



Research Report:

**Sex Workers' Experiences,
Knowledge and Needs with
Regard to Exercising Human
Social and Healthcare Rights in
the Republic of North
Macedonia**



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THE FIRST SEX WORKERS
COLLECTIVE IN THE BALKANS



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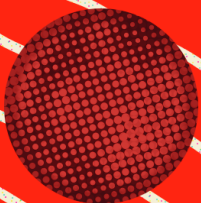
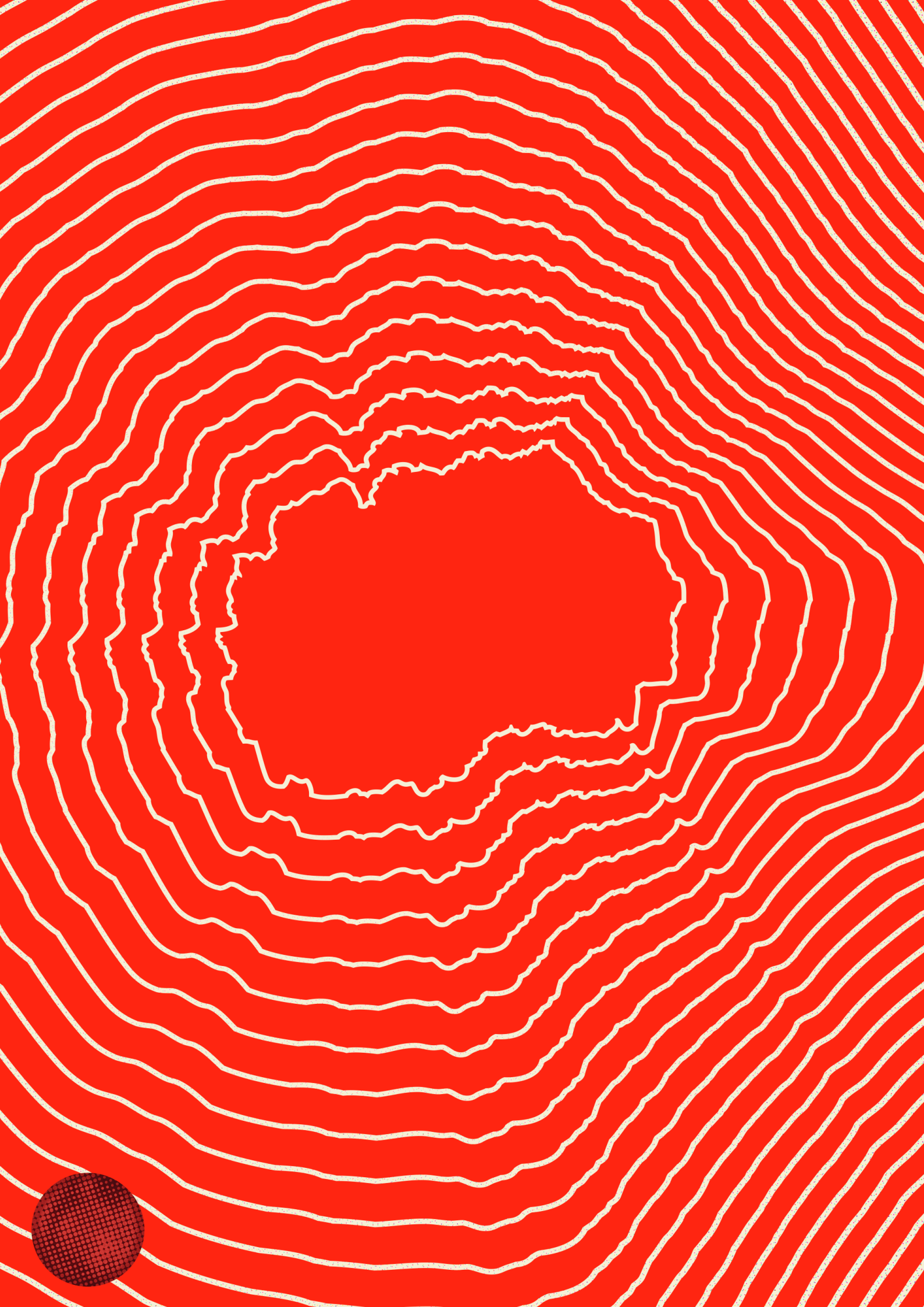
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Acronyms

MLSP – Ministry of Labor and Social Policy

MH – Ministry of Health

CSW – Center for Social Work

GMA – Guaranteed Minimum Aid

PEP – Post Exposure Prophylaxis

SRH – Sexual and Reproductive Health

HIV – Human Immunodeficiency Virus

AIDS – Acquired Immunodeficiency Syndrome



Introduction

The access to social and healthcare services for sex workers is a complex and multi-layered issue which significantly differs in various regions and countries. It is essential to emphasize that sex work in general is a controversial subject matter, for which there are numerous legal frameworks and social viewpoints, which directly impact the availability and accessibility to the social, healthcare and legal services for individuals engaged in voluntary sex work. The legal status of sex work does have a significant impact on the access to the previously mentioned services. In those countries where sex work is decriminalized, i.e. it is not treated as an offence or an act of crime, sex workers do have better access to social services, including healthcare, counseling and legal aid. However, in places where sex work is criminalized or strictly regulated, sex workers are most commonly faced with stigma, discrimination and limited access to services, given that their work is considered illegal.

In the legal regulations of the Republic of North Macedonia, performing sex work in public space, i.e. giving in to prostitution is a disturbance of public order and peace, whereas the mediation in prostitution such as pimping, encouraging, or obtaining a financial gain by providing sex services are treated and penalized as crimes.

In addition, sex workers are frequently subjected to stigma and discrimination in the public discourse, which creates barriers in the access to social and healthcare services. The negative stereotypes and public judgment contribute to marginalization of sex workers, which renders them unlikely to seek and receive support. The fear of being judged discourages individuals to seek aid and support from service providers. In some cases, the specialized organizations and civil organizations take care of sex workers' needs and provide networks of support, but their availability and reach can considerably vary. Sex workers frequently seek counseling services as well, in order to be able to tackle issues such as mental health, substance abuse and violence. Nevertheless, due to the marginalized nature of sex work, these services can be limited and unavailable.

The solution to the challenges pertaining to the access to social and healthcare services for sex workers requires a comprehensive approach. This implies adopting legal frameworks which prioritize the health, safety and sex workers' human rights, reduction of stigma and discrimination, development of awareness and education, as well as establishing inclusive and specialized services adapted to their specific needs. The cooperation amongst key stakeholders, i.e. the relevant state institutions, the civil sector, healthcare and social services providers, as well as sex worker-led organizations is of vital importance to create a favorable environment which would provide equal access to healthcare and social protection for all of those engaged in voluntary sex work, by means of promoting their general wellbeing and rights, particularly within the frames of sexually transmitted infections (STIs) prevention, violence and substance abuse.

This analysis will attempt to present the conditions in the social, healthcare and legal framework in the Republic of North Macedonia, and by analyzing the experiences of the sex workers' community, it will provide an objective outlook of their implementation. The content of this analysis will generate the national priorities towards a full realization and protection of sex workers rights.

