

Access to human rights protection, health and social services among migrant female sex workers in light of COVID-19 pandemic

Qualitative Research

2020

Research is carried out in the framework of
SUPPORTING MIGRANT SEX WORKERS IN ADJARA REGION
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Introduction

COVID-19 pandemic had its toll on each class of society all over the world. Various vulnerable groups including women engaged in the commercial sex business were severely impacted by it. Various restrictions caused by COVID-19 have put migrant female sex workers in a particularly susceptible and hostile environment in terms of finances, physical and mental health, as well as human rights.

The present research assesses the impact of COVID-19 in Georgia in terms of access to human rights protection, health and social services among migrant female sex workers in light of the COVID-19 pandemic.

Research outcomes clearly show those problems that migrant female sex workers face in Georgia in light of the pandemic. Restrictions caused by the pandemic directly impacted sex workers' work environment, income, housing, and physical and mental health, their safety conditions have worsened and the cases of inhuman and degrading treatment on ethnic and religious grounds have increased.

The research was conducted by NGO "Center for Information and Counseling on Reproductive Health – Tanadgoma", under the project "Supporting migrant sex workers in Adjara region", funded by International Organization for Migration.

Background

Tanadgoma has been working with female sex workers in several cities of Georgia for more than 20 years already. The information that Tanadgoma has collected about this population through different qualitative and quantitative researches is provided below:

There are several categories of FSWs in Tbilisi: a) street-based; b) sauna (or bathhouse) based; c) hotel based; and d) "mobile-phone" based. Generally, each category of FSWs is found in different locations and serves different types of clients. Thus, each category represents a type or "status" among FSWs. Tanadgoma is working with street-based, sauna (bathhouse) and hotel-based FSWs.

In Batumi the categories of the FSWs are almost the same except that instead of sauna-based, there is a category of "bar-based" FSWs, that are located at so-called "bars" - small facilities which are not exactly the bars, but the places where sex services could be purchased. Street scene is much less prevalent, compared to Tbilisi. In Batumi Tanadgoma works mainly with street-, bar-, and hotel-based FSWs.

It shall be mentioned that Tanadgoma undertook several initiatives in order to identify structure, mode of working and other characteristics of foreign - migrant sex workers, which are more prevalent in Batumi. The last two research overviews are provided below:

1. **In 2017 a formative research was conducted among this groups, with the following findings:**

Structure of sex business:

Foreign sex workers in Batumi work at different places: streets (less likely), hotels, restaurants, casinos, disco and night clubs. Regular working hours start late in the evening and last during the whole night. Majority of foreign sex workers are from Ukraine, Russia, Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Uzbekistan. There are also some single cases from Iran or Arab states.

About 20-30 sex workers work at the same site. Overall, the survey respondents believe there are up to 500 foreign sex workers in Batumi. Their pattern of migration is as follows: they arrive, collect some money, then go back to their country, then come back again and so on. It is noteworthy that sex workers usually do not live together, they prefer not to keep close relationship with each other. Their monthly income is about 500-600 US dollars. They pay rent, and the rest of money is saved.

Facilities' owners or managers are not pimps, however, it is a rule that sex worker has to make a client spend quite a large amount of money in the facility, e.g. 1000 Lari. If this rule is not observed, the sex worker might not be given a chance to work in the same facility again. Foreign sex workers do not have other assignments or tasks in the facilities (e.g. cleaner, masseuse etc).

Police does not bother foreign sex workers; sometimes they just check their passports and that's all.

Personal risk practices, clients, partners

Number of clients per day does not exceed 5. Sexual contacts happen at the hotels, after a sex worker and a client had spent some time at the facility, drink alcohol, etc.

Income per day is about 100 US dollars, sometimes 150-200 Turkish Liras (from Turk clients). In general, the respondents say that they prefer non-Georgian clients, since Georgians do not behave after having had some alcohol.

Foreign sex workers do not have regular clients; some mentioned having regular partners.

