, quality food and nutrition, health services, and employment opportunity (Rousseff, 2011). Therefore, the dramatic health inequalities that one can observe between and among communities, regions, and nations is largely dependent upon these social determinants of health.

Out of all the countries in the world with the largest health inequalities, Brazil is certainly high on the list (National Commission on Social Determinants of Health, 2008). This is especially upsetting given that within the Brazilian Constitution, health is identified as a global public asset and a fundamental human right (National Commission on Social Determinants of Health, 2008). These health disparities are products of structural injustices, such as racial discrimination, and with it increased poverty, lack of access to education, and subsequently poorer health (Chacham et al, 2007). The consequences of these social inequalities become incredibly clear when observing the position of vulnerable populations within Brazilian society, one of which being sex workers. These repercussions are especially felt among the black, female, impoverished, drug using sex workers within the northeast region of Brazil that use sex work as a means of survival (Chacham et al, 2007).

Given the poverty and vulnerability associated with sex work, many women experience immense health complications. In a survey conducted in São Paulo in 2002, when sex-workers were asked if their profession affected their health, 87% of 400 surveyed women indicated, yes (Chacham et al, 2007). The reasons for which were sleep deprivation, alcohol and substance abuse, violence and sexual health problems, as well as emotional disturbances related to stigma (Chacham et al, 2007). More specifically, many of these women endure chronic yeast infections from continuous condom and lubricant usage (Chacham et al, 2007). Sex workers have been found to use cotton, sponges, and mattress stuffing in order to conceal

menstruation while working, which can cause abnormal discharge, chronic vaginal and cervical infection, and in some cases pelvic inflammatory disease (Chacham et al, 2007).

Low income sex workers who also engage in drug usage are vulnerable to a range of even more severe health complications. These include deep vein thrombosis, bacterial endocarditis, septic embolization, rhabdomyolysis, and death from overdose or contamination/sharing needles and syringes (Spice, 2007). This drug usage is then heavily correlated to sex without condoms, which in it of itself exposes women to the risk of STDs, more commonly syphilis, chlamydia, and hepatitis C (Love, 2015).

Stigma around the profession, however, often inhibits these women from seeking help for these medical complications and conditions, specifically felt stigma. Felt stigma is the sense of shame and fear of encountering overt discrimination from others, which often forces individuals into a state of secrecy and concealment (Scambler, 2009). In the same study from São Paulo, many women stated that although they were aware of the public services available to them in the area, they often avoided them out of fear of discrimination in the case that they were to disclose their profession (Chacham et al, 2007). However, failure to disclose one's profession will likely warrant an undifferentiated form of treatment that will not take into account the health specificities of sex work (Chacham et al, 2007). As Taynar Pereira discussed in her lecture, accessibility is not simply the ability to arrive at a health clinic, but it is the feeling that one will be included and respected during their healthcare treatment as well (2017). In a survey conducted in 2010, involving 2,523 prostitutes from ten Brazilian cities, it was found that 20% of the women hadn't undergone a gynecological exam in the past 3 years, and 50% had never gone before in their lives (Villela, 2015). It was also discovered that 40% of the women did not seek profession health care the last time they had an issue regarding their sexual health (Villela, 2015). Therefore, it is clear to see that fear of

stigmatization disempowers sex workers from prioritizing their physical health, furthering contributing to their vulnerability.

This stigma that is experienced at the individual level is a product of the degrading narratives around sex work that are perpetuated at the societal level from nearly all actors in society. The topic of sex work is a frequently discussed topic among feminist groups, many of whom believe that all sex work is a form of exploitation and violence against women and should be outlawed (Chacham et al, 2007). However, these laws against sex work do not stop people from engaging in the profession (Chacham et al, 2007). Instead, they simply penalize women and force them into positions of vulnerability within society where accessing health becomes far more difficult (Chacham et al, 2007).

The poor health of sex workers and the structural systems that make these poor, black, and uneducated women particularly susceptible to sex work have not been addressed or explored, either through research or policy action (Leite et al, 2015). While research has been conducted on HIV/STDs within the sex-worker population, these studies have simply perpetuated the notion that sex workers are vectors of disease and have instead served in the self-interests of governments (Leite et al, 2015). This approach instead utilizes the position of sex workers as an object rather than a subject, which Pereira argues ignores important complexities and allows for the manipulation and exploitation of human subjects (2017). In 1997, the Brazilian Network of Prostitutes terminated a proposed USAID funded research project that attempted to carryout HIV testing in prostitution areas of major cities throughout Brazil (Leite et al, 2015). The network argued that there had not been any direct dialogue with the women, violating consent standards outlined in the National Health Council Resolution 196/96 (Leite et al, 2015). This same network has also since fought to increase the accessibility of public services to sex workers, to end the association of sex work with issues

of sexual exploitation of minors and human trafficking, and to expand programs that value self-organization and human rights (Leite et al, 2015).

