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# Respectability and rights. Sexual and reproductive health and rights of Sri Lankan women formerly involved in prostitution

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## ABSTRACT

Women in prostitution are often disrespected and subject to health risks. The aim of this study is to explore how women formerly engaged in prostitution in Sri Lanka position themselves in relation to gendered norms of respectability, and to discuss the possible implications for their sexual and reproductive health and rights (SRHR). Semi-structured qualitative interviews were conducted with fifteen women formerly engaged in prostitution. Discourse analysis was used to identify and describe interpretative repertoires and four repertoires were identified: Victimhood, Resistance, Responsibility, and Independence. The first three were drawn upon to construct their identities in line with norms of female respectability, as the women emphasised being victims of unfortunate situations, resisting sexual disrespectability and taking responsibility for their children and others. The last repertoire deviated from the respectability norm as it conveyed a picture of the women as independent, strong and courageous subjects, characteristics more in line with male respectability in Sri Lanka. Despite marginalised and oppressive circumstances, the women drew on interpretative repertoires to enhance access to respect, dignity and resources. However, their vulnerability to violence, SRHR risks and virtual absence of rights leave them with little access to resources that could enable a healthier and better life.

**Abbreviations:** SRHR: Sexual and reproductive health and rights; STIs: Sexually transmitted infections.

## KEYWORDS

Respectability; violence; agency; prostitution; sexual and reproductive health and rights

## Introduction

In this article, we aim to explore how women formerly engaged in prostitution discursively position themselves vis-à-vis gendered ideals of respectability, and how their positioning may have consequences for their sexual and reproductive health and rights (SRHR). Prostitution is a global phenomenon that is gendered: the majority of prostitutes are women, and the clients, men.<sup>1</sup> It often involves exploitation, harassment, and violence, particularly in low-resource settings. Prostitution also poses threats to women's SRHR, including sexual, physical and emotional violence, unwanted pregnancies, unsafe abortions, HIV/AIDS and other sexually transmitted infections (STIs).

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To understand these women's marginalisation, it is important to look at some of the contextualised, historical aspects of femininity and women's sexuality in Sri Lanka. Here, the ideals of femininity are strongly linked to morality and gendered norms of respectability. These ideals became particularly important within Sinhala Buddhist nationalism, which developed in the late nineteenth century (Obeyesekere and Gombrich 1988). In this nationalist project women were portrayed as 'bearers of the nation's culture and moral order' (Jayawardena 1992; de Mel 2001). Although primarily designed for middle-class women, religious and nationalist norms of respectability soon became something which women from all classes would strive for (Jayawardena and de Alwis 1996). The ideals of feminine respectability entail chastity, *lajja-baya* (shame-fear), modesty, submissiveness, virginity at marriage, as well as being a dutiful wife and nurturing mother (Obeyesekere 1984; de Mel 2001; de Alwis 2009). Women who deviate from these ideals, as women in prostitution are perceived to do, are viewed as a threat to the moral order (Jayawardena and de Alwis 1996; Lynch 2002; Hewamanne 2007). Social changes in recent decades, including poverty, dramatic reductions in social welfare, growing urban slums and prolonged civil war, have increased the burden for women to become economically independent and still maintain the prime responsibility for household chores and childrearing (Jayaweera and Pal 1999; Ruwanpura 2006). Most available jobs for women continue to be poorly paid and require migration with the risk of social stigma (Gamburd 2000; Hewamanne 2007; Jordal et al. 2014, 2015), thereby leaving women with few available and realistic job opportunities.

Prostitution in Sri Lanka is estimated to involve 40,000 women operating from streets, brothels, massage parlours, lodges or hotels (Miller 2002; UNAIDS 2010; Miller and Carbone-Lopez 2013). Prostitution is illegal and regulated by the Vagrants Ordinance, the Brothel Ordinance and the House of Detention Ordinance, which have existed since British colonial rule. The Vagrancy Ordinance is often the basis for arresting women who are publicly behaving in an 'indecent and riotous' way, meaning that they are suspected to be involved in prostitution (Miller and Carbone-Lopez 2013, 81). The emphasis on sexual purity in the Sri Lankan context also leaves these women vulnerable to stigmatisation and social exclusion. They are subject to violence and threats, mainly from clients, brothel owners, pimps and the police (Miller 2002).

Patriarchal norms and sexual double standards also play a role in prostitution in Sri Lanka. Coexisting norms of men's entitlement to sex and women's sexual purity create a 'need' for prostitutes in order to cater to unmarried men (Silva, Sivayoganathan, and Lewis 1992; Miller 2002; Ruwanpura 2011). However, while prostitution is regarded as necessary, women engaged in prostitution are not respected (Tambiah 2005; Miller and Carbone-Lopez 2013).