When asked about condom use, they report consistent use of condoms. In case the client refuses to have protected intercourse, they might return him his money and leave him.

Foreign sex workers prefer not to visit doctors in Georgia; they would rather refer to medical services back at their home country. If there is necessity of going to a doctor in Georgia, they complain that prices are very high. Quite often they apply self-treatment, or refer to pharmacies for medical advice.

Working abroad and risks connected to it:

Sex workers are coming to Georgia for sex work, as they learn through internet or through acquaintances that in Georgia it is possible to work and at the same time have some good holidays. One respondent mentioned that she had arrived for holidays, but then discovered that there are possibilities to earn some money too, so she engaged in sex business. Respondents did not report going to other countries than Georgia for sex work.

They have heard about trafficking only from media and internet, and do not know anyone who has been victim of trafficking. When asked, if they know of their countries' diplomatic mission in Georgia, their answer was negative.

As for alcohol and drug use while in Georgia, part of the respondents mentioned having drinks everyday; however, none of them said they had ever taken drugs in Georgia.

2. In 2020, shortly after beginning of the COVID-19 pandemic, Tanadgoma took part in "Rapid Needs Assessment of third country migrants in vulnerable situations due to the COVID19 pandemic" under IOM's "Enhancing Migrants' Rights and Good Governance in Armenia and Georgia – EMERGE". The organization interviewed 11 migrant female sex workers in Batumi. The survey showed that migrant sex workers are among the most vulnerable groups, who report acute needs and face barriers to seeking medical care or accessing government services. Gaps identified in the rapid needs assessment, concerning sex workers, coincide with the research cited above and include also general reluctance to seek health care in Georgia, due to affordability, mistrust and fears related to legal status or occupation. Since sex workers did not refrain from service provision during pandemic, their risks associated with continued exposure to clients represent particular vulnerability of this group.

The present research is based on the latest small study, and intends to generate evidence about pressing needs of migrant female sex workers and their barriers of access to health and social services.

Goal and Objectives

Goal

The goal is to study the access to human rights protection, health and social services among migrant female sex workers in light of the COVID-19 pandemic

Objectives

1. Awareness about COVID-19-related issues (modes of transmission, symptoms, treatment, channels for obtaining information).
2. Assessment of migrant female sex workers' problems and pressing needs in terms of the work environment, socio-economic conditions, healthcare, and human rights in light of COVID-19 pandemic.
3. Awareness of migrant female sex workers about organizations working on migrants' pressing needs.

Research sites: Batumi, Adjara, Georgia.

Research methodology and number of participants

Qualitative research, focus group discussions, was used as methodology and 17 respondents participated in it, 11 of which were citizens of Uzbekistan, 4 – Armenia, and 2 – Azerbaijan.

Criteria for the selection of respondents

- Migrant woman of reproductive age (18-46), living in Adjara and working as sex worker.
- Willing to participate in the research on a voluntary basis
- Respondent's informed consent for participation in the research.

Participant Recruitment

Nonprobability Convenience Sampling qualified as the nonprobability method was used for sampling, during which all individuals under the study group (migrant female sex workers) who met selection criteria are proposed to participate in the research study.

Data collection and analysis

The audios from focus group discussions were recorded per prior agreement with respondents. Detailed transcripts of focus group discussions were prepared using audio recordings following the fieldwork. With the computer program ATLAS.ti, data was processed with the aim of identifying qualitative aspects of primary tendencies, based on which analysis was conducted. This report presents data collected in the framework of qualitative research thematically structured by sub-chapters.

Key findings

1. Awareness of migrant female sex workers about COVID-19-related issues (channels for obtaining information, modes of transmission, safety, symptoms, treatment)

Participants of focus group discussion named the following as the channels for obtaining information about COVID-19: landlord (the majority of participants name landlord as the channel for obtaining information about COVID-19), internet, TV (the fact that only a small proportion of migrant female sex workers can understand Georgian should be taken into consideration), family member, organization, the message from the government.