Methodology

The methodological framework of this report is based on desk analysis, legal analysis and analysis of the data gathered by outreach participatory research among sex workers. For the purposes of the research, a total of 50 sex workers were interviewed, responding to a questionnaire related to exercising their healthcare and social protection rights, as well as the mechanisms for access to justice in cases of violence.

The identification of the participants in the research was based on the convenience sampling method with the generous assistance by STAR-STAR's outreach workers. In doing so, efforts were made to ensure a representative sample and diversity in the demographic characteristics of sex workers who participated in the research, in order to ensure comprehensiveness and relevance of the gathered data. The following criteria were taken into account for the participants' inclusion in the research: they must be at least 18 years of age, to be engaged in sex work, to reside in North Macedonia and consent to participate in the research.

The desk analysis is based on secondary sources and includes gathering, reviewing and analyzing the available legal regulations, reports, analyses, documents and data pertaining to policy implementation and the functionality of the sexual and reproductive health and rights services, as well as the social protection services. Reports, analyses, documents and data from relevant institutions (both domestic and international), reports and analyses from civil society organizations and institutions responsible for monitoring the work of service providers and implementation of social protection policies were used as sources.

The legal analysis was based on primary and secondary data and entailed analysis of the laws, the by-laws and policies regarding the establishment, financing and maintenance of the social protection services, as well as the sexual and reproductive health and rights services, and via the questionnaire, this report will have determined their implementation, and it will also refer to the practice of providing and receiving the services.

According to the foregoing, the report has the goal of coming up with recommendations which would serve the purpose of an indicator to overcome the barriers which the sex workers' community faces, simultaneously defining common priority actions which would refer to the promotion of social protection services policies, and sexual and reproductive health services as well.

The authors express their gratitude to all sex workers who participated in the research, to the sex worker-led organization STAR-STAR from Skopje which conducted the research and the Sex Workers Rights Advocacy Network (SWAN) for their support in the preparation of this significant report.

Sex Work in the National Context

Sex workers in the Republic of North Macedonia still remain one of the most vulnerable and marginalized category of citizen within society and are subjected to public judgment, stigma and discrimination. They are quite often victims to a widespread hate speech, stigma and discrimination, and commonly violence by police officials, their clients and members of their families and households.

Sex workers are subjected to intersectional discrimination, the non-sanction of which contributes to a widespread hate speech, and often violence by police officers, sex services users, their partners and families. However, cases of rights violations remain undocumented and unprocessed due to the dysfunctional legal system, which in turn generates lack of trust in the institutions, and also due to the existing stigma and public judgment pertaining to sex work.

Unfortunately, in the Republic of North Macedonia there are still conservative and obsolete social values around sexuality and human body autonomy, by which the state takes it upon itself to restrict the bodily integrity, and thus even further deepens the gap of gender inequality. In addition, the existing policies and laws in place do not recognize voluntary sex work as a profession, by which they restrict the constitutionally guaranteed rights to free choice of work and protection at work. This contributes to economic and social vulnerability due to their marginalization by the legal and social protection systems.

Lived experiences, as well as numerous data and information testify to the public discrimination and marginalization emerging from stereotypes and prejudices embedded in the public conservative and patriarchal discourse. Additionally, the matter deteriorates with the sensationalist approach in all public reporting on sex workers by the media due to the lack of respect for the principles based on human rights and editorial policies heavily dependent on party and political pressures and the struggle for profit. Apart from the protection mechanisms offered by the civil society sector, sex workers have no other supportive environment in which they can act and express their will freely.

The institutional discrimination that sex workers are faced with generates negative attitudes towards the system, thus sex workers generally do not believe that the institutions are efficient in the provision and protection of their rights. Their weak economic power, low legal literacy levels and the mistrust in institutions most commonly prevents sex workers from seeking protection and provision of their social and healthcare rights, by which their vulnerability is reaffirmed, alongside with the need to promote the access to systemic protection and services.

1.1 Punitive Legal Framework Analysis

In the Republic of North Macedonia, sex work is considered an administrative offense according to Article 19 of the Law on Offenses against Public Order and Peace¹. This means that engaging in the act of “selling sex” is subject to penalties. Additionally, it is illegal to rent or provide premises for prostitution. On the other hand, “buying sex” is not criminalized in the country. There are no specific laws that penalize individuals who pay for sex

¹ Law on Amendments and Supplements to the Law on Offenses against Public Order and Peace Law, [Official Gazette of the RNM](#), No. 171/22, 29th July 2022

services. Organizing and managing activities pertaining to sex work, such as opening/operating brothels, is considered an act of crime. This also encompasses individuals who own hotels and restaurants and allow for sex work to take place in their venues. The activities that include procuring, inciting and facilitating sex work are also criminalized.

Currently, the only legal protection is provided within the Prevention and Protection against Violence on Women and Domestic Violence Law², in which for the very first time sex workers are explicitly recognized as a vulnerable category, as well as the protection of sexual and reproductive health of female, male and transgender sex workers via the Protection of the Population against the HIV infection in the Republic of North Macedonia programs, which emerge from the national HIV strategies³.

In North Macedonia, sex work is not recognized as a form of legitimate work. It is not considered a legal occupation, and sex workers do not have the same labor rights and protection as those engaged in other recognized professions. Sex work is not decriminalized, but there are very limited legal provisions by which it is regulated in the country. The legal issue of the introduced criminal penalties for various aspects of sex work remains controversial.

This manner of criminalizing voluntary sex work and activities related to it creates a variety of challenges that sex workers face, including stigma, discrimination and limited access to the social, healthcare and legal services. All of this contributes to a higher degree of marginalization and vulnerability of sex workers, which renders them even more vulnerable to exploitation, violence and abuse.

The economic factors also play a vital role regarding sex work in the Republic of North Macedonia. The high unemployment rate and economic challenges in the country can contribute to some individuals getting engaged in sex work as a means of survival or to supplement their income. The socio-economic differences and limited employment prospects can contribute to reliance on the sex industry as a livelihood option⁴.

The circumstances for sex workers in North Macedonia put them in a position to face multiple risks and vulnerabilities, including violence, harassment, discrimination and health issues. Due to the criminalized nature of their profession, sex workers are likely to be hesitant to report violence or seek help by the law enforcement in fear of legal repercussions or additional harassment. This situation additionally creates barriers for access to social services for sex workers in North Macedonia. The stigmatization and discrimination can result in limited availability to healthcare services, including sexual and reproductive health support, HIV prevention and treatment and mental health services. Furthermore, the access to legal aid, social support programs and counseling services can be challenging, which hinders sex workers' prospects to seek help and protection.

Nevertheless, besides the previously mentioned challenges, there are local organizations and civil society organizations in North Macedonia that work on provision of support, raising awareness and advocating for sex workers' rights and wellbeing. In the absence of an appropriate response by the competent institutions, these organizations offer sexual and reproductive health services, HIV and STI testing, dermatovenerological exams, education and counseling on SRHR, as well as other services such as accompaniment in competent social work centers.