Respectability for Sri Lankan women's social acceptance and economic survival is essential and has been demonstrated in several studies (Ruwanpura 2006; Hewamanne 2007; Olsson and Wijewardena 2010; Jordal, Wijewardena, and Olsson 2013). It also plays a role in marginalised women's negotiation of SRHR (Jordal et al. 2014). Thus, how women in prostitution understand themselves and others in relation to gendered ideals of respectability may impact their SRHR promotion and risks. This study aims to explore how women formerly engaged in prostitution in Sri Lanka position themselves in relation to gendered norms regarding respectability and its impact on their SRHR.

Gender is an effect of discourse (Butler 1993). Thus, to become understandable subjects, categories like 'men', 'women', 'masculine' and 'feminine' are filled with meaning in discursive processes. Femininity and masculinity can be viewed as forms of cultural capital that may be translated into symbolic capital, which in turn gives power and entitlement to resources (Skeggs 1997). Subjects also become intelligible as 'men and women' through the heterosexual matrix, which assumes a heterosexual desire for 'the other' gender, and where certain positions or subversive ways of 'doing gender' become unintelligible (Butler 2006). In this study, we are particularly interested in how gendered identity formation is produced discursively among Sri Lankan women formerly involved in prostitution. The ways people discursively construct their identity impact how health is articulated and negotiated, and people's construction of their identity reveals their responses to health messages, including how they adopt healthy behaviour and access health

resources (Airhihenbuwa 2007; Murray et al. 2010; Basu and Dutta 2011). Marginalised people often communicate their identity as a reflection of their resistance to their marginalised positions (Airhihenbuwa 2007). This implies that prevailing norms of respectability and a resistance towards the 'prostitute label' inform the ways in which the women interviewed in this study discursively position themselves. It also suggests that their positioning may have consequences for their ability to negotiate healthy behaviour.

## Methods

An exploratory, qualitative design using semi-structured interviews was employed (Kvale and Brinkmann 2009) in this study. The participants were selected on the basis of 'being a woman who had previously been involved in prostitution' and were recruited at a detention and rehabilitation home near the capital, Colombo. The detention and rehabilitation home is run by the State and detains women arrested on prostitution-related charges, as well as begging, mental illness, abuse and vagrancy. It houses approximately 300 women and sometimes their children. The intention of rehabilitation is to transform women in prostitution from 'immoral prostitutes' to 'respectable women', preferably as married women. The women may be incarcerated for longer periods until they are released and considered rehabilitated, or bailed out by families, boyfriends or brothel owners, or otherwise effect an escape. Women at the detention home represent a fraction of poor and vulnerable Sri Lankan women involved in prostitution. Many are detained without proper court orders or with no specified release date, and have stayed there for several years.

Permission to recruit participants was given by the head of the detention home, who was informed about the women's right to decline participation and stop the interview at any point.<sup>2</sup> The staff identified eligible women whom they considered willing and able to tell their stories without an obvious risk of re-traumatisation. These women were informed that the purpose of the study was to explore the different aspects of being involved with prostitution. They were provided with verbal and written information about the intention and procedure of the study prior to giving their consent. Of sixteen women identified, fifteen accepted to participate.

Because the act of prostitution is illegal and stigmatised in Sri Lanka, being interviewed about such experiences could cause re-traumatisation and further stigmatisation of these women. Furthermore, there are additional ethical concerns related to recruiting and interviewing women formerly involved in prostitution who are in detention, as there are inherent power imbalances involved in the interviewer-participant relationships. One possible concern related to inherent power imbalances is that women in detention may feel more obliged to participate in the study. Yet, interviewing women who are not actively involved in prostitution would allow them more time and distance to reflect over their experiences. This, in turn, might make them more relaxed compared to women still actively engaged in prostitution. To reduce the risk of harm, the participants were thoroughly informed that their participation was voluntary, confidential and they had the right to withdraw at any time. Sri Lankan medical graduates (six women and two men) trained in qualitative interviewing on sensitive topics worked as research assistants.<sup>3</sup> They had previously collaborated with the authors in other qualitative studies on the topic of sexual and reproductive health and were fluent in spoken and written Sinhala and English. The research assistants organised the recruitment, provided informed consent, conducted the interviews, and translated the interview documents from Sinhala to English. To ensure confidentiality, the interviews were held in a private room at the detention home. The interviews were conducted in Sinhala and had a conversational style and lasted between one and two hours. During the interviews, participants talked about life circumstances that led to prostitution; their experience of prostitution; circumstances leading to detention; social, physical and health risks; experiences with contraceptives, pregnancies, pregnancy terminations and adoptions; available health care services and attitudes of health care staff toward them; possibilities for improved safety for women; and plans for the future.