Only a small proportion of respondents are informed about such COVID-19-related issues as modes of transmission of COVID-19, symptoms, COVID safety.

Only a small proportion of respondents are informed about testing. The majority of them don't know about testing sites for COVID-19 and name the discrepant sum of money necessary for testing – 20 Gel, 250-270 Gel.

2. Assessment of migrant female sex workers' problems and pressing needs in terms of the work environment, socio-economic conditions, healthcare, and human rights in light of the COVID-19 pandemic.

When speaking about barriers that emerged in light of the COVID-19 pandemic, respondents named 6 key problems that they face on their own. Problems that emerged or/and exacerbated amid COVID-19 are: 1. Decreased income; 2. Housing (utility bills, rent); 3. Food and hygiene products; 4. Relations with law enforcement 5. Psychological problems caused by stress 6. Healthcare

Decreased income

All participants of the research note that the COVID-19 pandemic impacted the sex-business. Border closure, the decline in the number of tourists, and the economic crisis caused by the pandemic impacted their work and income.

Housing problem (utility bills, rent)

The majority of participants note that they aren't able to pay rent and utility bills on account of decreased income. Few of them were kicked out of the apartment due to a lack of finances.

The problem of food and hygiene products

The majority of participants say that they have trouble purchasing food and hygiene products due to low income.

The problem of relations with law enforcement

Participants of the discussion mention inhuman and degrading treatment from law enforcement officers, which causes distrust towards them.

Psychological problems caused by stress

Participants note that COVID-19 has impacted their psychological condition. Low income-related problems cause constant stress, high anxiety, and the problem of emotional control.

Healthcare problems

Participants speak about healthcare struggles. As they mention, free medical services aren't available to migrant female sex workers, and they don't know where and who to see in case of a health problem. They name taxi drivers as the only way to find a suitable clinic.

Handling problems caused by COVID-19 pandemic

When discussing problems caused by COVID-19 pandemic, respondents speak about the ways to handle it. They note that they handle problems caused by the pandemic in the following ways: selling-pawning personal belongings, borrowing money, support from relatives and friends.

Migrant female sex worker's rights in light of COVID-19 pandemic

A portion of participants speak about ethnic-based discriminating and degrading treatment from the population. They note that society's attitude is more aggressive in times of pandemic than it was before. Whereas some respondents say that they haven't experienced such a thing and only mention society's positive attitude.

The majority of respondents don't advise any woman to come to Georgia to work in the field of sex-business due to their experience amid the COVID-19 pandemic when they faced discriminating and degrading treatment from both, population and representatives of law enforcement organs.

3. Awareness of migrant female sex workers about organizations working on migrants' pressing needs.

When discussing organizations working on migrants' pressing needs in Georgia, all participants mentioned that they have not heard about such organizations, which once again highlights the fact that they are overlooked amid state of emergency caused by the pandemic.

Research Analysis

Awareness of migrant female sex workers about COVID-19-related issues (channels for obtaining information, modes of transmission, safety, symptoms, treatment).

Participants of Focus Group Discussion named the following as the channels for obtaining information about COVID-19: landlord (the majority of participants name landlord as the channel for obtaining information about COVID-19), internet, TV (the fact that only a small proportion of migrant female sex workers can understand Georgian should be taken into consideration), family member, organization, the message from the government.

Moderator: Could you remember who first told you about COVID-19?

Respondent 10: I had 2 months old kid back then and the landlord told me that some virus is lurking around and I shouldn't invite friends over to my home (Batumi, FGD N1)

Respondent 7: I learned about it via the internet. I watched it, everybody was talking about it (Batumi, FGD N1).

Respondent 5: My child. S/he told me and I was very surprised. I didn't know anything about it. S/he lives in Armenia. I was talking to my child on my phone when s/he told me – mother be careful, people are going around the streets and sneeze out of nowhere. I was in shock (Batumi, FGD N1)

Interviewer: Could you remember where did you first hear about COVID-19?

Respondent 1: From TV (Batumi, FGD N2).