Sex workers make up a population that have been largely ignored by the government and independent actors alike. Meanwhile, the impact of dangerous social structures that generate vast inequality are heavily reflected in these women's health outcomes. Stigma then, in many instances, prevents women from seeking the care they need to address these problems. Therefore, it is incredibly important to better understand the positionality of these women and how this positionality impacts the most intimate and significant aspects of their lives.

Objectives/Questions

By conducting this research, I hoped to better understand the day-to-day health complications associated with the profession of sex work, whether they be sleep deprivation, chronic yeast infections, or health conditions associated with menstrual concealment. From this, I wanted to explore how social stigma impacts a sex worker's ability and willingness to address these health problems. Other questions I hoped to engage with included: What does access to SUS look like for sex workers in Salvador? How does exposure to violence impact a woman's health? What should the legal framework around sex work look like to promote a better quality of life?

On a more personal level, I wanted to learn how to actively be conscious of and mediate my privilege and positionality in contexts such as these, where clear power imbalances between myself and the population that I am working with would exist. I hoped to reflect on my mistakes, acknowledge the moments where I had wrongful assumptions, and question myself about where those assumptions had come from. Most simply stated, I wanted to learn how to respectfully and thoughtfully engage with and support vulnerable populations so that I am equipped with the skills for both my future career and my daily life.

Background of Organization

Força Feminina is an initiative of the "Instituto das Irmãs Oblatas do Santíssimo Redentor", a Catholic organization that originated in Spain and dates back to the 1870s. This institute operates in over 15 countries and has 4 different projects within Brazil – one of which being Força Feminina, Salvador. In 1998, sisters from the Oblatas institute, joined by volunteers, began reaching out to women involved in prostitution in-and-around Pelourinho to assess their needs and determine out how they could help. From here, they began to develop projects and activities that prioritized empowerment and humanization. In 2000, the headquarters of Força Feminina was officially inaugurated.

Seventeen years later, Força Feminina is equipped with staff dedicated to recruiting women from areas of prostitution and offering beneficial services. Força Feminina hosts daily activities that teach income generating skills and provide religious support. They facilitate discussions on important issues that range from sexual health to violence against women to body image. They educate women on their rights, what social services are available to them, and even carry out classes to substitute the basic education that many of these women never received. They provide an environment of therapeutic support and empathetic listening, and help these women to develop themselves as social and political activists in charge of their own destiny.

Força Feminina then takes the extra step and engages significant community actors in discussions regarding of the visibility of sex workers, expanding their access to social services, and breaking down mechanisms of discrimination and stigma. Therefore, Força Feminina dedicates much of their efforts to addressing social determinants of health from all levels and angles. This starts at the individual level by discussing personal choices and methods of prevention and then extends outward to the structural level by cooperating with

government entities to help sculpt a reality in which sex workers are able to act on the rights that they are entitled to.

II. Description of Engagement, Methods and Ethics

Description of Engagement

My typical day at FF began at 12:30pm when I'd join the other staff members in the "education room" for post-lunch conversation and relaxation. At 1pm, we'd begin preparing for that day's activity, during which I'd often put out chairs, set up the projector, or retrieve craft supplies – whatever needed to be done. I'd then remain in the large activity room on the second floor and greet the women as they trickled in. It was during this time that I had most of my informal conversation with the FF participants. Once all the women had arrived, we would begin the activity, each day of the week focusing on a different subject. I'd participate alongside the women while making observations based on both my interactions with them or their interactions with each other. After lunch was served, the women would leave for the day and I would transition into the kitchen where I helped Rina wash dishes and return them to their designated locations. Once all the women were gone, I'd restack chairs, sweep the floor, and clean up whatever else was still left out. There were a couple days each week that I arrived at 8am. I was encouraged to use these mornings to conduct my interviews with staff members, prepare for my focal group or English class, or addressing any significant questions that had come up in the previous day's activity.

During my time at FF, I had the opportunity to host a "business English" class for the women. I focused primarily on basic phrases that could be used to initiate and hold conversation with potential clients. I also touched on numbers and phrases that were more specific to negotiating prices and programs. I made sure to set aside time for the women to ask questions and suggest words they wanted to learn, during which I also found myself learning new Portuguese phrases and expression.

Methods

I gathered many of my insights through participant observation and active engagement during the activities and discussions. It was during these times that the women most frequently shared their life experiences, giving me insight into the world of sex work. However, I also managed to pick up on details such as the friendships and feuds between the women or how different women interacted and engaged with certain topics such as gender based violence. My sampling technique for these observations was random and entirely depended upon which women arrived each day to participate.

Given the inherent power imbalances between myself and the women, I knew that it would've been unethical for me to have conducted individual interviews with the women. For this reason, I relied heavily on interviews with staff members. Given that the staff work with the women on a daily basis on concerns related to health, violence, and drug use, I knew they would be a wealth of information, even if this information would be coming second hand. I was able to interview four staff members, each occupying a different role within the organization, allowing me to collect a range of perspectives. I went into each interview with a list of questions, yet the order in which I asked depended upon the direction the conversation was going at the time.

