

**Universal Periodic Review of Cameroon
30th Session
April/May 2018
Joint Stakeholder Submission**

The African Sex Workers Alliance (ASWA)



The African Sex Workers Alliance (ASWA) is a sex work movement/network formed in 2009 by empowered sex worker leaders, women's activists and NGO's who support the rights of sex workers and publically denounce the stigma, discrimination and criminalisation of sex work.

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Coalition of African Lesbians



The Coalition of African Lesbians is a feminist, activist and pan Africanist network of 14 organisations in 11 countries in sub-Saharan Africa committed to advancing freedom, justice and bodily autonomy for all women on the African continent and beyond.

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Sexual Rights Initiative

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Formed in 2006, the Sexual Rights Initiative (SRI) is a coalition of organisations including Action Canada for Sexual Health and Rights (Canada), Akahata (Argentina), CREA (India), Coalition of African Lesbians (South Africa), Egyptian Initiative for Personal Rights (Egypt) and the Federation for Women and Family Planning (Poland). The SRI partners advocate together for the advancement of human rights related to sexuality, gender and reproduction at UN Human Rights Council.

Key Words: criminalization of sex work; sexual and reproductive health and rights; HIV; discrimination; violence.

Introduction

1. Cameroon received a total of 171 recommendations from member states during its second Universal Periodic Review. Of these, 31 recommendations related to violence against women, twelve related to discrimination against individuals based on their sexual orientation and gender identity and nine related to health, two of which focused on sexual and reproductive health rights and services. Cameroon accepted all of the recommendations on these themes with the exceptions of those relating to sexual orientation and marital rape.
2. Despite accepting the majority of recommendations on these themes, Cameroon has made little progress in improving women's lived realities in relation to health, violence and sexual and reproductive health and rights. Gender-based violence and discrimination and harassment of minority groups and violations of workers' rights especially in the informal sector persists.¹ Reproductive health access remains low as illustrated by high maternal mortality rates, low contraceptive access and use due to taboos on sex-related discussions in society as well as women's dependence on their husbands which is cited as a major barrier to contraceptive decisions and use.²
3. Women in Cameroon live under and face multiple and intersecting forms of oppression which render some women even more vulnerable than others to violence, discrimination and rights violations. One such group of women who experience multiple forms of violence and discrimination and who are routinely excluded from responses and redress are female sex workers in Cameroon. Cameroon has a mix of factors which negatively affect sex workers and severely restrict or deny access to their rights. Militarism, religious extremisms and fundamentalism, state repression and the crisis in democracy, patriarchy and heteronormativity are powerful factors that shape gender norms in Cameroon.³ Gender norms have far reaching consequences for sex workers, including the belief that women should not have multiple sex partners and that women's primary roles are to marry and take care of the family. These are norms that sex workers do not conform to and for which society condemns and shames them. While Cameroon has strict laws on sex work, this has not limited the growth of the number of sex workers which is largely comprised of women. While the economic necessity is often cited as the motivation behind sex work, and the International Labour Organization recognizing sex work as informal labour⁴ with associated workers rights, it is also vital to recognize and respect women's bodily autonomy and agency to choose sex work as a profession.

Legal context

4. All aspects of adult sex work are criminalised under various provisions of the Penal Code. Article 343 prohibits 'prostitution' and 'solicitation' and the procurement of sex. Sex

¹ Cameroon 2016 Human Rights Report <https://www.state.gov/documents/organization/265446.pdf>

² *ibid*

³ Charles W. Cange, Matthew LeBreton, Karen Saylor, Serge Billong, Ubald Tamoufe, Pamela Fokam & Stefan Baral (2017): Female sex workers' empowerment strategies amid HIV-related socioeconomic vulnerabilities in Cameroon, Culture, Health & Sexuality, DOI: 10.1080/13691058.2017.1291993

⁴ International Labour Organization, 2010. Recommendation concerning HIV and AIDS and the World of Work (No. 200) http://www.ilo.org/aids/WCMS_142706/lang--en/index.htm

workers and their clients found guilty of the offence of prostitution can be sentenced to between six months and five years, and be fined between CFAC 20,000 (approximately 35 USD) and CFAC 500,000 (approximately 890 USD). Article 345 further criminalises anyone who is found to employ or house children under 18 years of age where sex work is found to take place. Article 294 criminalises anyone found or presumed to live off the proceeds of sex work, and those found to facilitate sex work face sentences of between 6 months to 5 years and fines between CFAC 20,000 to CFAC 1,000 000 (approximately 1,792 USD).

5. The impact of the criminal law on sex workers are multiple:
 - a) Sex workers face higher levels violence with greater impunity for the perpetrators of this violence;
 - b) Perpetrators of sexual violence and other offences against sex workers take advantage of the criminalised nature of sex work, threatening to report sex workers to police and their families if they report the violations they have experienced;
 - c) Police are known to arrest sex workers on prostitution charges when they go to report violence perpetrated against them by clients;
 - d) Sex workers face high levels of extortion by police and others;
 - e) Sex workers are forced to operate in increasingly dangerous and underground venues to avoid detection by police;
 - f) Sex workers are barred from accessing public health and other government services for fear of being reported or blackmailed;
 - g) Criminalisation reinforces social stigma and harmful ideas about sex work.