2 Law on Prevention and Protection against Violence on Women and Domestic Violence, Official Gazette of RNM, No. 24, 29th January 2021

3 Program for Protection of the Population from the HIV Infection in the Republic of North Macedonia, [Official Gazette of the RNM No. 8](#), 12th January 2021

4 Decriminalization of sex work in Macedonia, HOPS 2016

1.2 Conditions in Terms of Exercising Healthcare Rights

A total of fourteen organizations play a key role in facilitating the access to sexual and reproductive health services for key populations in the Republic of North Macedonia, which work within the frames of Protection of the Population from the HIV Infection Program. These services were initially established 15 years ago with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria ⁵.

Ever since the cut-off of the international support back in 2018, the Ministry of Health assumed full responsibility for funding essential HIV and STI services for vulnerable groups, the likes of which include sex workers, men who have sex with men, people who inject drugs, people living with HIV and young individuals. These civil society organizations are recognized as implementers of the measures and activities in the Protection of the Population from HIV Program.

The financing model for sexual and reproductive health (SRH) for sex workers in the Republic of North Macedonia is structured via the Prevention of the Population from HIV Program, under the jurisdiction of the Ministry of Health⁶. This financing is awarded on a project basis annually. While the majority of the financial resources for these services come from the Ministry of Health's Program, many organizations also rely on domestic and international donors in order to provide comprehensive and uninterrupted SRH services. A decline in the availability of certain services has been observed in smaller organizations, the likes of which include psycho-social support and gynecological services since the cut-off of the international support. Civil society organizations provide a range of services for sexual and reproductive health for sex workers, which include:

- Distribution of an essential service package: provision of condoms, lubricants and educational materials, both in outreach and stationary services;
- HIV testing and counseling; mobile HIV testing and counseling clinics in which individuals can get a pre-test counseling, undergo a rapid HIV testing and receive counseling once the result is obtained;
- Sexually transmitted infections diagnosis and treatment: gynecological exams and counseling, which include sexually transmitted infections diagnosis, administering therapy and contraception, as well as vaginal and ECHO medical exams;
- Dermatovenerological exams are also performed, which offer treatments such as cryotherapy, sexually transmitted infections diagnosis and administering therapy;
- Psycho-social counseling and support: essential psycho-social counseling and support for sex workers pertaining to their emotional and mental wellbeing;
- Education and other activities: educational initiatives focused on HIV and sexually transmitted infections prevention.

⁵ Simona Atanasova, Borche Bozhinov, Nenad Micov, Lila Milikj – Assessment of the Compatibility of the Existing Sexual and Reproductive Health Services with Sex Workers' Needs in the Republic of North Macedonia, 2021

⁶ Program for Protection of the Population from the HIV Infection in the Republic of North Macedonia for 2022, Official Gazette, No. 33, 15th February 2022

These comprehensive services have the purpose of responding to sex workers' sexual and reproductive health needs, promoting their wellbeing and reducing the risk of HIV and sexually transmitted infections.

The HIV prevalence in the country is relatively low. However, there's an increased trend of HIV infections in men who have sex with men (MSM), which makes the epidemic concentrated around this population. In 2017, all registered newly-infected cases with HIV were men, 81% of which were MSM. Additionally, the largest number of registered cases with sexually transmitted infections (STIs) in 2017 was with Chlamydia (47.4%), which makes an increase by 12.3% compared to 2016.

By analyzing the conditions in the area of sexual and reproductive health, as well as exercising the right to healthcare, the Republic of North Macedonia falls behind several European countries. For example, the findings show that the cervical cancer is ranked as the third most common type of cancer and the fifth greatest contributor to cancer related deaths in women between the ages of 15 and 44. Unfortunately, the assessed participation rate in the cervical cancer screening program remains alarmingly low, at just 28%.

The rate of utilizing modern contraception is exceptionally low, at only 12.7%. As a result, the Republic of North Macedonia is ranked among the countries with lowest rates of contraceptive use in Southeast Europe and Europe as whole, as well. This situation predominantly affects women with a lower socio-economic standing. Some of the most prominent obstacles include:

- Unbalanced geographic distribution of services;
- Illegal imposition of fees for reproductive health services by family gynecologists;
- Expenses related to transport to the nearest healthcare institution;
- Lack of motivation among gynecologists to offer services pertaining to planning a family, and
- Insufficient provision of information based on evidence in terms of the benefits of contraception for girls and women and the persistence of gender stereotypes⁷.

The lack of available reproductive health professionals is a significant and urgent concern. The average age of obstetricians and gynecologists, who play a vital role in the provision of these services, continually increases, which is a potential threat for the maintenance of this key sector in the near future. In addition, there is a significant imbalance in the geographical distribution of obstetricians and gynecologists, which results in considerable differences in the access to these healthcare service providers for women who live in the rural and urban areas⁸. On average, there are 3,610 women per gynecologist, but there are considerable variations in different regions. This is apparent by the striking difference in the 1:3 ratio between the well and the poorly services regions. Out of 31 healthcare regions, 10 suffer from insufficient coverage with gynecologists. These regions are: Makedonski Brod, Probishtip, Krushevo, Radovish, Demir Hisar, Kratovo, Delchevo, Shtip, Kriva Palanka and Resen.

7 HERA – Looking Ahead to 2022 EU Enlargement: Roma Reproductive Health and Social Wellbeing, 2022

8 Brankica Mladenovikj, Irina Lucheska – Reproductive Healthcare in the Republic of Macedonia: Analysis of the Conditions in Terms of Human Resources in the Healthcare System, 2019

In May 2019, the Parliament of the Republic of North Macedonia passed a progressive Pregnancy Termination Law, by which all the administrative barriers which hinder women's access to abortion were eliminated. This involves elimination of mandatory counseling, the three-day waiting period and the extortionate penalties for abortion providers. The updated law also recognizes medical abortion as an integral part of the comprehensive abortion care, allowing its realization in properly equipped gynecological clinics within primary care for pregnancies up to nine weeks of gestation⁹. In the same year, the Ministry of Health introduced a budget for provision of free contraceptives to socially vulnerable groups of women who have undergone an abortion, as part of the Active Healthcare for Mothers and Children Program in the Republic of North Macedonia. Nevertheless, in the last two years, the budget for free contraceptives was considerably reduced. In 2022, the budget was restricted to 100,000 MKD, which is sufficient to meet the needs of only 50 women¹⁰.

In 2022, the Active Healthcare Protection for Mothers and Children Program in the Republic of North Macedonia suffered enormous reductions in financing for regular gynecological exams and lab tests during pregnancy and giving birth for women without mandatory health insurance coverage compared to 2021¹¹.

Despite the efforts by the civil society organizations and the Roma female community organizations to solve this issue, the Ministry of Health (MH) still has not found a systemic solution to establish a gynecological clinic in the Municipality of Shuto Orizari. As a result, 8,000 Roma women are denied continual access to family gynecologist and basic reproductive care for an extended period of time.

According to the preventative healthcare policies, all services offered by the GPs or gynecologists ought to be covered by the patient's healthcare insurance. However, there is ample evidence that family gynecologists tend to charge their patients, especially Roma women, for the services provided. This illegal practice of overcharging, especially in gynecological clinics for Roma women, has been in place for almost a decade.

