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Negotiating Multiple Risks: Health, safety, and well-being among internal migrant sex workers in Brazil during COVID-19

Angelo Martins Jr, Larissa Brito, and Thiago Pizzeo Scatena

Abstract

During the COVID-19 pandemic, experts called attention to the fact that the pandemic was disproportionately affecting socially vulnerable groups. Research suggested that structural inequalities resulted in unequal access to healthcare and that infection prevention measures increased precarious working conditions in illegal, informal, or unregulated sectors, such as the sex industry. This article reports on research findings that examined the impact of the COVID-19 pandemic on the lives and working conditions of 25 women internal migrant sex workers in the city of Ribeirão Preto, Brazil. It demonstrates that the pandemic and measures to control it severely impacted the lives of internal migrant sex workers, their affective and work relationships, as well as their income, safety, and physical and mental health. Furthermore, sex workers suffered from disturbing levels of violence and precariousness as well as a lack of effective policies aimed at protecting their health and well-being. This was exacerbated by the stigma, lack of labour rights, and the fact that they were migrants, which impacted them financially and emotionally during movement restrictions.

Keywords: sex work, COVID-19, internal migrants, Brazil

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Introduction

In both Global North and South countries, civil society, politicians, and academics have expressed concern that the COVID-19 pandemic disproportionately affected groups that were already living in situations of social vulnerability.¹ It has been suggested that structural inequalities resulted in unequal access to healthcare and that infection prevention measures, such as quarantines, curfews, and restrictions on travel, economic activities and public life, increased the precarious working conditions in illegal, informal, and unregulated sectors, such as the sex industry. This article contributes to the understanding of the risks encountered by women internal migrant sex workers in their daily lives during the pandemic, and the obstacles they faced when navigating various risks in the city of Ribeirão Preto, Brazil.

Brazil reported the second highest numbers of COVID-19 deaths (at 678,715) as of 3 August 2022.² As elsewhere, these deaths, and the COVID-19 crisis, illuminated existing inequalities.

Brazil has a free and universal public healthcare system, the SUS, established by the 1988 democratic constitution. However, even though approximately 80 per cent of the population depends entirely on the SUS for their healthcare needs,³ only 3.8 per cent of the country's GDP⁴ is spent on the public health system, almost half the average spent by other OECD members (6.5%). As a consequence, Brazil has long struggled to maintain the quality of its public health provision. This problem was exacerbated by Constitutional Amendment (PEC) 241/2016, which froze public spending in vital areas for twenty years, seriously compromising the public health system as well as other public services.⁵ Those who are able to pay for expensive health insurance can access good private healthcare services. In fact, per capita private spending on healthcare exceeds public spending; Brazilian

¹ A Brah, *Decolonial Imaginings: Intersectional conversations and contestations*, Goldsmiths Press, London, 2022.

² World Health Organisation (WHO), 'Brazil', WHO Coronavirus Disease (COVID-19) Dashboard, retrieved 3 August 2022, <https://covid19.who.int/region/amro/country/br>.

³ Brazilian Ministry of Health, 'Sistema Unico de Saude (SUS)', Secretaria do Estado de Saude de MG, 2019, <https://www.saude.mg.gov.br/sus>.

⁴ Brazilian Ministry of Economy, 'Aspectos Fiscais da Saude', Tesouro Nacional, 2018, retrieved 7 August 2022, <https://www.tesouro.fazenda.gov.br/documents/10180/318974/AspectosFiscaisSa%C3%BAde2018/a7203af9-2830-4ecb-bbb9-4b04c45287b4> e.

⁵ Agencia Senado, 'Pandemia põe em xeque teto constitucional de gastos públicos', Senado Notícias, 18 March 2020, <https://www12.senado.leg.br/noticias/materias/2020/03/18/pandemia-poe-em-xeque-teto-constitucional-de-gastos-publicos>.

families spend 5.4% of the country's GDP on private healthcare, twice the average of OECD countries (2.3%).⁶

The division between those who can and cannot afford access to high quality healthcare is just one aspect of the immense social inequality that creates radically different living conditions for rich and poor people in Brazil. Indeed, during the pandemic, much of the country's population simply could not enact the practices recommended by the World Health Organisation to prevent contagion, such as handwashing or social isolation. Some 38 million people (41.4% of the labour market) are informal workers whose earning activities are street-based, and who live hand to mouth without any form of social security or protection.⁷ It is estimated that more than 220,000 people are homeless;⁸ 31 million (16% of the population) lack access to a water supply system; and 13.6 million live in the thousands of *favelas* across the country.