The staff discouraged the use of audio recordings based on previous experiences of interrogation by authorities and in an effort to enhance the spontaneity and trust of the participants. In order to maximise the accurate acquisition of data and grasp the participants' stories in as much detail as possible, two research assistants were present during the interview: one who conducted the interview and the other who took notes. Immediately after each interview the research assistants read and made additions to the interview notes, which were then translated into English by one research assistant and checked for reliability by another. Regular follow-up and supervision of the research assistants was done throughout this process by the last author.

The women interviewed were between 18 and 42 years old. Four were unmarried, three married and seven separated, and they had between zero and 11 years of schooling. Thirteen of the women reported having been pregnant at least once. Nine had given birth: One had given her children up for adoption, one had lost her child and the remaining seven were at least partly responsible for their children, whose ages ranged between 4 and 21 years. Five of the women reported at least one induced abortion. Six reported having contracted STIs at least once. Eleven women had other income sources than prostitution, such as working in a factory or private home, drug dealing, performing manual labour, cleaning, waitressing and cooking. For seven of the women this was their first time in detention, and for five it was their second. The remaining three had been detained more than four times.

To grasp how the women positioned themselves in relation to ideals of respectability, discourse analysis was used to identify and describe 'interpretative repertoires' in the interview texts (Wetherell, Taylor, and Yates 2001; Jørgensen and Phillips 2002). Discourses are implicit norms that individuals draw upon to make sense of their lives; they organise and produce a certain form of knowledge, and also shape practices. Peoples' discursive positioning is intimately connected to larger discourses (Edley and Wetherell 2001). Discourses are both constructed by individuals in social interaction and shaped by people within society. In any given social situation there are tensions between discourses, and some are more powerful than others (Jørgensen and Phillips 2002). 'Interpretative repertoires' are used to emphasise discourses as flexible resources that are drawn on during social interaction. Potter and Wetherell (1988, 172) write: 'Repertoires could be seen as building blocks speakers use for constructing versions of actions, cognitive processes, and other phenomena.' Analysing them gives insight into constructions of identity, the 'Other', social interaction and the world.

Conducting qualitative interviews among socially marginalised and stigmatised subjects in detention, as well as working in a cross-cultural team, involves challenges as well as advantages (Liamput-tong 2010). Challenges in this study included: not using a tape recorder during interviews; employing several research assistants who were all medical doctors, including two men; and interpretation of data by researchers with different cultural and professional backgrounds. To maintain consistency during data collection despite the many research assistants, the supervising investigators remained throughout the process, and the overall topic guide was also consistent throughout the interviews. There was no indication that the participants were intimidated by the presence of two research assistants or by a man. However, the participants may have more strongly emphasised behaviour that reflected responsible health care because they were interviewed by medical doctors. Furthermore, the women may have put extra emphasis on gendered notions of femininity and respectability due to the elevated status of medical doctors in a Sri Lanka setting and in order to balance out power differences. Yet, the social desirability of wanting to portray oneself according to accepted social norms was not perceived as a methodological problem in this study. Instead, we decided that this was the focus of analysis. It is still worth reflecting on whether recruiting less socially vulnerable women outside detention (for example those involved in high-end prostitution) would have produced a different kind of data, and if so, what. Given the strong discourse on sexual purity in most social classes in Sri Lanka and the stigma attached to women seen to transgress sexual norms, the authors still believe that these women would also emphasise their respectability to some extent. It is likely that women with access to middle class privileges would have done so differently, however, as respectability is closely linked to class, not only gender and sexuality.

The research team's constitution, including both Scandinavian and Sri Lankan researchers, offered rich opportunities for multiple interpretations of the data. The Sri Lankan researchers and cultural 'insiders' could explain the cultural and social meanings to the Scandinavian researchers, considered cultural 'outsiders', while the 'outsiders' could problematise taken-for-granted understandings of the 'insiders'. Regular discussions within this multicultural research team were conducted in person and via the internet to enhance the cultural understandings and arrive at a consensus on the interpretation of the findings. Although we did not use a tape recorder, the notes from the interviews included details from the conversations and allowed us to use illustrative excerpts from the interview transcripts when reporting the data. It is our belief that these illustrative excerpts will facilitate an understanding of the researchers' interpretations and the results' transferability to other contexts. We used pseudonyms to safeguard the confidentiality of participants. Four interpretative repertoires arose from the data: victimhood, resistance, responsibility and independence.