1.3 Conditions in Terms of Exercising Social Protection Rights

A major reform in the social aid system began in the middle of 2019 by the introduction of Guaranteed Minimum Aid (GMA) in order to reduce the rate of poverty. Even though there was a certain progress, there is still a lot to be done to strengthen the social protection and inclusion, especially in terms of poverty reduction, labor market activation, work skills requalification, access and enrollment in preschool education, as well as the availability and quality of social care. The poverty rate in the economy is relatively high and requires expansion of the coverage and efficiency of the social aid system¹². The improvement of social services is the key to a successful social inclusion. The social work centers have a key role in the support for inclusion of social aid users (alongside with employment offices). The overall social reform entailed changes in the organization and work of the SWCs. With the Social Protection Law in 2019, several new social services were provided for the very first

9 Pregnancy Termination Law, Official Gazette RNM, No.101 on 22th May 2019

10 Active Healthcare Protection for Mothers and Children Program in the Republic of North Macedonia, Official Gazette RNM, N. 33, 15th February 2022

11 HERA – Looking Ahead to 2022 EU Enlargement: Roma Reproductive Health and Social Wellbeing, 2022

12 [Performance of Western Balkan economies regarding the European Pillar of Social Right, 2021 Review North Macedonia](#)

time, which include: personal assistance, help and care at home, and respite care, intended for people with disabilities and the elderly¹³.

Additionally, a system for licensing non-public social service providers and a system for public financing of non-public social service providers have been introduced. The Commission for Licensing Non-Public Social Service Providers and the Commission for Social Services Funding were formed in order to develop and provide social services by licensed and authorized providers (associations and private providers). As of June 2023, 82 civil society organizations have been licensed to provide social services, mostly related to the elderly and people with disabilities¹⁴.



13 Iva Mihajlovska, Nenad Micov – Analysis of the Drawbacks in the Social and Punitive Legal Framework that Affect Sex Workers’ Access to Rights, May 2023

14 Licensed Service Providers Registry, April 2023



Analysis of Sex Workers' Experiences and Knowledge Regarding Social Protection and Healthcare Rights

This analysis is based on the data gathered by a research among the community of sex workers, in which a total of 50 sex workers from North Macedonia took part, responding to a unified questionnaire within the Global Framework for Social Protection and Sexual and Reproductive Health and Rights. The national implementation of the research was conducted in the period between April and May 2023 with the support of the regional network SWAN - Sex Workers Rights Advocacy Network.

2.1 Social Protection and Healthcare Insurance

Social protection refers to the measures created by the authorities to prevent and deal with situations that negatively affect people's wellbeing, as well as the measures that reduce vulnerability and promote social and economic stability. This could entail financial and social aid by the state, as well as healthcare and unemployment insurance. These are in fact measures that promote employment, economic security and workers' protection.

These measures are in place so that the state can provide access to social and healthcare services with a guaranteed income, especially in cases of old age, unemployment, illness, disability, injury at the workplace, maternity leave and many other situations. Most commonly, sex workers obtain the necessary information to exercise social protection rights from organizations led by the community of sex workers (66%), a large part is also received by other civil society organizations (56%), followed by information received by friends or family members (48%), and insufficiently by state authorities (24%) or colleagues from work (18%).

More generally, nearly 68% of sex workers who responded to the questionnaire were provided with information on social protection, whereas 22% of them were denied such information. About 10% do not know whether or not they have enough information to exercise their social protection rights, which is a worrying fact.

Almost 78% of the interviewed community of sex workers is familiarized with the rights to exercise healthcare insurance, 62% have information on exercising pension rights, 40% have information on exercising unemployment rights, 64% have information on realizing social benefits, about 90% of the community is aware of the procedure for exercising the right to a one-time financial aid. With regard to exercising housing rights, about 56% are familiarized, 60% are aware of employment services, whereas when it comes to utilizing the training and prequalification services, 44% are informed. 60% are familiarized with the aid measures in case of emergency.

Nevertheless, in terms of the access and exercising of these rights, the situation is drastically different. Even though a great number are knowledgeable regarding the procedures and exercising their rights, only **10% of them have attempted to gain ac-**



cess to exercising their pension right, and only 26% attempted to access the right to unemployment insurance.