I also managed to conduct a focal group during my time with FF. I made this a priority because although I couldn't individually interview the women, I still wanted their ideas and stories to be reflected in my research. Therefore, I organized a list of questions which I then gave to Interviewee 1, one of the staff members, who facilitated the discussion during one of the afternoon workshop slots. This focal group consisted of the four women that arrived that day. I wanted the women to feel that they had control over the discussion, so I refrained from asking invasive questions and from cutting off conversation unless the posed question had been exhausted.

While I absorbed a wealth of information through these methods, the language barrier was particularly difficult when it came to understanding the women, many of whom spoke fast with raspy voices and missing teeth. My research was also dependent upon a random selection made up of whichever women arrived that day. Yet, it also appeared as though the women who came most frequently to FF were those who were most invested in their health and future prospects. For this reason, it is likely that my results are skewed in one direction, rather than being reflective of all sex workers of the Pelourinho area. Finally, if I had been allotted more time beyond these 5 weeks, I'm sure that I would've been able to further develop both my research and my relationships with the staff and women, likely producing more comprehensive information.

Ethical Considerations/Fieldwork Ethics

In order to be sure that I was conducting my research ethically, I took a few different precautions. Before all interviews, I made sure to explain my intentions, distribute consent forms, and notify the participant that they were free to end the interview at any point. The focal group posed a challenge for me because, by the request of the organization, I could not take the names of the women down on any formal document. Therefore, I had to go through the steps of informed consent verbally. In both the staff interview and focal group, I needed to be reflective about the questions I was asking, challenging myself to consider whether the information would be beneficial to my research or if it would simply satisfy my own curiosities. For the security of both the staff and the women of FF, I have decided to leave their names absent from my paper, using "Interviewee 1-4" wherever necessary.

My primary ethical concern that I had to consider every day was simply mediating my presence. Being a young, white, middle-upper class student from the United States came with immediate power imbalances that I had to be conscious of throughout my interactions. I made small efforts like mimicking the body language of the women and heavily considering

the clothes I wore each day. I tried to engage in as much casual conversation with the women as I could in order to build relationships of trust. During discussions where we addressed topics of race and racism, it was important for me to express, to the best of my broken-Portuguese-abilities, that I was in the process of becoming more informed about my privilege, but still learning. The women often respected my efforts, ultimately allowing us to bridge some of these gaps between our identities.

III. Critical Reflection on Experience

Descriptive Observations/Data

My first goal was to identify the positionality of the women that attend FF. This was important to developing a complete understanding of what health complications these women face, why they face them, and how they are prevented from accessing social services. I determined that the general profile of the individuals involved with FF are poor, black, women between the ages of 18 and 65 (Interviewee 1). Many of them cannot read or write, are drug users, live in Praça da Sé, and engage in prostitution as their sole source of income (Interviewee 2). I found that these layers of disadvantaged identities greatly impacted both their health outcomes and access to treatment services.

In regards to common physical health problems, interviewed staff members indicated that STDs remain a rampant problem among the women, particularly syphilis (Interviewee 1-4). This was because 1) women are under the impression they don't have to use condoms with stable partners outside of work, and 2) client often offer higher compensation for unprotected sex (Interviewee 4). In addition to STDs, 80% of the women were seropositive, meaning they have hepatitis C, HIV, or tuberculosis (Interviewee 3). Staff indicated that while they'd seen other random health issues like spinal conditions or eye diseases, they are most frequently addressing sexual health (Interviewees 1-4).

When I was formulating my research questions, I failed to consider the other ways in which health manifests beyond that of the physical. Therefore, I was taken off guard when I learned that mental disturbances tend to pose the greatest day-to-day difficulties for these women. As Interviewee 1 stated, many of the women have an incredibly difficult time with basic cognition, often times struggling to connect the dots. She explains, "you will say one thing, and it will be interpreted in a completely different way". This can make daily tasks

incredibly challenging. Although some women receive medication through CAPs, many women remain undiagnosed and instead self-medicated with drugs (Interviewee 1).

I was surprised to learn that of the four Oblatas projects throughout Brazil, the greatest mental health degradation is seen within the women that attend FF in Salvador (Interviewee 4). Interviewee 4 explained that this is likely because of the fierce presence of drug trafficking within Pelourinho, of which all women have some form of contact with. As one can imagine, the high prevalence of mental health disorders accompanied by a high prevalence of drug trafficking is the reason for which 90% of the women that attend FF have substance abuse disorders (Interviewee 4). These women are often addicted to crack, Rohypnol, Diazepam, and controlled pills (Interviewee 3). Continued drug use then prohibits cognitive development, which staff speculate is the reason for which many of the women operate at a child-like capacity (Interviewee 3). When inquiring further about how drug use might impact the women's physical health, Interviewee 2 responded simply, "drugs just destroy a person, its not much more complicated than that".