### ***The victimhood repertoire***

A strong repertoire in the interviews was centred on victimhood prior to, during and after entering prostitution. This included unfortunate circumstances in childhood and adult life and of which the women had no influence. Circumstances recounted by the women included poverty or lack of love and care while growing up in abusive homes, with distant relatives, in orphanages or with strangers; work as live-in servants; and abandonment by husbands, parents or relatives. Such conditions and ill-meaning people had forced them to unwillingly become involved in prostitution. The women described being tricked or sold to brothels by husbands, parents, relatives, friends or strangers. Their initiation often involved being beaten, drugged and locked up, and repeatedly raped by brothel owners or sex clients. For example, Harsika said:

- |             |                                                                                |
|-------------|--------------------------------------------------------------------------------|
| Interviewer | Were you locked up in a room [after you were kidnapped and sold to a brothel]? |
| Participant | Yes.                                                                           |
| Interviewer | What happened when you showed your dislike?                                    |
| Participant | Some came and said that they had paid (...)                                    |
| Interviewer | Did they cause trouble?                                                        |
| Participant | Yes. They beat me, pulled my hair and raped me.                                |

(Harshika, 22 years old, separated, 10 years of schooling)

Exposure to or threats of violence to make women conform to the demands of others was widely described within the victimhood repertoire. Violence was part of their daily life when involved in prostitution and included being beaten, cut with razor blades, burnt with cigarettes, stabbed with knives or broken bottles, hit with sticks, drugged, raped, and having their hair cut off. Perpetrators were sex clients, husbands, brothel owners and police officers. Individuals expected to protect women from violence instead were often the perpetrators. Jayawardena and de Alwis (1996) write: 'The more marginalised women are in terms of ethnicity, class and status, the less access they have to justice and redress for [such] punishments'. Thus, women involved in prostitution are not seen as being worthy of protection by the State when being subject to violence, something Butler would refer to as not being grievable, or not being regarded as 'fully human' (Butler 2004).

The women told stories about rape involving extreme physical harm, gang rape and threats of murder:

- One night, the 6 boys took me to the jungle by force while I was screaming and struggling. There was the uncle at home, but he is blind. I was taken to the jungle and they raped me. They kept me there and had sex with me for one week. They said if I try to be smart they will cut me into pieces and throw me to the river there. (Ruzna, 25 years old, separated, 4 years of schooling)

Inherent in the victim repertoire was ignorance and innocence, which is consistent with norms of *lajja-baya* and sexual respectability (Obeyesekere 1984). Also, and perhaps due to the importance of sexual ignorance for ideals of feminine respectability, young people in Sri Lanka are seldom



informed about sexual and reproductive health matters (Gomez 2004). The women recurrently portrayed themselves as innocent by reporting that they had not understood the gravity of prostitution when entering and that they were ignorant about sex, contraceptives, drugs and alcohol—significant elements in the daily life of prostitution. They also emphasised their respectability by demonstrating ignorance regarding sexual matters:

The owners of the whorehouse provided me with those packets [condoms]. We were given those once we were about to go inside [the brothel room]. At the beginning I didn't know anything about those. Once one client was inside the washroom I inflated those packets. When that person came to me he asked what I was doing with that (smiles). (Nadeeka, 18 years old, unmarried, 11 years of schooling)

The interviewed women described accepting their husbands' infidelity, conforming to pressure to drink alcohol, refraining from reporting violence, and accepting the charges when arrested. Thus, they positioned themselves as powerless in hostile circumstances controlled by cruel people, mostly men. This powerlessness resulted not only in physical and emotional suffering, but also in negative consequences of unprotected sex, such as contracting STIs and unwanted pregnancies. Such unintended negative consequences are also present in other studies of SRHR risks among women involved in prostitution (Swain et al. 2011).

These women's vulnerable situation prior to prostitution made it difficult to leave. Many had nowhere to return to after being 'tainted' by their experience with prostitution. Shame and fear of being humiliated and excluded by relatives if found out to have been raped or involved in prostitution prevented them from returning home or taking up other jobs, such as domestic or factory work. Surrender to victimhood accounted for women staying in their situations, and it meant accepting the fate of prostitution despite their own aspirations and giving up hope of ever leaving:

Participant	After I was raped, I went to serve as a servant, but they refused to take me in.
Interviewer	Did you tell that you had been engaged in prostitution?
Participant	I didn't tell that I had been engaged in prostitution. I told that I was raped.
Interviewer	How many houses did you visit in search of a job?
Participant	I went to about 10 houses. They refused to take me in. I can't be at home. Neighbours humiliate me. I feel ashamed. Then I came to Colombo and went to a lodge. A friend asked me to come with her to a servant job. Then I went to a lodge and again started prostitution. (Harshika, 22 years old, separated, 10 years of schooling)