Respondent 1: I got the message on my phone from the government. It was a campaign. The message was from Georgia.

Respondent 2: From your coworker (Batumi, FGD N1)

Only a small proportion of respondents are informed about such COVID-19-related issues as modes of transmission of COVID-19, symptoms, COVID safety.

Respondent 1: I heard from people that the borders were closed because of coronavirus. I saw it on TV as well. I don't know anything else (Batumi, FGD N1)

Interviewer: How is COVID-19 transmitted, treated, have you not heard about it?

Respondent 5: No (Batumi, FGD N2)

Respondent 3: By sneezing and coughing, through the air. I was informed via TV that you lose a sense of smell (Batumi, FGD N1)

Respondent 9: Fever, sore throat, itchy nose, and eyes. If you have those symptoms, it's definitely corona (Batumi, FGD N2)

Respondent 2. You should wash your hands frequently.

Respondent 1: You shouldn't be close to one another, shouldn't touch anything with your hands (Batumi, FGD N1)

Only a small proportion of respondents are informed about testing. The majority of them don't know about testing sites for COVID-19 and name the discrepant sum of money necessary for testing – 20 Gel, 250-270 Gel.

Respondent 1: It's at different sites, one of them being Republic Hospital

Respondent 4: They've put up two tents at the square (Batumi, FGD N1)

Interviewer: Do you know where to get tested for corona?

Respondent 1: I don't know (Batumi, FGD 1)

Interviewer: Do you still want to get tested and do you still not know where to go?

Respondent 6: Of course, I'd like to get tested, but I don't know where to go (Batumi, FGD N2)

Interviewer: And how much does the test cost?

Respondent 8: 250 or 275 Gel (Batumi, FGD N2)

Respondent 10: After I went there with my friend, my friend visited again in 72 hours to get a test and paid 20 Gel. I've seen it with my eyes. S/he is Turkish and doesn't know Georgian nor Russian. I accompanied her as the translator (Batumi, focus group discussion N2)

Assessment of migrant female sex workers' problems and pressing needs in terms of the work environment, socio-economic conditions, healthcare, and human rights in light of the COVID-19 pandemic.

When speaking about barriers that emerged in light of the COVID-19 pandemic, respondents named 6 key problems that they face on their own. Problems that emerged or/and exacerbated amid COVID-19 are: 1. Decreased income; 2. Housing (utility bills, rent); 3. Food and hygiene products; 4. Relations with law enforcement 5. Psychological problems caused by stress 6. Healthcare

1. Decreased income

All participants of the research note that the COVID-19 pandemic impacted the sex-business. Border closure, the decline in the number of tourists, and the economic crisis caused by the pandemic impacted their work and income.

Respondent 6: We mainly worked on tourists because Batumi is a touristic city and when the borders closed due to virus, many working places were shut. Naturally, we don't have clients anymore and the ones we have practically have no money, they can no longer earn it. When people could make money, we had a job as well (Batumi, FGD N1)

Respondent 7: The situation is much worse and has exacerbated even more. Before, we could leave the house to work and now, there are no clients at all. We don't have work whatsoever (Batumi, FGD N2)

2. Housing problem (utility bills, rent)

The majority of participants note that they aren't able to pay rent and utility bills on account of decreased income. Few of them were kicked out of the apartment due to a lack of finances.

Respondent 6: ... My housewife, the landlord has told me directly that if I can't pay rent I should move out of the apartment. Didn't allow me to stay no matter what.

Respondent 3: We have a problem with utility bills (Batumi, FGD N1)

Respondent 2: Now the landlord tells you to move out if you don't pay. The rent was 200-250 dollars before and we were able to pay, now they've reduced it, but we can't pay. (Batumi, FGD N2)

3. The problem of food and hygiene products

The majority of participants say that they have trouble purchasing food and hygiene products due to low income.