I also found that personal histories of violence greatly contributed to compromised mental health. Many of the women come from impoverished, broken families and are exposed to violence at an incredibly young age (Interviewee 4). Ironically, many women had used sex work as a mechanism of escape from this cyclical violence, without realizing that they were simply entering into another (Interviewee 4). Drug addiction and homelessness make these women particularly vulnerable to abuse, whether it be from clients, pimps, police officers, or significant others (Interviewee 3). During an interview, Interviewee 3 indicated that many women at FF are in long-term relationships with men who know that they are sex workers, yet demonize and dehumanize them for it and take their money to fund their drug addictions. Women experience violence with such frequency that they often reach a point of "numbness" (Interviewee 3). For example, in instances where they are sexually taken

advantage of through force and not compensated, rather than it being viewed as mistreatment, it will often simply be understood as “calote” – unpaid debt (Interviewee 3).

Although sex workers face a range of issues related to physical and mental health, they remain an entirely invisible population. While there are some government projects that target poor women or marginalized women, there is not one single government program aimed at addressing the specific needs of sex workers (Interviewee 1). There is one program called, “Minha Casa, Minha Vida”, which attempts to provide housing for the homeless population, of which almost all of the women at FF belong to (Interviewee 1). However, rather than benefitting these women, the housing units provided are located so far on the exterior of the city that there is a complete lack of access to resources such as schools for children, health posts, markets, jobs and food (Interviewee 3). Women are then forced to live on the streets regardless, just to access critical resources. This is, of course, all while remaining responsible for financing a house that they rarely go to (Interviewee 3). Therefore, living on the streets is perceived by many as their sole option, even if it is at the expense of increased exposure to violence, drugs, and the health complications that often accompany street living (Interviewee 3).

Sex workers also struggle to access health services due to outright discrimination and fear of stigmatization. During my time at FF, I was disgusted by the stories of the injustices these women had enduring in health post settings. During my focal group, one woman told a recent story of a time she arrived late to a clinic appointment. Upon arrival, the receptionist turned to the doctor and said, “Let that bitch leave and come back another day. I wouldn’t give her a blood test because I know for certain that she’s a girl from the ‘Praça’.” Another woman responded by offering her own experience of a time she went to a clinic and was met by a doctor who said, “I saw you in Aquidabã, do you live in the street”. Although the woman responded by saying no, the doctor referred her to another health post that “deals

specifically with the street population", refusing to attend her. The woman, equipped with a doctor's request, SUS identity card, and her ID was bold enough to exclaim, "I have the same rights as anyone else". It was at this point that the doctor called security and had her physically removed from the clinic.

Because these stories cycle quickly among the sex worker community, many women will avoid health clinics altogether, and those who are brave enough to go often do not disclose their profession (Interviewee 2). This prevents them from receiving differentiated treatment that would otherwise take into account their livelihood, especially when sexual health is in question (Interviewee 2). When sex workers ask for condoms from clinics, doctors frequently fail to understand the nature of sex work, and only offer between 5 and 10 condoms at a time (Interviewee 4). What doctors don't realize is this is barely enough for one or two days of work (Interviewee 4).

While sex workers face the added barriers of discrimination and stigmatization, they are also subject to many of the same complications faced by the Brazilian poor when seeking out health services within SUS. As described by Interviewee 4, everyone is dependent upon a lack of cash flow that moves through corrupt hands, leading to shortages in critical resources such as condoms and penicillin. Women's health suffers gravely as preventative health exams are incredibly difficult to come by, and when available can cost upwards of 60 reais (Interviewee 4). One participant of FF described a severe vision problem she attempted to fix – that was before she learned the exam alone would cost her 1,500-2,000 reais. These critical procedures are inaccessible to entire populations such as sex workers, but more generally the poor. Another woman told me that after her son died, she started to take medication to manage her trauma and minimize her aggressive instincts. However, in order to receive medication, she is often forced to sleep at the hospital doors in hopes of getting one of the 10 tickets the hospital distributes each morning for consultations – and often times, she's not

lucky enough to be one of those 10. And so, the health of these women and the population as a whole are hugely compromised by the fractured and dysfunctional universal health system within Brazil.

Significance of Results

After looking at my results, the first question that came to mind was, where does this harsh stigma against sex workers come from? Villela and Monteiro offer an interesting answer, suggesting that sex workers fail to abide by our traditional ideals about what a woman's relationship with sex, love, and motherhood should look like (2015). Under this model, becoming a mother should be one's ultimate goal in life. Thus when women instead use their sexuality for paid work rather than to get pregnant, they are rejected by society (Villela & Montiero, 2015). Sex workers are then seen as intrinsically bad, which to many justifies their mistreatment and inequitable access to human rights (Villela & Montiero, 2015). This seems to be especially relevant in a country as catholic as Brazil, where these ideals of motherhood are womanhood are heavily reinforced.