Harshika's story illustrates that sexual 'disrespectability' (including rape) contains a stigma so strong that it excludes those individuals tainted by it from finding other jobs. Rubin (1993) notes that 'sexuality' has its own hierarchy, partly disconnected from other hierarchies, such as that of Butler's (2006) heterosexual matrix. Through the 'sex hierarchy' Rubin shows us how sex, even if heterosexual, is valued differently. For example, monogamous sex within marriage is perceived as 'good' and sex involving monetary exchange is perceived as 'bad' (Rubin 1993). In the Sri Lankan context, sex for monetary exchange, but also sex outside marriage, casual sex and outdoor sex are considered 'bad'. Previous research in Sri Lanka has revealed that the fear of being labelled as sexually 'disrespectable' is often so strong that it can lead women to commit suicide (Marecek and Senadheera 2012).

Silence was another prominent element within the *victim repertoire* and used as a discursive strategy during the interviews. This included 'these are things I cannot talk about' or declining to answer questions. Silence was often accompanied by body language demonstrating discomfort and embarrassment, blushing and looking down.

Interviewer	How did the other people, who were around you but not making deals, treat you?
Participant	(... silence ...) Scold us. (Smiles)
Interviewer	Why did they scold you? For what?
Participant	(... silence ...)
Interviewer	Do they scold you without a reason?
Participant	(... silence ...) (Chandi, 20 years old, unmarried, 8 years of schooling)



Silence accompanied with the body language described above can, in the Sri Lankan context, be a way for women to live up to the gendered ideal of women silently ‘bearing up under their problems’. This behaviour has been pointed out in other studies (Ruwanpura 2006; Sørensen et al. 2017). It is also inherent in the norm of *lajja-baya*, which demonstrates that silence may be perceived as a way of positioning oneself as respectable.

In much feminist research, the focus has been on how women are victimised due to the power and control of men, both at the individual and the structural level (Connell 1997; Peterson-Iyer 1998). Yet, the need to consider both structure and agency, thus emphasising women’s agency within oppressive social structures, has been recognised (Connell 1997; Kabeer 2000; Parker 2005). By describing women’s self-representation of victimhood as ‘victimcy’, Utas (2005) challenges the portrayal of women in disempowered circumstances as merely passive victims. However, it is important to note that when women use or emphasise victimhood in a particular social milieu, they often do so because this is one of the few resources available to them, as they lack access to other, more powerful resources (Utas 2005). By portraying themselves as powerless, ‘weak’ and inferior to men, the women in our study used ‘victimcy’ to gain understanding for their difficult situation, increase possible access to resources, and distance themselves from the ‘immoral’ label they obtained as women involved in prostitution. Such a discursive strategy to remove some of the blame involved in transgressing norms of sexual respectability has previously been described in India (Bos 2008) and Sri Lanka (Jordal, Wijewardena, and Olsson 2013). In both contexts, norms of femininity strongly imply that women are ‘weak’, vulnerable and dependent on men. Nevertheless, the compelling use of the *victim repertoire* in our study reflects a social environment that largely fails to recognise and attend to the vulnerability of women in general, and in particular, women in prostitution.

**Resistance repertoire**

The *resistance repertoire* was also prominent in the interviews. This was often described as resistance towards being unjustly treated and involved in ‘disrespectable’ activities. The women’s resistance was directed towards persons whom the women had met or situations they had experienced, before entering prostitution or as a part of their daily lives while engaged in it. The women described how they had tried to resist rape, abduction, or prostitution. They told of protesting against unjust and dehumanising treatment by acting strongly and aggressively. They described demanding respect and claiming the right to be with their children and to be treated as a human being. Resistance was also described as informing the brothel owner about violence or undesirable behaviour by clients. Sometimes such resistance reduced the violence, mistreatment and further degradation as it generated help from more powerful others.

Expressions of resistance involved screaming, shouting, throwing food and physical fighting:

Participant	Some try to be with us [have sex] by force. They bother us.
Interviewer	What do you do then?
Participant	We scream. Then the people at the lodge come and chase them away by beating them up. I also have beaten them up. (Hasini, 22 years old, unmarried, 10 years of schooling)

The way the women described resistance was not always congruent with feminine norms of respectability. Hasini’s account of how she ‘beat up’ clients who attempted to rape her demonstrates this. However, because it was done to protect oneself against violence, rape and sexual disrespectability, it could be perceived as a legitimate act.