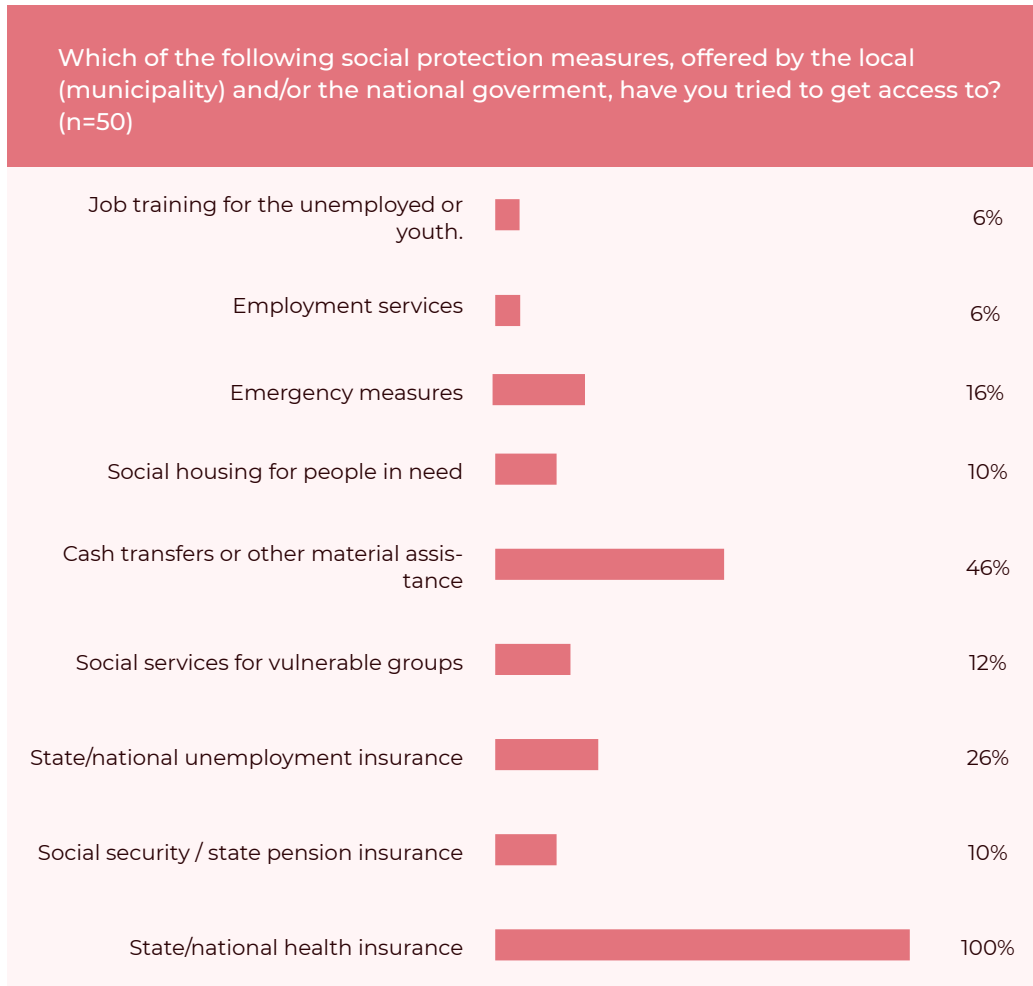


Chart 1. Social protection measures to which sex workers required access

The figure of 12% of sex workers who have attempted to access social benefits/social protection services is worrying, and on the other hand 46% of them have tried to exercise the right to a social benefit. Almost 10% of the interviewed sex workers have tried to exercise housing rights, and 15% have accessed the available aid measures in case of an emergency. In terms of being informed, 16% of the surveyed sex workers have information about exercising the right to unemployment insurance, whereas 36% are informed about exercising the right to pension. Out of the total number of respondents, 16% do not know or are unsure of the possibility to exercise any of these rights.

Consequently, even the perceptions of the interviewers who conducted the questionnaire point to the conclusion that interviewed sex workers' community lacks knowledge of social protection rights, and their only association is the right to guaranteed minimum aid. These data are mirrored in the perception of sex workers, especially when it comes to exercising social protection rights.



I was faced with an inappropriate treatment by an employee in the SWC in Gevgelija when I applied for a social apartment. They did not give me the information that I needed.

There are too many documents that you pay for out of pocket, and they don't even ask you if you have any money, because if I did, I wouldn't seek social protection. You have to wait very long for an answer – I applied 4 months ago, and I still haven't heard from them.

Some of them did not face any barriers when exercising social protection rights, which is primarily due to the support and assistance provided by experts engaged by the civil society organizations, as well as the sex worker-led organization STAR-STAR from Skopje.

The social worker from STAR helped. I wouldn't have succeeded on my own.

If I had been alone, I would have been discriminated, but I was accompanied and everything was OK.

However, the access to exercising social protection rights for a significant number of the interviewed sex workers abounds with obstacles. In the competent social work centers, a great number of the community is still facing an inadequate treatment, inappropriate and irrelevant questions, being denied information and the non-functionality of the one-stop administrative system, which is key for the vulnerable categories when it comes to social services delivery, which in turn even further marginalizes them and excludes from the social protection system.

The treatment by the authorities is also discouraging. The sex workers' community is faced with numerous hindrances in their attempt to exercise their rights which are constitutionally and legally guaranteed. This, the treatment by the authorities is discriminatory, full of stigma on various grounds such as nationality, education, for moral and ethic reasons, and the like. The difference in the treatment by competent authorities is noticeable when sex workers are accompanied by representatives from civil society organizations.

The biggest obstacle is the documents; I had to provide many documents for which I had to pay. Since I was born in Bitola and lived in Gostivar, I had to take all the documents from Bitola and submit them there.

When I asked for help to fill out the documents, the employee told me that I had to study at school and that her job was not to fill out documents.

When the commission came to my place for inspection, one of the employees started telling me that I was a sex worker and that I don't need social aid, so she concluded that I was not eligible because I earn money by doing sex work.

They yelled at me because I don't understand Macedonian. I am Roma, my dear.

The questionnaire analyzed the sex workers' perceptions in terms of what the treatment by the competent authorities would be like in case they knew they were engaged

in sex work. The main perception among all respondents is that **not a single sex worker would attempt to seek social protection service alone if the authorities knew that they are sex workers.**

A great number of the respondents base their assertion on the experience they have had in the procedures to exercise their right to social protection. Almost all of them confirmed that if the authorities knew about their status as sex workers, they would be insulted and they would exercise their social protection rights with great deal of difficulty, and for some of them that would be a reason enough not to exercise their constitutionally and legally guaranteed right at all.

If they knew I was a sex worker, I would definitely face stigma and discrimination. If they don't, it will be easier to have a positive outcome.

As I said, if they know you're a sex worker, they will treat you poorly, which is why we are always accompanied by a social worker engaged in one of the organizations.

In addition, for some of the respondents, apart from the social and professional status as a sex worker, their ethnic background is also a huge obstacle. Therefore, a great number of sex workers are faced with intersectional barriers in the access and exercising their social protection rights. The only support and aid for the community comes from specialized organizations and organizations led by sex workers that offer peer and expert support, as well as accompaniment to the authorities.

These circumstances directly affect sex workers and force them to self-isolation, to hide their experiences and needs, i.e. to remain unprotected in cases of violence, abuse and need of social protection.

According to what I've heard, Roma people are insulted, so I think I will be treated poorly.

In that case I wouldn't show up alone, I would like to be accompanied by the organizations because the treatment was different that way.

I would never tell that I am a sex worker.

The stigma and discrimination, as well as the marginalization by the systems that are to serve and cover individuals who are most in need, for the most part affect the LGBT+ sex workers, migrant sex workers, sex workers living with HIV, sex workers who use drugs, transgender and other gender-diverse sex workers. According to experiences and perception, LGBT+ are directly affected (76%), transgender and gender-diverse (72%), individuals who use drugs (62%) and people living with HIV (4%). The fact that part of the community also recognizes migrants as persons who face stigma and discrimination by competent social services in exercising their social protection rights is also encouraging.

Such diversity has a rather negative impact on the sex workers' community. In fact, every single difference in any individual exponentially increases the barrier for access to social protection, by which the risk to the individual's life and health increases by several times. The respondents' answers and their experiences and views with regard to how the

belonging to different groups affects sex workers' access to social protection rights is disturbing in terms of respect and exercising human rights.

One of my friends was ridiculed by an employee just because she is a lesbian.

I am Roma myself and I am discriminated because I am Roma and because I am illiterate. They are rude with me, they don't listen to what I ask, they don't allow me to understand. The same thing happens with the others, especially with gay and trans people – it is even worse.

My colleagues' experience is very bad. Insults by employees in the Social Work Centers, being ridiculed. A close friend of mine was told that she was a whore and a junkie.

The conclusion that the access is far more difficult if you are a sex worker who uses drugs is worrying. In such cases, the reception and treatment by social services are inferior and discriminatory, which discourages individuals from seeking protection. **In their experiences with the competent social services, the respondents recognize phenomena of racism, xenophobia and homophobia.** In essence, they are ridiculed and rejected just because they are different.

I have been discriminated because I am Roma, and trans people are discriminated even more.

The access is way more difficult because they are faced with even worse discrimination and stigma, and ridicule by the employees.

I know people who were not treated properly just because they are homosexuals or Roma.

In this section, it is very important to emphasize that despite the poor treatment, discrimination and stigma, the risks they face on a day-to-day basis, the low social and educational status, the sex workers' community possesses awareness and knowledge about justice, fairness and fair treatment. Such knowledge, based on numerous experiences, points to the potential and the capacity that the sex workers' community possesses in the possibility of protection and defense against such treatment.