Respondent 3: Food problem. It's more expensive and we have trouble purchasing it (Batumi, FGD N1)

Respondent 5: They have common needs just like everybody else. Hygiene, disinfection products that we can't afford to pay for at the moment in such conditions. When a basic disinfection solution costs 9 Gel, how can we buy it? (Batumi, FGD N1)

4. The problem of relations with law enforcement

Participants of the discussion mention inhuman and degrading treatment from law enforcement officers, which causes distrust towards them.

Respondent 5: You call the police and they insult you.

Respondent 2: They call you names.

Respondent 5: They humiliate you, what hole could we crawl out of, who could we ask for help? Through whom should we ask for help? They won't like anything else and what can you do. They tell us to go back to our country.

Respondent 3: They beat us, tell us to go home, go home.

Respondent 6: I think they don't consider us humans. They can't comprehend to help us. Law enforcement organs don't know what it means to help, at all. I think here I don't have any rights whatsoever. (Batumi, FGD N1)

5. Psychological problems caused by stress

Participants note that COVID-19 has impacted their psychological condition. Low income-related problems cause constant stress, high anxiety, and the problem of emotional control.

Interviewer: How did COVID-19 impact your health?

Respondent 5: Of course, it had an impact since we all live under stress.

Respondent 1: We materially helped our families, now we can't and this affects us, as well as them. It doesn't matter if you're a migrant or not.

Respondent 5: When your child sits there, asks you something and you cannot help, this heavily affects you psychologically and morally.

Respondent 2: How can I come out of this stress, I don't know. It psychologically affects you, and you don't want to do anything anymore. Sometimes we drink not to bite and fight (Batumi, FGD N1)

Respondent 7: Nerves have failed us, and stress...

Respondent 4: For us, it's stress.

Respondent 6: I indeed suffer from stress (Batumi, FGD N2)

6. Healthcare problems

Participants speak about healthcare struggles. As they mention, free medical services aren't available to migrant female sex workers, and they don't know where and who to see in case of a health problem. They name taxi drivers as the only way to find a suitable clinic.

Interviewer: How would you describe a migrant female sex worker's condition in terms of healthcare in Georgia amid COVID-19?

Respondent 1: Negatively;

Respondent 5: I'd say the same

(Group agrees)

Interviewer: What does it mean, How would you describe it?

Respondent 6: There are no free services, no control over health check-up.

Respondent 5: Nothing is free for migrants (Batumi, FGD N1)

Interviewer: Do you ask someone where to go? (Speaking about a clinic)

Respondent 6: I asked the taxi driver and s/he told me where to go.

Interviewer: Who else asks the taxi driver for everything?

Respondents: All of us ... (Batumi, FGD N2)

Handling problems caused by COVID-19 pandemic

When discussing problems caused by COVID-19 pandemic, respondents speak about the ways to handle it. They note that they handle problems caused by the pandemic in the following ways: selling-pawning personal belongings, borrowing money, support from relatives and friends

Respondent 4: We pawn our valuables.

Respondent 1: Phones

Respondent 6: I sold my tablet the other day.

Respondent 2: Sometimes I ask my relatives for help.

(Batumi, FGD N1)

Respondent 7: The way we live is through debt. I think everybody lives like this (Batumi FGD N2)

Respondent 5: It's hard to handle it. Sometimes we help each other and that's how we get by (Batumi, FGD N1)

Migrant female sex worker's rights in light of COVID-19 pandemic

A portion of participants speak about ethnic-based discriminating and degrading treatment from the population. They note that society's attitude is more aggressive in times of pandemic than it was before. Whereas some respondents say that they haven't experienced such a thing and only mention society's positive attitude.

Respondent 3: Yes, the day before yesterday at my workplace locals yelled at us - go back to your country, go back to your Dagestan, Armenia, Ukraine. Constant abuse.

Respondent 1: They throw water at us,

Respondent 6: 5-6 boys together came at them and threw water.