‘Smart-and-tricky’ resistance was another way to get out of certain situations. The women spoke of provoking self-injuries requiring hospital admissions, and once admitted, they could run away. Demonstrating respectable femininity by playing innocent, crying and showing grief were also tactics to avoid being caught by the police or provoking anger in drunken clients. To circumvent non-acceptable sexual activity, women recounted having placed drugs in clients’ drinks to make

them fall sleep. When the desired effect was not achieved using one type of resistance the women would take up another, or comply and surrender to the situation as victims.

Their resistance was a tactic to avoid disres respectable situations and persons. Alcohol and drug use was described as 'disres respectable', despite being considered 'normal' in the field of prostitution. Resistance also included resisting sexual activity with other women, drunken men or men wanting anal and oral sex:

I haven't been with them [costumers] the way they want [without condom or anal or oral sex] even if they paid me. Though I don't do those things, the others tell me what they are doing. I haven't allowed them to do unnecessary things. The ones who are there [in the brothel] used drugs for a long time. They are like men. I stayed away from them. I didn't even take the food they gave me. I only had what the boys who are working [cleaning, etc.] gave me. I got the things I want from outside through the boys. I don't even drink a tea given by those girls.

(Subha, 35 years old, separated, 10 years of schooling)

As already noted, permissive sexuality and non-respectability is linked with the working classes (Skeggs 1997). In the quote above, Subha positions herself rejecting 'deviant' sexual behaviour, and thus implicitly claims to adhere only to 'good' heterosexual sex as expected in marital relations (Rubin 1993). She further positions herself as different from other women in prostitution by referring to them as 'like men'. Her positioning may be perceived as a way of constructing herself as 'intelligible' within the heterosexual matrix by proclaiming to refuse to participate in subversive ways of 'doing gender' (Butler 2006). Subha thereby behaves appropriately within the gendered notions and social codes of respectable women, as opposed to the 'other' women who do not obey these gendered notions of respectable femininity. It can also be seen as a refusal to identify with other women in prostitution, something that has been referred to as 'disidentification' (Goffman 1963; Rivers-Moore 2010; Carrier-Moisán 2015).

Resistance can also involve mobilisation efforts of a particular group. However, mobilising women involved in prostitution as a group has been difficult because the stigmatising label of 'prostitute' often makes them reluctant to organise themselves around a common 'prostitute' identity (Campbell and Jovchelovitz 2000; Cornish 2006; Murray et al. 2010). A united social identity would be likely to enhance their capacity to claim rights, resources and engage in health-enhancing behaviour. While there are some good examples of successful community-based health intervention targeting women in prostitution as a common identity, such as the Sonagachi projects in India (Cornish 2006; Ghose et al. 2008), such programmes do not exist in Sri Lanka, where the social organisation of women involved in prostitution is poor. This lack of mobilisation could be a sign of the strong need for women to conform to gendered ideals of femininity. It may also be a sign of the stigma attached to prostitution and fighting for one's rights. Such lack of social organising may leave Sri Lankan women in prostitution particularly vulnerable to violence and SRHR risks.

### **Responsibility repertoire**

Within the *responsibility repertoire* the interviewees drew on gendered discourses of women as the caring, self-sacrificing and nurturing mother. They emphasised how their actions and motivations were related to their concern for their children and their desire to provide them with a better future than they themselves had. The importance for women to emphasise their adherence to ideals of motherhood has been demonstrated in other studies in the region (Ruwanpura 2006; Bos 2008; Jordal, Wijewardena, and Olsson 2013). In this repertoire, recurrent accounts arose about how they had fought or searched for their children and how they had tried to remove their children from unfortunate circumstances. Sometimes caring for their children meant not visiting them since visits would both stigmatise their children and provoke emotional turmoil. Lastly, they also described their financial responsibility to provide for their children as a reason for taking up prostitution.

These women also described being concerned about and caring for people other than their children. This care and concern involved giving money to family members, beggars or students. It also included protecting the reputation of the interviewees' male partners from being associated with them and helping prevent young women from entering prostitution. Ideals of self-sacrifice and concern for the poor are part of profound religious and moral values in Sri Lanka (Jayawardena 1992; Jayawardena and de Alwis 1996; Ruwanpura 2006). Thus, the women's positioning within the *responsibility repertoire* can be seen as a way to demonstrate their adherence to such moral and religious standards, despite and in opposition to their tainted reputations as 'immoral' women. The women showed a sense of responsibility even for the health of sex clients' wives by advising the clients to stay away from prostitution and avoiding penetrative sex:

Most of the time I'm involved in intrafemoral sex, and I avoid penetration. We should not only be thinking of ourselves, we should be thinking of the man. Because they not only have sex with us they go home and sleep with their wife as well. So that poor thing also contract whatever we have. That's a sin. (Sabeetha, 40 years old, married, 3 years of schooling)