Sex work is work and sex workers are entitled to labor rights. The International Labor Organization (ILO) has issued recommendations on the “threshold of social protection”, which are in fact a series of guarantees for social protection which member states of ILO are obliged to respect at a national level. This includes basic healthcare, including maternity care, basic income provision for children, as well as basic income provision for the elderly. The knowledge of the community of sex workers is moderate when it comes to the rights to basic healthcare, i.e. about 68% of the respondents have knowledge of these rights, but only 44% of them believe they are entitled to these rights as sex workers. 80% of the respondents have information pertaining to exercising the right to the basic income for children, but 40% of them are not aware that they have this right as sex workers. As for the remaining rights, they are known to an insignificant percentage, such as the right to unemployment

insurance (14%) and the right to pension (16%), and 20% of them either do not know or are unsure of the other rights. These data show that **no matter how well sex workers are informed regarding their rights and national policies, they believe that they cannot exercise them because they do not refer to them.**

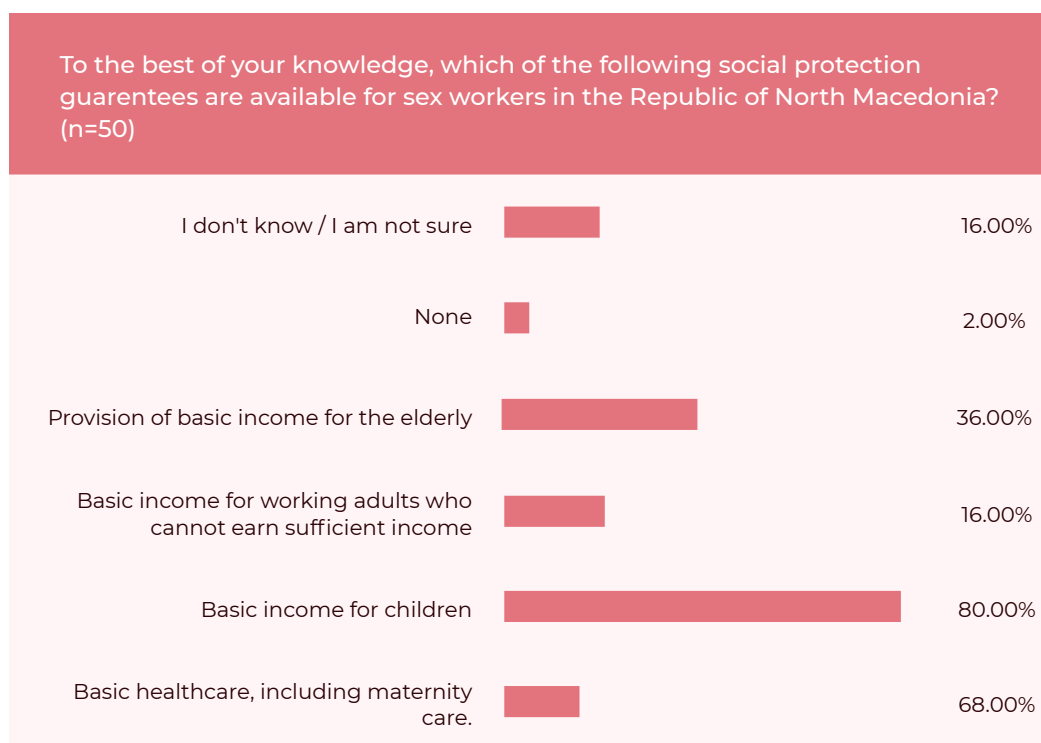


Chart 2. Sex workers' perceptions of the availability of social protection guarantees

The laws that criminalize or penalize sex workers affect sex workers' access to healthcare, social and other services. In such legal circumstances, alongside with the treatment by the competent social services, positions sex workers in a very unenviable and difficult situation. Even though some of the respondents are not familiarized with the legal framework, a significant part of their answers refers to a condition that additionally worsens their status.

There is no law that regulates sex work. Many sex workers cannot pay their taxes, we have problems with maternity leave when many sex workers have to return to their jobs. Even after a death of a close relative because the only income comes from sex work.

22
.....

2.2 Labor Rights

The lack of clearly defined legal framework puts sex workers in a very unfavorable position and threatens their rights. The reason for that is partly in the state's treatment of this profession as immoral and inappropriate. All of this renders sex workers invisible and entirely marginalized in society. In essence, the lack of legal framework for their work contributes to an even more profound poverty and economic uncertainty.

There's no law, we suffer from discrimination which is the reason we are afraid of, and we do not attempt to access services on our own.

There's no legal regulation for sex work, which is very bad because we can't receive any service except for social protection.

Due to this situation, sex workers are deprived of their pension and disability insurance rights, i.e. they are faced with the fact that their labor is not recognized and live in fear and poverty because of their choice to secure livelihood by being engaged in voluntary sex work. The majority of sex workers' community believes that recognizing sex work as an occupation will provide great benefits for the community, such as exercising healthcare and social protection rights, as well as protection from discrimination and violence.

In that case I believe that we can seek social protection without fear and shame that we are sex workers, and we would be better accepted.

By recognizing voluntary sex work as a profession in the National Professions Registry, the respondents believe that that would bring about many benefits which would have a positive impact on their lives, they would get better protection, greater freedom, as well as greater respect by the competent services where they exercise their rights. A large part of the respondents are certain that such a positive legal norm would motivate them more in the direction of exercising their rights, and it would ensure a secure future as well. Such a solution would ease their access to services, as the community would be able to utilize those services without barriers, which is not currently the case. Furthermore, recognizing voluntary sex work as work would provide an opportunity for self-employment and exercising the right to paid maternity leave and other rights which lead to a more secure life and exit from social risks.

We won't be ashamed and we could freely file a report without the fear of threats that we won't receive a service if we complain.

Of course, because every work is work, I we don't have to be ashamed of it.

A step towards recognizing sex work is the complete decriminalization of sex work. In terms of sex work decriminalization, almost all respondents unanimously agree that the situation would improve. Namely, the major advantages would be that the community would be protected from abuse and violence, and their rights would be respected.

In that case, all of us who are on the street will be protected. We will be able to work freely without being abused and our rights will be respected.

I think that we won't need social protection because we will be able to work freely and we will be able to become self-employed.

That would be OK because the institutions won't discriminate us and we will have more rights.

The priority among the surveyed sex workers in the request to decriminalize sex work lies in the need for them to be safe and protected from violence while doing sex work. In that way, not only will they be more encouraged to exercise their social rights before institutions, but also room will be made for them to exercise all other constitutionally guaranteed rights.

It is important to mention that a small part of the community has their own doubt and reservation that things would actually change if sex work becomes decriminalized. Due to the lack of trust and certainty that the system has the capacity to provide adequate protection, a small group of sex workers does not believe that such a legal solution would change the situation for the better, i.e. they believe that by recognizing sex work as a profession, the stigma, discrimination and rejection by competent authorities would only increase.