Respondent 3: They yelled at us that we shouldn't be here, we should go back to our country, and that this is their land. (Batumi, FGD N1)

Respondent 6: ... I went to the police to explain the situation very adequately and calmly, but who listened to me. Neighbors saw everything but nobody told the truth. Everybody said migrants are already tiresome, what are they doing here, everyone should go back to their country. I've worked for two years prior to the pandemic and haven't experienced something like this, they went crazy amid the pandemic (Batumi, FGD N1)

Interviewer: What can you tell me about the experience of ethnic-based harassment, violation of rights, and a negative attitude?

All respondents: No, everybody loves us (Batumi, FGD N2)

The majority of respondents don't advise any woman to come to Georgia to work in the field of sex-business due to their experience amid the COVID-19 pandemic when they faced discriminating and degrading treatment from both, population and representatives of law enforcement organs.

Interviewer: Imagine that your close female acquaintance is coming to Georgia. She doesn't know anything about the reality she'll face here. What would you tell her? What should she consider?

Respondent 1: I'd tell her no.

Respondent 4: Stay where you are, and where it's yours.

Respondent 5: Don't go, don't even think about it. Aggression and severely strict attitude towards women.

Respondent 3: Go around Georgia
(Batumi, FGD N1)

Respondent 6: She may face numerous obstacles. For example, one beautiful day she might find herself outside, without the apartment (Batumi, FGD N1)

Respondent 4: I'd tell her to come even before COVID and I'd tell her the same now. I'd tell her that this is a good and beautiful country. People are normal, they help each other (Batumi, FGD N2)

Awareness of migrant female sex workers about organizations working on migrants' pressing needs.

When discussing organizations working on migrants' pressing needs in Georgia, all participants mentioned that they have not heard about such organizations, which once again highlights the fact that they are overlooked amid the state of emergency caused by the pandemic

Respondent 5: Not a single migration organization. Maybe there are migration services but we're not aware of it. We, migrant women from various nations, don't feel safe.

Respondent 2: Nobody has ever helped us with anything.

Respondent 1: We were really struggling.

Respondent 3: We couldn't even gather [money] for the apartment (Batumi, FGD N1)

Interviewer: What do you think, are there organizations working on migrants' pressing needs in Georgia?

Respondent 9: I don't know.

Respondent 11: I've never heard of it (Batumi, FGD N2)

Conclusions and recommendations

Conclusions

The following conclusions can be drawn from research outcomes:

1. Given that a great proportion of participants aren't informed or don't have comprehensive information about COVID-19-related issues (modes of transmission, safety, symptoms, treatment) and mostly name landlord as the channel for obtaining information, we can conclude that migrant female sex workers are overlooked in light of COVID-19 pandemic and no informative and preventive activities are conducted targeting migrant female sex-workers for COVID safety.
2. Migrant female sex workers are in an information vacuum regarding organizations working on migrants' rights and health care services.
3. The pandemic caused the exacerbation of migrant female sex worker's socio-economic, psychological, and human rights conditions. It's safe to say that they're left to face pandemic-related problems and pressing needs alone and are forced to handle multi-factor problems (housing, food and hygiene problems, relations with the representatives of law enforcement, psychological problems) on their own.
4. Migrant female sex workers often experience discriminating, inhumane and degrading treatment from both, population and representatives of law enforcement and they're defenseless in the face of the problem.

Recommendations

1. It's essential to create information materials about COVID safety, prophylaxis, modes of transmission, symptoms, treatment and if necessary, required actions to take in foreign languages (Azerbaijani, Armenian, Ukrainian, and/or Russian) considering risk behavior of migrant female sex workers.
2. It's important to create a map of available services for migrant female sex workers (in Azerbaijani, Armenian, Ukrainian, and/or Russian languages), using which they will be able to refer to respective assistance.
3. It's essential to create a social package (housing, food, and hygiene products) for migrant female sex workers to satisfy the basic needs in light of the COVID-19 pandemic.
4. It's necessary to carry out informational-educational activities on protection of rights and capacity building targeting migrant female sex workers.
5. It's advised to create a legal assistance package that will grant migrant female workers an opportunity to protect their dignity and rights with the involvement of professionals.