After pressure, the government did develop a support plan for the poorest people, distributing BRL 600 (less than USD 110) per month between April and December 2020. This was insufficient for people to survive.⁹ Without a government plan to support and protect people living and working in precarious conditions, several local organisations began trying to protect the highest-risk groups and to prevent people from dying from hunger.¹⁰

President Jair Bolsonaro's 'deny and defy' approach to the COVID-19 pandemic was widely reported in the international media. Bolsonaro's take on the pandemic was marked by exalting individual freedom over the collective interest and public health guidelines.¹¹ Throughout the pandemic years, he claimed that the

⁶ D Silveira, 'Gasto de brasileiros com saúde privada em relação ao PIB é mais que dobro da média dos países da OCDE, diz IBGE', *G1*, 20 December 2019, <https://g1.globo.com/economia/noticia/2019/12/20/gasto-de-brasileiros-com-saude-privada-em-relacao-ao-pib-e-mais-que-dobro-da-media-dos-paises-da-ocde-diz-ibge.ghtml>.

⁷ Agência Senado.

⁸ M Natalino, *Estimativa da população em situação de rua no Brasil*, Diretoria de Estudos e Políticas Sociais – IPEA, 2020, retrieved 3 September 2022, https://www.ipea.gov.br/portal/images/stories/PDFs/nota_tecnica/200612_nt_disoc_n_73.pdf.

⁹ A Rodrigues, 'Auxílio emergencial de R\$ 600 não será suficiente para sustento das famílias', *Jornal da USP*, 8 April 2020, <https://jornal.usp.br/atualidades/auxilio-emergencial-de-r-600-nao-sera-suficiente-para-sustento-das-familias>.

¹⁰ L Franco, 'Coronavírus: Sem plano do governo para favelas, moradores e organizações se juntam para controlar contágio', *BBC*, 29 March 2020, <https://www.bbc.com/portuguese/brasil-52032709>.

¹¹ M Malta *et al.*, 'Coronavirus in Brazil: The heavy weight of inequality and unsound leadership', *EClinicalMedicine*, vol. 25, 2020, <https://doi.org/10.1016/j.eclim.2020.100472>.

pandemic crisis was a media fabrication and trick, or a little flu that could not harm athletic people like him. He also attacked scientists, fired his health minister for promoting social isolation, and urged people to go on demonstrations against their governors and isolation measures.¹² He even took part in demonstrations, shaking supporters' hands and wading into crowds thronging in gas stations, bakeries, and supermarkets. Bolsonaro mobilised his support with a narrative that pitted the economy and the virus against each other, claiming that he was trying to save lives by demanding an end to social isolation, since hunger was a far greater threat to Brazilians than a 'little flu'. At the same time, the president and his supporters often challenged the efficacy and safety of the vaccines against COVID-19, while he publicly declared that no one would be required to be vaccinated.

The pre-existing inequalities, lack of proper government support for people to protect themselves, and the conflicting messages regarding isolation measures and vaccination were directly correlated to the profile of the victims of COVID-19. Research shows that it was poor people, particularly men, with limited access to education, who lived in the urban peripheries and worked in precarious informal work, who were most likely to be infected and die from the virus. Furthermore, as in other countries, there were racialised patterns to the effects of COVID-19: the fatality rate amongst those infected by the virus in Brazil was 79% among *pretos* (black), *pardos* ('brown'), and Indigenous peoples, and 56% among white people.¹³

This is the background against which we developed research examining the impact of the COVID-19 pandemic on the lives and working conditions of 25 internal migrant sex workers (23 cis and 2 trans women) in the city of Ribeirão Preto. In Brazil, prostitution involving persons over 18 is not a criminal offence, and since 2002, selling sex has been considered an economic activity by the Ministry of Labour and Employment.¹⁴ However, whilst selling and buying sex is not criminalised, everything surrounding prostitution is (most notoriously, 'living off the avails').¹⁵ The partial criminalisation of sex work, and the fact it is not

¹² A Martins Jr, 'A Violent Disregard for Life: COVID-19 in Brazil', *Discover Society*, 23 April 2020, <https://archive.discoverociety.org/2020/04/23/a-violent-disregard-for-life-covid-19-in-brazil>.

¹³ C Cantera, 'Perfil de mortos mantém pobres e homens como maiores vítimas', *R7*, 8 March 2021, <https://noticias.r7.com/saude/perfil-de-mortos-mantem-pobres-e-homens-como-maiores-vitimas-29062022>.

¹⁴ A Piscitelli, 'Shifting Boundaries: Sex and money in the North-East of Brazil', *Sexualities*, vol. 10, issue 4, 2007, pp. 489–500, <https://doi.org/10.1177/1363460707080986>.