2.3 Sexual and Reproductive Health and Rights

In terms of the information and knowledge regarding exercising sexual and reproductive health rights and services, almost 56% of the respondents answered that in the Republic of North Macedonia there is a national healthcare insurance that covers these services, whereas only 6% answered that there is not. Considering the objective picture of the situation, it is not surprising that 34% of the surveyed sex workers do not know if there is healthcare insurance that covers the access to sexual and reproductive health services.

Those who gave an affirmative answer, referred to the following services which are covered by the national healthcare insurance:

- 34% for family planning and contraception;
- 32% for care during pregnancy;
- 22% for safe abortion and post-abortion care;
- 36% for cervical cancer care, and
- 26% for hormone counseling and referral to other services for transgender sex workers.

Responses as to where sex workers access sexual and reproductive health services do not point to a huge discrepancy, primarily due to the social status and financial power. Namely, **about 86% of the community utilizes SRH services offered by sex worker-led organizations**, and about 78% of them utilize services offered by the state, i.e. state clinics and hospitals. About 7% refer to other services in the community, led by other civil society organizations.

However, when asked whether sexual and reproductive health services are available for transgender sex workers as well, a significant proportion of the sex workers' community said that they did not know (56%), whereas 38% responded affirmatively. Only 6% do not know whether these services are available for transgender sex workers.

Even in obtaining these essential services, sex workers have faced barriers in the access which affects their lives, work and wellbeing. The need to seek sexual and reproductive health services, especially in state clinics and hospitals, generates discrimination and ridicule.

When I go to the clinic I have problems with discrimination and ridicule because of my appearance, which is why I always go with someone from an NGO that

offers SRH services, and because they respect me.

Most commonly, such an attitude stems from the knowledge that it is a sex worker in question, but also it is frequently due to the ethnic background, skin color, social status, etc. Due to such treatment and attitude, a significant part of the community utilizes services offered by civil society organizations, mostly because of their courteous and friendly attitude.

I go to the civil sector that offers a gynecologist and HIV counseling and testing, and I am very satisfied.

I go to the civil sector that offers a gynecologist, dermatologist, counseling and I am very satisfied.

The difference in offering the services is not only the treatment, but it is also about the quality of the service. Sex workers' experiences and testimonies present completely opposing approaches. On the one hand, the service offered by the civil society organizations is non-judgmental and educational, and on the other hand, in state clinics and hospitals the treatment is opposite, on top of which the lack of medical staff is also noticeable.

When I go to the family gynecologist, apart from the exam which is routine, I don't get any counseling or information about my health. But, when I go to NGOs that offer services, the approach is very different. I am alone, they know I am engaged in sex work, and besides the medical exam, we also get counseling and education.

When I was supposed to start with hormone therapy, I had to wait for 6 months to find an endocrinologist who was going to examine me. Also, the lack of hormone therapy in the form of gels and injections. We only have pills available here.

A considerable part of sex workers who work on the "open scene" utilize services offered by civil society organizations exclusively, as well as those offered by organizations led by sex workers.

During my first pregnancy, I was discriminated by the medical staff because I am Roma, they didn't want to talk to me, even though I had to give birth.

We, from the street, use STAR's van for HIV and gynecological exams.

We have absolutely no social and healthcare protection. Only STAR takes care for us.

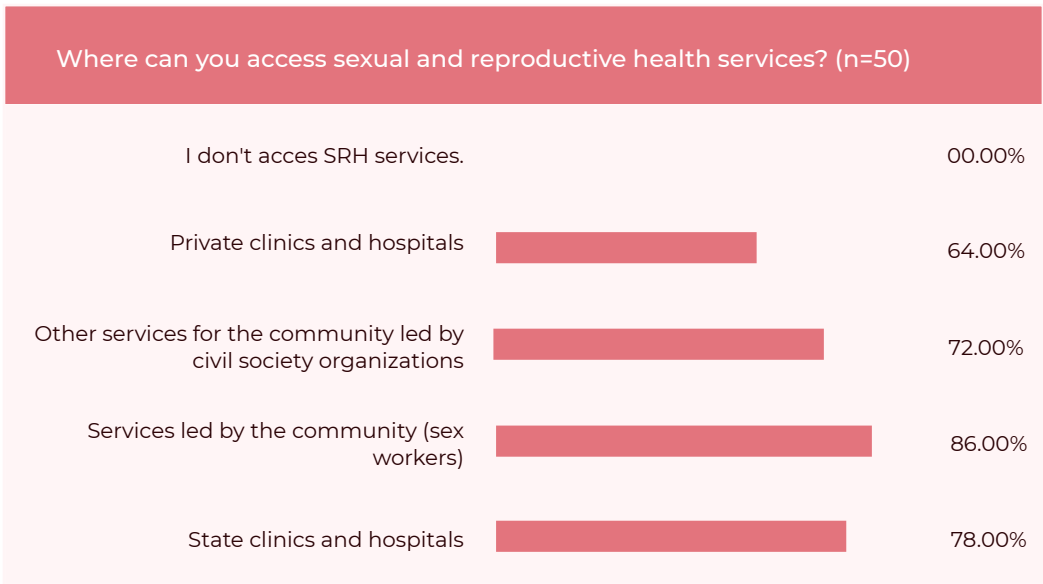


Chart 3. Where do sex workers receive SRH services?

2.4 Protection against Violence Mechanisms

According to the World Health Organization (WHO), in case of sexual violence, it is recommended that the victims be provided with the following interventions: primary support (including practical care, listening and giving comfort, giving information, making a complete medical history and medical examination); emergency contraception; HIV post-exposure prophylaxis (PEP), post-exposure prophylaxis for sexually transmitted infections, as well as psychological support and interventions. In our country, sex workers are not sufficiently informed regarding sexual violence as gender based violence, and do not know enough about protection and support services. Only a half of the surveyed sex workers are aware of the availability of primary and psychological support in case of sexual violence. Few members of the community are informed about emergency contraception (22%), PEP¹⁵ (10%), and not a single one of the sex workers knows about the post-exposure prophylaxis for STIs. The fact that 38% of the respondents have absolutely no knowledge of the services and measures in place for victims of sexual violence is worrying.



15 [Guideline on when to start antiretroviral therapy.pdf \(healthrights.mk\)](#)