Given that violence appeared to be the reason for which many women enter sex work, develop poor mental health, and turn to drug abuse, I asked myself, where does this violence originate from? Upon deeper research, I quickly learned that the correlation between domestic and child abuse and low socioeconomic status is incredibly strong (Bordin et al, 2009). While low socioeconomic status is the product of a number of factors, to the women and staff at FF, the answer was much simpler – in Brazil, poor people are black people. Although the current political and social systems are organized to discriminate and disadvantage black people, generating these wide discrepancies in socioeconomic status, there has been a complete lack of investment to identify and address such structures (Rousseff, 2017). As long as black individuals remain absent from management processes

and positions of power, we will likely continue to see the perpetuation of black poverty and its life-threatening consequences (Network for Social Justice and Human Rights, 2008).

We see the dangers of institutionalized racism when observing literacy rates between the northeast region of Brazil, which is comprised of the largest black population outside of Africa, and the south and southeast regions of Brazil which have stronger white presence (Figureierdo, 2017). For example, in 2000, 37% of the 20 to 24-year-olds in the southeastern region of Brazil failed to complete their primary school education, while in the northeast region, the percentage increases to 61% (National Commission on Social Determinants of Health, 2008). Illiteracy rates in the southern region are 5.7% while in the northeast region, they remain at 20.8% (National Commission on Social Determinants of Health, 2008). During casual conversation, one woman at FF expressed her desire to leave sex work. However, her efforts thus far had been unsuccessful because people were only looking to hire individuals that could read and write perfectly – skills that she was simply never equipped with. Women with lower incomes and fewer years of schooling are also far more likely to abuse tobacco, illicit drugs and alcohol (National Commission on Social Determinants of Health, 2008). Therefore, it becomes quite easy to see how systems of racial injustice impact the most vulnerable in society, threatening their mental and physical health in a very tangible way.

Assumptions, Prejudices, and Misconceptions

When I began my research, I went into it under the impression that I would discover a whole host of health issues that were being faced by sex workers every day that went beyond HIV and STDs. I figured attention was only being given to these issues because they were "savvier" and related more to population health. However, when I asked about the most frequently experienced health conditions, I was shocked to hear over and over again that STDs are FF's greatest health issue. Although I was inclined to ask leading questions to get

at my desired answers, this temptation revealed to me that I had walked into my research with assumptions about how these women lived their lives and what information I was going to find.

Before working with FF, I had a difficult time understanding how FF would be able to truly help sex workers, given that most of their problems are rooted in systems of discrimination and stigmatization that go far beyond the reach of both the staff and women. However, I was then completely blown away to see how FF has effectively sensitized the community of Pelourinho to the presence of sex workers through workshops at health clinics and public social carnivals. When a woman is in need of health services, representatives of FF go in-person to make appointments at clinics and inform the doctors of the woman's mental and physical histories. This removes what is often a daunting responsibility for the women and ensures that they will receive differentiated treatment. There was one day myself and a staff member accompanied the women to the health post to get rapid HIV tests. As we walked in, the doctors cheered and greeted each woman by name. While waiting for the tests, the doctors distributed around 50 condoms to each woman – an otherwise unheard of effort that directly reflects FF's sensitization programs. During my focal group, when I asked how women felt about attending health posts, many women exclaimed that before FF, they refused to see a doctor out of fear of stigmatization. However, now if they go to a clinic and say they're with FF, they are treated far more quickly, effectively, and comfortably. During an interview, Interviewee 1 indicated that FF has managed to change the community dynamics enough to which in Pelourinho, these women identify themselves as sex workers. However, when they return to their home communities on the outskirts of the city or in the interior of the country, they do not because of fear of rejection.

I was also rather guiltily impressed by how educated these women were, even though they lacked a formal education. In terms of health, they were picky about their food sources,

even though they lacked reliable access, knowing that disease often begins with contaminated food and water (Focal Group). Many women used birth control as a mechanism to prevent periods while working rather than using cotton substances (Focal Group). They were also aware of systems of structural violence against them. During my focal group, two women discussed their frustration with the government's investments in public spaces rather than in education, health, and public security. They suggested that these actions were made for the sake of tourism, at the expense of the wellbeing of the government's own people. I was shocked to be learning so much from these women, which informed me that my assumptions and biases about sex workers were far stronger than I previously had thought.