Violence and discrimination

6. There is little recorded data on the prevalence, forms and impact of violence on female sex workers. One research study found that 60% of the respondents had experienced physical or sexual violence in their lifetime.⁵
7. Sex workers name violence - in particular sexual and physical violence from clients and police - as the greatest risk and challenge they confront in their work.⁶
8. Negotiations around payment and condoms are common triggers of client violence. Client violence also takes the form of demands that go beyond the negotiated agreement.
9. Police also perpetrate physical and sexual violence, and engage in raids and extortion of earnings leading to financial insecurity.
10. Female sex workers have reported police rape and sexual violence as stemming from stigma and a specific antagonism toward sex workers - and that the rape is a form of punishment of women who are sex workers.⁷
11. Sex workers suffer several challenges in their work and lives including physical and verbal assaults, arbitrary arrests in their places of work and at home, HIV and other sexually transmitted diseases are large risk as a result of due to lack of condoms or clients' refusal to use protection and rape.

⁵ Decker MR, Lyons C, Billong SC, *et al* Gender-based violence against female sex workers in Cameroon: prevalence and associations with sexual HIV risk and access to health services and justice *Sex Transm Infect* 2016;**92**:599-604.

⁶ Lim, Sahnah MPH, MIA*; Peitzmeier, Sarah MPH* *et al* **Violence Against Female Sex Workers in Cameroon: Accounts of Violence, Harm Reduction, and Potential Solutions.** *JAIDS Journal of Acquired Immune Deficiency Syndromes*: [1 March 2015 - Volume 68 - Issue - p S241–S247](#)

⁷ *Ibid*

12. Sex workers face violence from clients, police, institutions, and intimate partners. Furthermore, people in Cameroon believe that sex work is inherently gender-based violence and that harassing and beating sex workers is normal. Although the Government criminalises sex work, the activity is tolerated by some authorities. However, the Government through its agencies has perpetrated human rights abuses of sex workers including inappropriate HIV programming such as coercive HIV testing and counselling and forced rehabilitation.
13. The public and the church highly stigmatise and discriminate against sex workers. This strict legal provision has not stopped more people from entering sex work as the number of sex workers has increased steadily over the last ten years. Non-transgender females comprise the majority of sex workers.
14. Sex workers face a myriad of human rights violations aside from violence, some of the violations of their basic human rights include denial of entry to public facilities such as hospitals, extortion and harassment.⁸
15. Violence against sex workers is widely accepted and legitimized in many cases due to the social, religious and legal standings on what is agreed to be the desirable morality of the society. This implies that violence against sex workers is meted out by clients, family members and police. This further perpetrates rape and physical assault which remains unchecked and unreported in many cases to avoid further stigma by the sex worker.

HIV prevalence, prevention, treatment and response

16. The HIV prevalence rate among female sex workers is estimated to be 36.5%, which is more than 12 times higher than the prevalence rate among men, and 6 times higher than other women not engaged in regular sex work.⁹
17. The increased HIV vulnerability arises from the criminalised legal context, lack of comprehensive HIV prevention and treatment services, lack of access to SRHR information and services, high levels of sexual violence from clients and police.
18. Despite the Ministry of Public Health's recognition of sex worker's vulnerability to HIV and high prevalence, sex workers are viewed only as vectors of disease rather than as rights-holders entitled to the highest attainable standard of health. The Cameroon government is also reliant on external funding for all aspects of HIV programming aimed at key populations, including sex workers. This reliance makes the programming that is in place at risk of policy changes based on external funding priorities. The Health Sector Strategy 2016 - 2027 cites "mobile and high level prostitution" as one of the "most important factors which maintain the epidemic in Cameroon" along with "multiple sexual partners, the number of sexual partners in the last 12 months; early sexual activity for young girls with older partners; stigma and discrimination against people living with HIV (PLWHIV); and blood transfusion". Conspicuously absent from this list are known social and structural drivers of HIV - poverty, inequality and discrimination - including against sex workers and other members of so-called key populations.
19. Research found that HIV prevention services were only accessible in 43% of areas and venues known for sexwork.¹⁰ Even where these services were offered, they were not

⁸ Charles W. Cange, Matthew LeBreton, Karen Saylor, Serge Billong, Ubald Tamoufe, Pamela Fokam & Stefan Baral (2017): Female sex workers' empowerment strategies amid HIV-related socioeconomic vulnerabilities in Cameroon, Culture, Health & Sexuality, DOI: 10.1080/13691058.2017.1291993

⁹ UNAIDS (2016) Prevention Gap Report http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf

comprehensive in nature failing to offer information and treatment for STIs, contraception information and methods, referrals to health services.

Recommendations

20. Repeal Articles 343, 345 and 294 of the Civil Code and decriminalize all forms of adult sex work.
21. Place a moratorium on the arrest and harassment of sex workers for public indecency or nuisance laws.
22. Institute a penalty for law enforcement officers who engage in extortion or blackmail of sex workers or those associated with sex work profession, and ensure greater accountability and independent oversight of police
23. Revise national health policies, strategies and programmes to ensure that the rights violations of sex workers are documented and addressed - including the structural or social determinants that increase sex workers vulnerability to gender based violence and HIV.
24. Training and sensitization of healthcare providers in public health centers on human rights for all and on the importance of patient confidentiality. Higher level public health staff should be trained on stigma and discrimination-free care with greater participation of health service users in the evaluation of such services.
25. Increase the roll-out of comprehensive, rights based SRHR and HIV services in areas and venues known to be places of work for sex workers, ensuring the involvement of sex worker organisations in the design, implementation and evaluation of such services and programmes.

¹⁰ *ibid*