Rejection of abortion, drawing on the discourse of abortion as 'taking life', was also part of the *responsibility repertoire*. Here, giving birth in order to give up their children for adoption was described as more responsible than having an abortion. This was again emphasised by talking about the 'deviating others'— women who were considered irresponsible mothers and had illegal abortions:

Interviewer	Have you ever become pregnant as a result of being in this field?
Participant	Yes, but I have never committed an abortion. I gave those children for adoption. (...) My friends [other women in prostitution] of course ask for a termination [of pregnancies] but I haven't done that so far. These children also have the right to be born. My friends go to various illegal places [for induced abortions].
Interviewer	You said that you never attempted to do so?
Participant	No, no, never. I haven't done that and I'm not going to do that even in the future. (Sabeetha, 40 years old, married, 3 years of schooling)

Positioning oneself in opposition to the 'other' is an important aspect in constructing identities (Jørgensen and Phillips 2002). The women largely positioned themselves as respectable by describing whom and what they were 'not'. They did this by talking about 'disrespectable' others who had entered prostitution by their own will, agreed to sex without condoms, oral and anal sex, or engaged in sex with other women.

Constructing images of themselves as lovable and reliable was part also of the *responsibility repertoire*. The women described themselves as trustworthy individuals who were loved by sex clients, friends, three-wheel taxi drivers and health personnel, and they positioned themselves as honest women who do not steal from clients or shops, again differentiating themselves from other women in prostitution:

Even if they leave their things with me I don't steal any of those. I don't do that. The hotel people also know that, and they tell their customers that I am not like that. So they leave things with me, but I don't take any of those things. So they treat us well. All the others do steal when they go. I am the only one who is not stealing. (Renu, 28 years old, separated, 8 years of schooling)

Such moral behaviour was remunerated with respectful treatment by more powerful others, such as the hotel employees and clients. This phenomenon may be viewed as a successful transformation of femininity into symbolic capital and access to resources (Skeggs 1997). In particular, women staff members at the STI clinic were spoken of as being loving and caring towards them, almost 'like mothers'. This may indicate good treatment by health staff, clients and others. It also might indicate that the women's investment in respectability paid off. However, as the interviewed women are poor and belong to the lower segments in the class hierarchy, these pockets of being treated well are likely to be minimal compared with the everyday hostility and violence they experience as women in low-end prostitution.

Another important way in which the women constructed a respectable identity was to delineate themselves as taking responsibility for their own health. The women described going for regular health check-ups at the STI clinic and using condoms with sex clients even if missing the opportunity to earn more money or provoking anger in clients or brothel owners. It is worth noting, however, that even if the women had become knowledgeable about sexual and reproductive health after years in prostitution, the need for money or the threat of violence made it difficult to resist clients' demands for anal, oral or unprotected vaginal sex. Threats by clients compromise the health of women in prostitution as they tend to feel obliged to agree to sex without condoms in order to minimise violence, as previously documented in Nepal and India (Ghmire et al. 2011; Swain et al. 2011). Furthermore, responsibility and concern for their children and relatives may affect their sexual and reproductive choices in different ways: On the one hand, it could make them agree to unprotected sex to increase financial gains and/or avoid immediate violence and harassment. On the other, it might make them insist on condom use in order to secure long-term health, but risk potential violence and loss of money in the short term. In one study from India, the self-image of a caring and dutiful mother was articulated as an encouragement for women involved in prostitution to use condoms as they needed to remain healthy (Basu and Dutta 2011). Another Indian study, however, revealed that using condoms consistently resulted in a financial loss between 66% and 79% (Rao et al. 2003). What becomes clear is that balancing SRHR and economic and social survival is a difficult daily necessity among women involved in prostitution.

Within the *responsibility repertoire* the women emphasised personal qualities in contrast to the *victimhood* and *resistance repertoires*, where they mainly described situations and circumstances. By talking about taking responsibility for others, the women drew on discourses of women as morally upright, lovable, altruistic and caring. Furthermore, by portraying themselves as caring mothers they constructed their identities consistent with Sri Lankan cultural ideals of motherhood (Jayawardena and de Alwis 1996). In Skeggs' (1997) famous study among white, working class women in Britain, it was more important to be a 'right' sort of person than having the 'right' skills. Similarly, Indian women involved in prostitution interviewed by Basu and Dutta (2011) first and foremost constructed their identities as dutiful and caring mothers, in opposition to the dominant discourses portraying 'prostitutes' as incapable and uncaring mothers. In the same way, the women in our study described themselves first and foremost as responsible, thereby constructing their identity in accordance with patriarchal gender ideals and in opposition to the label they knew they had within the wider society.

