How Covid-19 influenced the lives of women involved in sex work in Cúcuta, Colombia

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Outline

• Background
• Literature Review
• This Study
• Methods
• Results
• Implications
Cúcuta, Colombia
• Venezuelan social and economic crisis

• Migration out of Venezuela: 1.84 million in Colombia

• Increase of women entering sex work

• Covid-19: access to health care for migrants

• Limited formal social services
  • Individuals in sex work
  • Migrants
Migrant women in sex workers: Central America and Southeast Asia

The women are resilient and strong; sex work provides opportunities for them and their children

Yet, stigma and anti-sex work laws create challenges in accessing formal social services

The intersectionality between woman, migrant and sex worker, creates greater vulnerability
Need for this Study

- To understand and explore the experiences of the women involved in sex work in Colombia
- To identify the needs and strengths of women
- To identify service strengths and gaps
- To explore the impact of policies, involving migration, sex work, and Covid-19 response
What is the impact of the COVID-19 pandemic on Colombian and Venezuelan women involved in sex work?
Theoretical Perspectives

**Structural Determinants**

- **Socioeconomic and political context**
  - Colombian: Covid-19 response, social policies, migration policies, economy, cultural norms, social service availability
  - Venezuelan: Politics, economy, governmental threats
  - Inter-country relations: Covid-19 impact on border policies

**Societal position**

- Colombian FSWs: women, sex workers
- Venezuelan migrant FSWs: women, sex workers, migrants

**Intermediary Determinants**

- Self-actualization: Self-esteem, Coping skills, Recognition of stressors
- Behavior Factors: Social support through relationships, Sense of belonging, Use of technology
- Physiological and safety needs: Childcare, Transportation, Health access, Utilities, Living conditions, Food availability

**Outcomes of Covid-19**
- Income
- Workplace safety
- Access to health services
- Access to physiological and safety services
- Access to support services

**Feminist Intersectionality Theory**

**Maslow’s Hierarchy of Needs**
Qualitative Research Design

Interviews with Women
1. Colombian
2. Venezuelan

Interviews with Social Service Providers

Field Observations
Methods: Interviews with Women

- 22 interviews with women involved in sex work
- 10 domestic Colombian women
- 12 migrant Venezuelan women
- 50,000 mil (~$14) gift card
- Duration: 20-45 mins
- Interviews held in the bar where the women worked
- Interview guide: journey into sex work, experiences during Covid-19, and support accessed/received
Methods: Interviews with Social Services

• Six interviews with social service providers

• Organizations, nonprofits, government service providers, health workers

• Held at their organization or location most convenient for them

• Duration: 45-90 mins

• Interview Guide: service provision, pre-Covid-19 services, changes during Covid-19, and accessibility to clients
Methods

• All interviews were conducted in Spanish
• Interviews were audio recorded with the permission of the participant
• Interviews were then transcribed and translated
• Interviews input into NVivo for Analysis
  • Initial, attribute, axial and theoretical coding
The impact of the Covid-19 pandemic on domestic and migrant women in sex work in Cúcuta, Colombia
Journey into the sex industry

“I arrived when I was 17. I arrived alone, and then I started selling water at the Parada (bus stop). A friend told me to come here.”

Experiences in sex work

“This is neither a good nor a bad situation because if I work, I have things to give to my children. If I don't work, we have nothing.”
Impacts of Covid-19: Less clients = Less income

“With the stoppages and curfews, this has affected my income because there are fewer clients and then that means that we cannot work.”

“I worked here for a long time, and this used to be full. Right now, there are no people. They close early, and you must wear a mask.”
(Un)Favorable Working Conditions

“Yes, we had to work because then how do we feed ourselves and pay rent?”

“Before the pandemic, I worked here in this bar, but with the pandemic, it changed, and we had to work on the streets.”

“I'm afraid of catching it and spreading it to my mom.”
Results

Standard of Adequate Living: Groceries

“I sacrifice with food because I pay the rent, and I can't eat all the time. Sometimes we eat plain rice or rice with butter.”

Standard of Adequate Living: Housing

“Right now, they are charging me rent, and I have not been able to pay the lady.”
Standard of Adequate Medical Care

“If I need health services because I have an emergency, I go to the hospital, but I can't pay.”

“My priority would be to have my son see a doctor. I have fought for that, and I have not been able to get anyone to see him. When I need a doctor, I go to the hospital emergency and that is if he is very sick because they do not treat him in the hospital.”
Results

So, then what...

• Current informal social support
• Current formal social support
• Desired social support
• Available social support
Results: Social Support

Informal Social Support

“I live with my son and an aunt who takes care of the child while I work. She is always aware of him. She helps me, and I have not had any complaints from her. Between the two of us, we help each other.”

Formal Social Support

“A friend put me in a program. They gave me two little groceries last year.”

“No, I put in some papers for help, and 2 months passed and nothing.”
Results: Social Support

Desired Social Support

“I would like help with monthly groceries, and to pay the rent because sometimes we go to bed without eating and the transportation is expensive.”

“There are really times that I need the help of a psychologist. Because many times I do not have a person who listens to me. I just have those people who judge me.”
Results: Social Support

Gender-based violence services, case management for women

“We offer case management, which includes psychosocial care and referring them depending on their case so that they can access different services and opportunities.” (social worker)

Health care: biological testing, condom distribution, reproductive care, HIV and AIDS care

“We are focused on those most vulnerable groups because we are all vulnerable, but they are the most vulnerable.” (Secretary of Health)
“Since we started going to the neighborhoods, we identified women leaders who are the ones who know what is happening. We take that woman, and we do a strengthening of human rights training.” (lawyer).
Implications for Practice

• The women struggle with meeting basic needs: food, shelter, medical care

• The women have a desire for assistance and would like to receive help

• There is a disconnect between the organizations and the desires of the women

• Nonetheless, the current work is very important

• Advocating for the rights and dignity of women through the decriminalization of sex work
Continued Work in Cúcuta

- Colombia has created various **policies and programs** to assist migrants: Have these programs allowed for individuals with the least resources to obtain access?

- **Health care access**: How can the current available health services provide care specifically to women in sex work? Migrants?

- **Adequate living conditions**: An exploration of resources available.

- **Empowerment**: Using leadership roles and education on human rights to influence self-actualization.
Thank you.

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