¹⁵ T Blanchette and L Murray, 'The Power of Putas: The Brazilian prostitutes' movement in times of political reaction', *Open Democracy*, 10 March 2016, retrieved 5 August 2022, <https://www.opendemocracy.net/en/beyond-trafficking-and-slavery/power-of-putas-brazilian-prostitutes-movement-in-time>.

regulated as a form of labour, makes it possible for the police and municipal officials to selectively enforce the law. The owners of clubs, saunas, hotels, and bars that profit from sex work ‘have been able to avoid legal harassment by paying a portion of their profits to the police, either legally—through licensing fees for clubs, boarding houses, etc.—or illegally through a payoffs system’, but ‘people who sell sex outside of the times and places police permit ... are liable to be subject to the full force of the law, as well as extra-judicial sanctions up to and including rape, physical violence, and, most commonly, illegal arrests’.¹⁶

Moreover, the historical stigmatisation faced by Brazilian sex workers has intensified over the past decade. During the rule of the leftist Workers’ Party government (*Partido dos Trabalhadores*) in the first half of the 2010s, the government made concessions to a growing reactionary Evangelical conservative lobby to maintain governability, which made it nearly impossible to pass progressive laws, such as proposals to fully decriminalise sex work and open paths for the legalisation of brothels, as well as to pursue HIV prevention campaigns for gay men (in 2012) and sex workers (2013).¹⁷ During the same period, preparation for sporting mega-events in 2012, 2014, and 2016 increased gentrification and police repression on the streets of Rio de Janeiro, which directly affected sex workers.¹⁸ This situation became even worse during Bolsonaro’s right-wing government (2019–2022), during which the Women’s and Human Rights Ministries were combined in a new ‘family oriented’ Ministry of Women, the Family, and Human Rights, headed by an anti-feminist and ultra-conservative evangelical pastor. This weakened anti-HIV and other health programmes and public policies that had previously benefited sex workers. The pandemic then further exacerbated the social vulnerability of many sex workers, and reports of violence and murder of sex workers increased as well.

This article explores some of our research findings through the voices and daily experiences of women internal migrant sex workers during the pandemic, focusing on the impact of COVID-19 on their income, working and living conditions, and well-being. Many sex workers in Brazil face multiple forms of exclusion and risks to health and well-being, including low and inconsistent earnings, violence, and sexually transmitted infections (STIs). However, our research suggests that the pandemic and policies imposed to control it severely impacted the lives of internal migrant sex workers, their affective and work relationships, as well as their income, safety, and physical and mental health. Our data demonstrates disturbing levels of violence and precariousness experienced by sex workers during the

¹⁶ B Santos *et al.*, ‘Sex Work, Essential Work: A historical and (necro)political analysis of sex work in times of COVID-19 in Brazil’, *Social Sciences*, vol. 10, issue 1, 2020, pp. 1–20, <https://doi.org/10.3390/socsci10010002>.

¹⁷ *Ibid.*

¹⁸ A De Lisio, ‘Event Urbanism and the Politics of Enthusiasm’, *Scapegoat Journal: Architecture, Landscape and Political Economy*, vol. 5, 2013, pp. 170–79.

pandemic, as well as the lack of effective policies aimed at protecting their health and well-being. This is exacerbated by the historical stigmatisation faced by sex workers in Brazil,¹⁹ combined with the lack of labour rights.

Research Methods and Sample

Using participatory and digital research methods, the research was conducted by the NGO Vitória Régia²⁰ in collaboration with the activist and sex worker Taís Leão Proença and UK and Brazilian academics. Fieldwork ran between January and June 2021 and included: qualitative interviews conducted with sex workers via WhatsApp; and audio-visual diaries produced by the sex workers and shared, via WhatsApp, for a period of one month.

In the first phase of our project, up to 25 women²¹ Vitória Régia works with were recruited to participate in the research. The participants were provided with mobile phones. These were used to keep daily audio-visual diaries of their lives over a four-week period, sharing images and voice messages with co-participants and the research team through a WhatsApp group chat. The research team guided the diary-keeping and kept the group ‘on topic’ with prompts and questions relating to the factors that would render participants vulnerable to contracting COVID-19 and other illnesses, and to coercion, violence, and exploitation. We asked: where did they sleep; did they have facilities to wash; were toilet and cooking facilities, if any, shared; did they leave their dwelling today and why; were they able to socially distance or wear masks; did they undertake any work and if so what kind, who arranged it, and were they paid; did they receive any offers of help or work and if so, what kind and from whom; did they experience any harassment, threats, or violence and if so, from whom; did they attempt to access

¹⁹ L R Murray, D Kerrigan, and V S Paiva, ‘Rites of Resistance: Sex workers’ fight to maintain rights and pleasure in the centre of the response to HIV in Brazil’, *Global Public Health*, vol. 14, issue 6–7, 2019, pp. 939–953, <https://doi.org/10.1080/17441692.2018.1510020>.