Personal Reflection

It is difficult to find the words to express the impact this experience has had on my life. Supporting the worker rights of sex workers was something that I've always been passionate about, but in truth had a very limited understanding of. Academically speaking, when considering the best legal framework to support labor rights for sex workers, I always knew that criminalization wasn't the answer. Yet, when considering legalization, this often comes with regulations of the profession that would inherently limit the rights and protections of these women and could lead to even greater stigmatization (Interviewee 4). Especially within a capitalist context, women would likely loose money through this, as the wealth would remain concentrated in the hands of parlor and brothel owners (Interviewee 3). Decriminalization, on the other hand, would remove criminal and administrative penalties that apply to sex work (Interviewee 3). Therefore, I hope to learn more about what the lives of sex workers look like in each context. This would also require the consideration of the complexities that exist within sex work between "alto" women – young, beautiful, educated girl who engage in paid sex for fast money for college, apartments and cars, and "baixo"

women, like the one's attended by FF– the older, black, poor, uneducated women that engage in paid sex for survival (Interviewee 3).

On a more personal note, this experience reinforced how privileged I am in almost every sense of the word. It was incredibly difficult to sit in a room with these women and come to realize that the very fact that I was in that room – a young, white, American college girl who had traveled to Brazil to study – was a clear example of how society has been structured to advantage my personal advancement at the expense of people like these very women. In the beginning, this realization was paralyzing. I was so uncomfortable with the inherent power imbalances that I found myself hesitant to interact with the women out of fear of saying or doing the wrong thing. I felt that I was threatening their safe space and simply served as a daily reminder about the layers of disadvantage they were subject to. Ironically, this detachment is what ended up making many of the women feel threatened by me and distrust my intentions. For this reason, it quickly became clear to me that I needed to drastically change the nature in which I was participating with FF.

I started to make progress as I began to form solid relationships with the FF staff. I immediately fit in with the light, goofy office dynamics and quickly built friendships through post-work hangout sessions in the kitchen. I was then able to use the staff as a crutch from which I could branch out and engage in more intimate conversations with the women. However, what really allowed me to break from these fears and hesitations was the process of acknowledging the commonalities that existed between myself and the women. This process was initiated when the women began to ask me questions about the attractiveness level between Brazilian men vs. American men, whether or not I had a boyfriend, and if I liked to dance funky. However, as time went on, our conversations exposed our shared experiences on the basis of being women. We expressed our frustrations with machismo culture and the lack of access to preventative health services for women. Although difficult at times, I shared

my experiences with sexual harassment in America. This showed that women of all ages, races, religions, nationalities have their own stories of gender-related violence. The more we learned about each other, the more our walls began to come down and the more comfortable we got with one another.

This, as expected, required plenty of moments of trial and error. I remember one day the women became incredibly frustrated with me when I suggested that I hoped to return to live in Salvador in the future. The women scoffed at me, suggesting that all tourists think this because they never stay long enough to understand what's so frustrating about life here. Plus, we have the added bonus of our money going a farther distance here. In reality, they weren't wrong. Therefore, it was important for me to listen to what they had to say, while also sharing my frustrations with the U.S. – we ended up reaching the conclusion that both places were difficult in their own ways. There were other times where we discussed race within Brazilian society. Being the only white person in the room while these women narrated their horrendous experiences with racism, I felt a strong sense of guilt and discomfort. However, I knew that it was important for me to participate in these discussions, even with my limited Portuguese, and speak honestly about my relationship with my privilege. I told them that I am in the process of learning about the ways in which I benefit from my skin color, because the more unaware I remain, the more I am contributing to this cycle of racial violence. While some women respected my efforts of honestly and humility, to others I was simply a member of the enemy. I had to accept that this would simply be the case, and that these women were rightfully entitled to these opinions of me. However, I did everything I could to work off the basis of both our similarities and differences to build positive and trusting relationships.

IV. Conclusion

After spending close to three months learning about vulnerable populations in Brazilian society and the large systems of violence they're up against – capitalism, racism, colonization, patriarchy, etc. – I found myself feeling hopeless as I walked into FF on my first day, not understanding how in the world they would possibly be able to make a difference. However, as I say my final goodbyes to the staff and women 5-weeks later, I leave with a newfound sense of hope in the smaller fights that people take on every day. FF does so much more than just treating the wounds. They equip powerful and capable women with the knowledge and skills they need to take agency over their lives and prioritize their health, raise their families, and flex their rights in the face of injustice.

Throughout this process, I have begun to learn what it means to work with a vulnerable population. To do so, I had to thoughtfully engage with my positionality, constantly reflecting on how to use my own layers of privilege to propel others forward without co-opting their fight. I learned that it is important to walk into every interaction with humility and to be vocal and honest about the process of learning we're all undertaking. After becoming invested in FF's efforts, it also became clear to me that aiding a vulnerable population cannot happen in the isolation of an office building or an activity room. Rather, energy must be invested in the inclusion and sensitization of entire communities, even though this within itself is a taxing battle. However, with success, sensitized spaces can grow outward, and begin to make the world a more accepting and supportive place.

I fell in love with FF – the staff, the women, the impact they are able to have. I was inspired beyond words by the organization's ability to empower women to be proud of who they are and demand respect from others. As I leave Brazil, I hope to take what I have learned and continue working with the sex worker population in the U.S. If these are the barriers that prevent sex workers in Brazil from leading a healthy and fulfilling life, I cannot

even imagine what reality looks like for women in the U.S. where prostitution is criminalized. Therefore, I aim to learn more about sex work in the context of the U.S. and how I can best invest these passions into fighting for labor rights for sex workers.