### ***Independence repertoire***

The *independence repertoire* was not commonly drawn upon by the women we interviewed. This repertoire deviated from the discourse on respectability and it conveyed a picture of women's possibilities and advantages as a result of prostitution. Within this repertoire involvement in prostitution increased their independence, strength and courage, especially in comparison to their previously dependent life situations. Earning money enabled them to buy jewellery, open a bank account, buy land or build a house and thus empowered the women to improve their financial and physical life situations:

I did it [entered prostitution] to earn some money. I bought half an acre of land, a mobile phone and some jewelry.  
(Gayathri, 23 years old, separated, 10 years of schooling)

Gayathri's description of entering prostitution to be able to purchase things deviated from more common accounts of having been forced into it or done it to help others. Her statement gives a picture of an independent woman who desires something for herself, rather than a 'victim' or a 'self-sacrificing mother'. While such statements were rare, the women here portrayed themselves as smart, experienced and educated, and reported knowing their own strengths, such as being

Within this repertoire, the women also portrayed themselves as being involved in criminality or using drugs or alcohol without remorse or justification:

(Rukmani, 42 years old, married, 3 years of schooling)

In the *victim repertoire* women drew on available representations portraying women as victims of violent and unfortunate circumstances and persons, mostly men. Our study revealed that people expected to protect women in prostitution, such as the police, pimps and brothel owners, were not only failing to do so, but were among the perpetrators of violence. The women's adherence to norms portraying women as 'weak' and dependent on men reflects a sense of dependence that

may cause them to refrain from opposing men's demand for sex without condoms or from fighting for their own rights. It also reflects a lack of hope for relief and support, which may decrease their motivation and felt ability to seek help or report violence. On an individual level, claiming a victim identity may provide a relief, as the woman may feel able to remove some of the blame attached to being involved in prostitution. However, even when perceiving women's articulation of victimhood as agency, it is important not to underestimate how everyday patriarchal oppression, structural violence and unsafe sex severely threaten their lives and SRHR. Within the *resistance repertoire* women accounted for how they resisted victimisation, which further emphasises the strength of their victimhood. While the more aggressive forms of resistance do not comply with the accepted norms of femininity and respectability, they do demonstrate how strong the women's resistance towards sexual 'disrespectability' was. Still, modes of resistance often reflected playing on acceptable gender ideals so as not to provoke anger in men, something that indicates a risk of violence when deviating from gender ideals. Wanting to portray themselves as 'self-sacrificing' and caring for others, as was illustrated within the *responsibility repertoire*, may mean less capability of taking responsibility for one's own health, because it clashes with feminine norms and providing for the needs of others, such as regular clients who did not want to use condoms. And while the *independence repertoire* revealed a desire to build up their lives without having to be financially dependent on others, their stories revealed few alternative ways of earning a living in a society characterised by hostility towards women in general, in particular the impoverished and those involved in prostitution.

The recurrent tendency to position oneself in opposition to the 'disrespectable others' signifies both the ostracising label of women in prostitution as well as the social risk involved in not complying with expected norms of gendered respectability. Furthermore, constructing an identity as a 'respectable' individual unlike 'other' women in prostitution implies a reluctance to take up a 'shared' identity with other women in prostitution. This implies that any potential struggle for safe sex or avoidance of violence is done on an individual level, and not on a community or structural level, something which highly impairs their ability to negotiate SRHR.

Despite their marginalised and oppressive circumstances, the women revealed their use of agency to enhance access to respect, dignity and resources. Unfortunately, the present study also reveals that Sri Lankan women in prostitution face extreme vulnerability to structural violence, SRHR risks, and virtually absence of rights, leaving them with little access to resources that could enable them to live a healthier and safer life.

## Notes

1. Within feminist literature, there is often a strong division in the debate on whether to use the term 'sex work' or 'prostitution' (Davidson 2002; Parent and Bruckert 2013). While recognising arguments on both sides of the debate we have chosen to use the term 'women in prostitution' in this paper. Our argument for doing so is that we first and foremost see them as 'women'. We also want to avoid positioning 'sex work' in line with other types of paid work that contribute to making gender power imbalance and structural violence involved in prostitution invisible (even if fully aware that there is potential for exploitation and structural violence in all kinds of paid work). Instead, we support the view that prostitution is violence against women *per se*. At the same time, we do not suggest that women in prostitution are without agency.
2. Prior to the study, research ethics evaluation and approval (A 306) was provided by the Ethics Committee at the Faculty of Medical Sciences at Sri Jayawardenapura University.
3. Their interview training particularly emphasised respecting the emotional difficulties of sharing traumatic experiences and the importance of interviewing these women in a sensitive, non-judgmental and allowing manner.

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No potential conflict of interest was reported by the authors.



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