²⁰ The NGO Vitória Régia was founded in 2000 through a partnership between sex workers in Ribeirão Preto and health professionals from the Hospital das Clínicas Faculty of Medicine at the University of São Paulo in Ribeirão Preto, who were involved in state projects to combat STIs/AIDS. Its aim was to offer support to sex workers, such as medical appointments, information, STIs/HIV prevention, and free condoms. The NGO also mobilised discussions and actions to defend sex workers’ rights. Today, Vitória Régia provides psychosocial, legal, and health assistance to women, adolescents, LGBTIQ+ people, and people living with HIV/AIDS. It also educates undergraduate students through lectures, training courses, and participation in events.

²¹ Twenty-three cis and two trans women were chosen because women are the main target group of Vitória Régia.

social rights and if so, were they successful; did they send money back home; were they able to see their families back home; did they get ill and if so, did they manage to receive treatment? In the last two phases of the project, the audio recordings and WhatsApp messages were transcribed, coded, and thematically analysed. Participants were involved in the analysis and curated the images and text generated from their diary-keeping, deciding which elements should be included in the project outputs. Interviews were conducted in Portuguese and then translated into English by the research team. Interviews were anonymised and names used here are pseudonyms.

Most of our research participants had studied only up to elementary school. The vast majority self-declared as *parda* (mixed) and black; only two out of 25 self-declared as white. They were aged between 20 and 34 years, had other people dependent on their (low) income, were internal migrants, and had been in the profession for over five years. Almost half (12) lived on the equivalent of one Brazilian minimum wage (BRL 1,100 or USD 214) or less at the time of the research, and ten lived on up to the equivalent of two minimum wages (USD 428). Only three had an even higher household income. Given their migrancy and the existence of dependants back home (children and elderly parents), their low income had to provide both for them in Ribeirão Preto and for their dependants. Most of them had lived in Ribeirão Preto for more than six years and tried to visit their families back home as regularly as possible. During the pandemic, they were not able to visit their families for more than a year, which affected their mental health (as discussed below).

Our research participants, therefore, already lived in situations of social vulnerability, which was intensified during the pandemic. The following excerpts from our research data offer an insight into the experience of the twenty-five internal migrant sex workers during the COVID-19 epidemic.

Findings

Income

All research participants reported that demand from clients and consequently their income from sex work declined during the pandemic by around 50%. Many stated that the situation was more difficult in 2021 than in 2020. The emergency aid and benefits provided by the government until December 2020 helped to maintain their clients' incomes, so the demand for sex workers' services did not drastically reduce. However, with the decrease in the government's economic support and the increase in COVID-19 infections and deaths in Brazil in 2021, many clients had lost their jobs and income. This was associated with prohibitions on working during lockdowns and the closure of local businesses, which decreased the movement of people in the area where they work. As Bianca shared:

Demand for our work decreased a lot. ... Businesses were going broke, and our clients disappeared because they lost their jobs and no longer had money, people had no way to spend it on us without knowing what tomorrow would be like, they wouldn't spend on sex.

Most clients were elderly men, and in addition to the impact of lockdowns and decreasing emergency support from the government, they feared being infected by COVID-19. Moreover, lockdowns meant that the daily activities of married clients were much more visible to their wives, and this also affected demand for sex work. As Carol explained:

Clients are still scared. We text them saying, 'hey, what's going on, haven't seen you in a while', then they say, 'well, with this disease out there, it is difficult to go out'. I have an 89-year-old client. I called him a while ago and said, 'hey you disappeared, what's going on?', and he said, 'I did not disappear, don't you watch TV? There is a pandemic! I'm going to die if I catch COVID, I have a lot of health problems'. There are also many men who told us 'ah, I couldn't get out of home, what was I going to say to my wife?' Those who no longer have a wife say 'ah, my daughter keeps asking where I'm going, I'm embarrassed to say where I'm going, so I couldn't leave the house'. They can't say that they are going to the bar for a drink anymore, because the bar is closed.