I hope that I have been able to positively impact FF as well, both in terms of the staff and the women. I think I was most appreciated by the women, who had a new set of ears to tell their stories to. I could see the relief in their eyes after they had ranted to me about their recent encounters with clients or women at the market, now better able to engage in that day's activity. Sometimes they would utilize me to translate WhatsApp messages from their English speaking clients and we'd work together to formulate good responses. The women that participated in my focal group also told me they appreciated having a space to talk about the discrimination that they face, and being able to bounce off of and validate each other's experiences. One woman even used this time to warn her friends by passing around a photo of a man who has HIV that seeks to have unprotected sex with women in the community. And so, through these daily interactions, I was able to form beautiful friendships with some of the women that I know I will never forget, and I hope that I have managed to touch them too.

Suggestions for Future Research

As I became familiar with the world of sex work in the Pelourinho area, I noticed the strong presence of transgender, female sex workers. When I asked FF staff if they currently attend any transgender women, they said no, but they had in the past. When I asked what happened, they suggested that they didn't quite know how to incorporate the women into their framework. While they were aware that these individuals identified as women, most hadn't had gender-reassignment surgery, and so discussions regarding sexual health would inherently have to look different. The barriers that transgender women are up against are

different, and at times far more complex than those encountered by binary women. Because of this, staff would be required to seriously strategize how to best aid these women.

The staff also indicated that when these transgender women attended their workshops, the other women of FF didn't accept her. Regardless of the hardships that the women of FF face, they have each other – these go beyond friendships, they're lifelines. I cannot even imagine how difficult it must be to be a transgender sex worker up against even greater systems of discrimination and dehumanization, AND face rejection from the sex work community itself. Therefore, I think it is critical that future research aims to explore the roles of violence, drug abuse, and health in the lives of transgender sex workers, how these issues differ from those of binary women, and how programs like FF can be restructured to best accommodate *all* women.

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VI. Appendices

Appendix A: Interviews

1. Interviewee 1: Administrative/Financial Coordinator at Força Feminina, 17 de Novembro, 2017
2. Interviewee 2: Social Educator at Força Feminina, 17 de Novembro, 2017
3. Interviewee 3: Social Educator at Força Feminina, 23 de Novembro, 2017
4. Interviewee 4: Pastoral Coordinator at Força Feminina, 23 de Novembro, 2017

Interview Questions / *Questões de Entrevista*

1. How did you learn about and begin working with Força Feminina? / *Como você conheceu e começou a trabalhar com Força Feminina?*
2. What has kept you working here? */ O que mantém você trabalhando aqui?*
3. How have you seen these women change over time and after participation with Força Feminina? / *Como você tem visto essas mulheres mudarem ao longo do tempo e após a participação na Força Feminina?*
4. What is your specific role within the organization? / *Qual é especificamente seu trabalho dentro da organização?*
5. What is the general profile of the women that attend your workshops? / *Qual é o perfil geral das mulheres que participam de seus actividades?*
6. Why is it that these women work as “free agents” rather than with a brothel? / *Por que essas mulheres preferem trabalhar como "agentes livres" e não com um bordel?*
7. What are the most frequent health complications that you see these women experiencing? / *Quais os problemas de saúde mais comuns que você viu essas mulheres sofrerem?*
8. What is your understanding of the overall mental health of these women? / *Qual a sua compreensão do estado mental geral dessas mulheres?*

9. How has stigma against these women as sex workers impacted their lives? Either in terms of outward discrimination or out of self-perceived fear of discrimination? / *Como o estigma contra essas mulheres, enquanto profissionais do sexo, tem impactado suas vidas? Seja em termos de discriminação visível ou de medo auto-percebido de discriminação?*
10. Do you have any idea how these women manage menstruation while they're working? / *Você tem alguma ideia de como essas mulheres lidam com a menstruação enquanto estão trabalhando?*
11. Do you think these women face stigma in the context of health (for example, at health clinics)? / *Você acha que essas mulheres enfrentam estigma no contexto da saúde (por exemplo, em postos médicos)?*
12. Do these women disclose their work when they visit health clinics? / *Essas mulheres revelam seu trabalho quando elas visitam os postos de saúde?*
13. Given that Força Feminina has now existed here in Salvador for 17 years, how do you think you've managed to change community perception of sex work? / *Dado que a Força Feminina já existe aqui em Salvador há 17 anos, como você acha que conseguiu mudar a percepção da comunidade sobre o trabalho sexual?*
14. In what capacity do you aid these women with maintaining their health? / *De que modo você ajuda essas mulheres a manter sua saúde?*
15. How do you think their spirituality impacts their health – mental or physical? / *Como você acha que espiritualidade delas afeta sua saúde - mental ou físical*
16. Could you talk about the impact of drugs on the health of these women? / *Pode falar sobre o impacto das drogas na saúde destas mulheres?*
17. Could you talk about the role of violence in the lives of these women? / *Pode falar sobre o papel da violencia nas vidas destas mulheres?*

18. What do you think about the legalization of sex work? / *O que você acha sobre o contexto de legalidade do trabalho sexual?*
19. Do these women participate in sexual tourism? / *Estas mulheres participam no turismo sexual?*

Appendix B: Focal Group

1. Was administered by a staff member and included the participation of 4 women. I was only able to receive verbal consent, as it was unethical for me to ask for their names on a formal document.