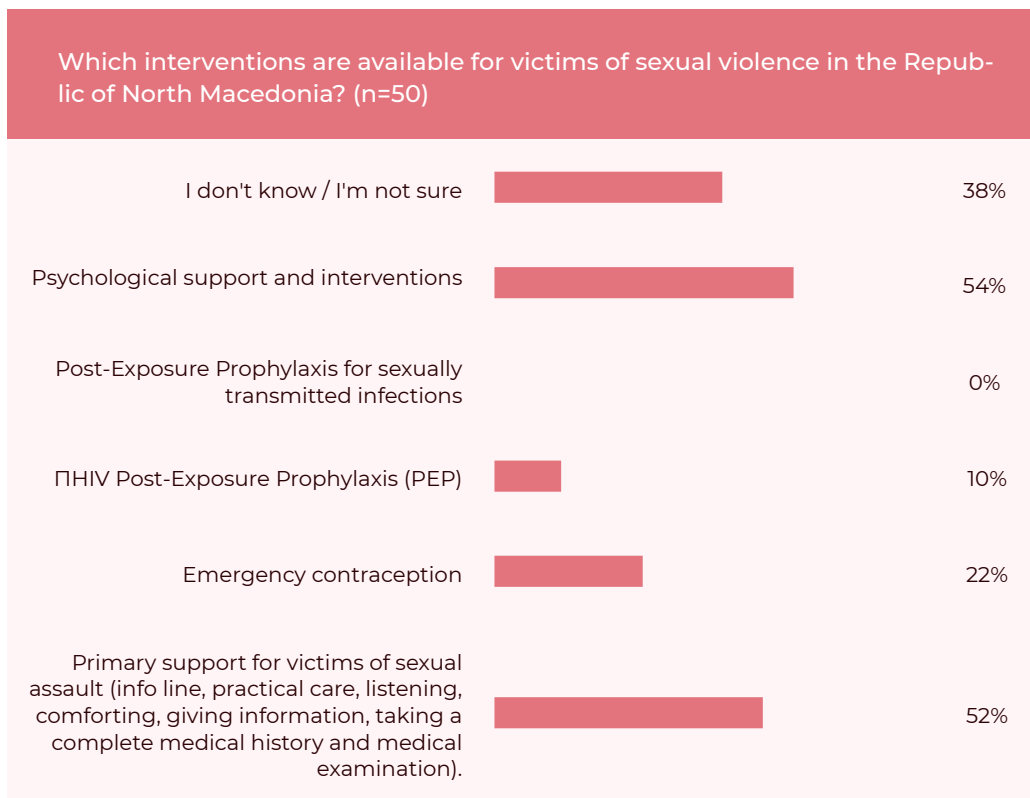


Chart 4. Perceptions of the availability of services for victims of sexual violence

According to sex workers' experiences and statements, the majority of them have not experienced gender based violence, and in cases in which they were victims of sexual violence, it was rarely reported due to their experience of being additionally ridiculed and judged. They were properly treated only in the presence of an attorney or peer support. The reasons for not reporting are numerous. Partly because of fear, partly because of shame, mistrust in the authorities – police, social and healthcare most of all. According to sex workers' testimonies, those who did not report are afraid of dual victimization, i.e. victim stigmatization and labeling, looking for guilt in the victim and/or repeating the event in front of various instances, by which the victim is subjected to additional shame and discouragement to undertake any kind of proceeding against the perpetrator. In the long term, dual victimization leads to a culture of non-reporting, mistrust of the system by the victims and it also encourages violent behavior.

I was not satisfied because they treated me poorly and that was because they knew I am a sex worker, and they had questions: Why are you doing this when you end up being raped and molested, aren't you scared of diseases, etc.

Out of fear that after the registration it could be worse because we are not protected by the state.

The fear and shame because I am a sex worker, and they would also treat me badly and gossip about me.

I experienced sexual violence by my partner and I didn't want to cause any more trouble.

There are also testimonies according to which the victims were forced to move to another city, and others were advised that if they report, the whole case will be turned against them. In such situations, it is absolutely clear why the majority of victims of (sexual) violence do not report.

I was scared to seek support because I am trans.

Because I am a sex worker, they won't believe me.

Discussion and Conclusions

The finding of this analysis and research indicate that a substantial change is necessary in the manner in which competent services work in relation to the realization of sex workers' rights. The segments of services which are subject to this analysis emphasize the necessity of change and improvement in the implementation of healthcare and social protection policies. It is particularly necessary to revise the criteria for access to social protection rights in order to expand the scope of users of these services, and when it comes to healthcare rights, such as the sexual and reproductive health services, it is necessary for those to expand their availability in a scale and scope that would act preventively in the care of the community, which means to increase the budgets for their financing.

The manner in which information reaches sex workers, regarding their healthcare and social protection rights, is limited, insufficient and incomprehensible. Due to this, it is necessary to develop guidelines which are easy to read and understand, in an easily available and appropriate language. These conclusions also point to the need to strengthen the communication skills amongst the employees in the healthcare institutions and social work centers, where social protection and sexual and reproductive health services are offered. This is vital for an efficient delivery of healthcare services and exercising social protection rights.

Overcoming the general views of judgment and discrimination by the employees in competent services and institutions is of vital importance, which requires efforts to develop their professional communication and treatment. It is necessary to work on reducing prejudices and the influence of personal views and perceptions among public officials and healthcare workers in order to eliminate stigma and promote continual professional development, especially when it comes to working with marginalized communities.

The social work centers play a key role as a primary support system for excluded and marginalized individuals in need. Therefore, it is vitally important to strengthen the preventative social activities by the competent centers, enabling them to fulfill their purpose, instead of being just administrative subjects for exercising social protection rights.

The existing laws that criminalize sex work and penalize sex workers create an environment in which sex workers feel unsafe to report acts of crime, including violence and other forms of abuse. The fear of criminal persecution, police surveillance, stigmatization and discrimination hinders their ability to seek justice. By amending these laws, i.e. recognizing voluntary sex work as a profession and its decriminalization, sex workers will become more protected, and the perpetrators of violence and abuse will be sanctioned accordingly. Numerous empirical studies and models of sex work regulation indicate that decriminalization not only supports human rights, freedom of choice and professional dignity, but it also contributes to a more efficient fight against human trafficking. In this direction, the competent authorities alongside with the representatives from the civil society sector should find an adequate legal solution which will be practical and applicable, by which sex workers can exercise their rights and can join the fight against human trafficking and sexual exploitation.

Finally, it remains to be concluded that the treatment and the access to rights and services for sex workers is unfair, substandard and works against them. This research shows

that the treatment and the access to social and healthcare protection services are rather unprofessional and marginalizing when it comes to exercising fundamental human rights. The only way to overcome these problems is through the approach based on human right, by which sex workers will be recognized as carriers of rights, like all others, irrespective of their identity, characteristics or other differences. On the other hand, the rights and protection must be enabled by the duty bearers, such as institutions and the social, healthcare and legal protection systems. With that, sex workers would grow into active participants in the exercise of their rights, and the state through its institutions as the ultimate bearer of duties, would provide the best protection possible for all its citizens equally.



Recommendations

- To maintain and expand the range of sexual and reproductive health services offered by the civil society sector, in cooperation and financial support by the state.
- To increase the budgets for the sexual and reproductive health programs in order to improve the services offered by the public healthcare institutions and civil society organizations as healthcare service providers.
- To provide social and healthcare services via competent institutions without discrimination, particularly pertaining to sexual and reproductive health rights for marginalized communities, which are difficult to access or non-existent.
- To strengthen and develop the professional capacities and skills amongst the employees in the public and state sector engaged in social and healthcare protection in terms of providing services to marginalized individuals without stigma and discrimination.
- To develop and expand the outreach work of social services and the civil society organizations in order to expand the availability of social protection services (counseling, aid and support).
- To develop easy-to-read guidelines for social and healthcare policies, as well as protection and support for gender-based violence, in an easy and comprehensible language for sex workers, according to their capacities and needs.
- To adopt a legal framework which would provide equal protection and labor rights for sex workers, i.e. recognition of sex work as a profession.

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