Focal Group Questions / *Questões de Grupo*

1. Would you consider your health a priority? / *Você considera sua saúde uma prioridade?*
2. What are the health issues that you most frequently face? Do you always go to a clinic or do you typically wait for it to go away? / *Quais são os problemas de saúde que você enfrenta mais freqüentemente? Você sempre vai a uma clínica ou normalmente espera que o problema passe?*
3. What tactics do you use to manage menstruation while working? / *Quais táticas você usa para gerenciar a mestruação enquanto você está trabalhando?*
4. How do you think your race impacts your health? / *Como você acha que sua raça afeta sua saúde?*
5. Have you ever disclosed your profession to a doctor? What was the response? / *Você já divulgou sua profissão a um médico? Qual foi a reação?*
6. Can you describe your last trip to a health clinic? / *Você pode descrever sua última visita ao médico?*

Appendix C: Informed Consent Form

Rua dias D'Ávila, 109, - Barra, CEP: 40.140-270 Salvador, Bahia, Brasil
Tel / Fax: (71) 3032-6009 www.sit.edu/studyabroad | www.worldlearning.org

Termo de Consentimento Livre e Esclarecido

Prezado(a) Senhor(a)

Gostaríamos de convidá-lo(a) a participar de nosso estudo: **Trabalho sexual e saúde comprometida: As complicações de saúde negligenciadas e os impactos do estigma no acesso aos serviços de saúde**, que tem como objetivo **o engajamento em pesquisa que explora as complicações de saúde do dia-a-dia associadas à profissão de trabalho sexual e como o estigma impacta a capacidade e a vontade das mulheres de enfrentar esses problemas de saúde**.

O estudo, consistirá na realização de entrevistas, observações e/ou participações junto as atividades da entidade parceira e posteriormente haverá a análise do conteúdo destas entrevistas e/ou observações. Será conduzida dessa forma, pois pretendemos trabalhar com a experiência de vida dos(as) participantes do estudo.

Trata-se de um estudo, desenvolvido por **Amelia Logan Fox** orientada por **Alessandra Nascimento Gomes.**

Garantimos que, a qualquer momento da realização desse estudo, qualquer participante e/ou estabelecimento envolvido, poderá receber esclarecimentos adicionais que julgar necessários. Qualquer participante selecionado(a) tem o direito de recusar-se a participar ou retirar-se do estudo em qualquer fase do mesmo, sem nenhum tipo de penalidade, constrangimento ou prejuízo. O sigilo das informações pessoais dos participantes será preservado, especificamente, quanto ao nome, à identificação de pessoas ou de locais. Todos os registros efetuados no decorrer deste estudo serão usados para fins acadêmicos e serão inutilizados após a fase de análise dos dados e de apresentação dos resultados finais na forma de monografia ou artigo científico.

Em caso de concordância com as considerações expostas, solicitamos que assine este "Termo de Consentimento Livre e Esclarecido" no local indicado abaixo. Desde já agradecemos sua colaboração e fica aqui o compromisso de notificação do andamento e envio dos resultados deste estudo.

Qualquer dúvida ou maiores esclarecimentos, entrar em contato com a responsável pelo estudo:
e-mail: gabriela.ventura@sit.edu **Telefone:** (71) 99719.6010 (do SIT Study Abroad: Brasil-Saúde Pública, Raça e Direitos Humanos).

Aluno: Amelia Logan Fox	Orientadora : Gabriela Ventura
Estudante no Programa do SIT Study Abroad: Brasil-Saúde Pública, Raça e Direitos Humanos	
_____ , _____ de _____ de 2017.	
(Cidade) (Data) (Mes)	
	_____
	Orientador(a): Alessandra Nascimento Gomes

Eu, _____, assino o termo de consentimento, após o esclarecimento e da concordância com os objetivos e condições da realização do estudo "**Trabalho sexual e saúde comprometida: As complicações de saúde negligenciadas e os impactos do estigma no acesso aos serviços de saúde**", permitindo, também, que os resultados gerais deste estudo sejam divulgados sem a menção dos nomes dos participantes.

_____ , _____ de _____ de 2017.	_____
(cidade) (Data) (Mês)	Assinatura do Entrevistado(a)