At the same time as there was a decrease in demand for sexual services, there was an increase in workers supplying such services. This is because, in a context of other businesses closing, some women who had left sex work decided to return to it, in the hopes of securing at least some income. This was the case for Diana:

I had stopped doing it [sex work]. I had even taken some courses where I was learning and working with beauty stuff, I was doing skin spa, hair braiding, stuff like that. I was only working for a friend of mine, but her business closed because of the pandemic, so I had to come back here and do it [sex work] again.

Monthly Costs and Lack of Public Policy

All research participants said they preferred to stay at home, shielding themselves and their families from COVID-19, if they could. However, they not only had to keep providing for their families, but their monthly subsistence costs, such as rent, electricity, water, and food, also increased during the pandemic. As they are all migrants who pay bills in Ribeirão Preto, but also send money to their children and elderly parents living in their home city, the increased living costs affected them twice. In fact, as many sex workers have dependants who had to spend more time at home, they had to spend more on household consumption, as illustrated by Mariana:

If we could just stay at our house, shielding ourselves, we would, but, CPFL [electricity company] and DAERP [water company] do not think the same way. They say 'stay at home', but what about the bills? They said they wanted to do the same thing Europe did, to let three unpaid energy bills accumulate, but what happens afterwards? If you have a R\$100 electricity bill, how are you going to pay R\$300 three months later, all together, and knowing there will be another one to be paid as well, so R\$400 all together? Today, I go to the supermarket to buy only what's on sale and buy only the very necessary items. Rent, electricity and water bills keep coming, there has been no discount; on the contrary, it has increased because now my family [living in another city] spends more time at home, which means more showers, fan on all the time, television on, more everything.

Sex workers also reported various difficulties they faced with home schooling during the pandemic. Their children had to stop attending school as classes moved online. While online teaching altered the educational dynamics of the children, not all sex workers could afford internet or provide cell phones and laptops for their children, so they could access the online classes. Another issue was the lack of nursery provision and school meals which constituted an extra financial burden for them:

My daughter, thank God, can have internet and a cell phone to access her classes from home, but what about all the children who don't have internet? There are kids who are starving, the government has to wake up to the reality. Then they say that those who don't have internet can go to the school and get printed versions of the classes there, and this has to be between 8 am to 11 am and then from 1 pm to 4 pm. But most parents are working, they can't just leave their jobs and go to the school to pick it up. Also, the nursery was free, now we have to pay someone to take care of our child because if we don't have someone to look after our children, there's no way we can come to work. (Bruna)

There are no longer school meals. In Minas Gerais [State] they have helped the families with food baskets for children who weren't going to school, [but] here, in Ribeirão, they didn't do any of that for a whole year. This is crazy. In the beginning of this year [2021] the city hall distributed basic food baskets for children, but they were hungry for a whole year. Then, they started accepting the kids back at school, but only once a week, and they stopped giving the food baskets; so, once a week, the kids eat at school, but what about the rest of the week? There's no logic in what the government does. (Carla)

In addition to the lack of economic policies to alleviate people's expenses during the pandemic, which could have included tax reduction, reduction of utility costs, or an anti-inflationary policy for essential items such as food, clothing,

electricity, and gas, the living costs of our research participants also increased as they had to start providing for two households at the same time. Many of our research participants work in Ribeirão Preto but their families live in a different city, and they had to stop commuting in order to not expose their families to a possible infection.

I have to pay the expense here and the expense there [where her family lives]. My daughters stay there with my mother. I was scared of them being close to me, so I stopped going there and stayed here more, but I need to keep paying for everything; school you don't stop paying, council tax you don't stop paying, you need to keep paying everything. (Marcia)

Despite the increase in their living costs, most sex workers did not receive any type of assistance from the State, such as access to the Family Grant benefit (*Bolsa Família*) and the COVID-19 Emergency Income programme. They also do not have labour or social security rights, given that in Brazil their profession is not regulated.²² Most did not manage to access social assistance, such as the food baskets provided by the Municipal Social Assistance Department and the Municipal Emergency Aid in the amount of BRL 200 (less than USD 35) for a period of three months, due to bureaucratic barriers, or for not meeting the strict access criteria established by the municipal government. Consequently, they could only turn to NGOs to receive any support, as Andrea told us:

I didn't get [any help]. Most sex workers didn't receive the [government] aid, because it was very difficult to access. You had to apply through their app, but you apply and then in the end it says 'denied'; they don't even explain why. I received help [food basket] from the NGO, Vitória Régia, but not from City Hall. I went after CRAS [Social Assistance Centre] when they said they were going to give food baskets to people, but when I went there, they gave me a phone number and told me to call it, that's what they did to everyone who went there for help, but it was a nightmare to talk to someone on the number they gave us. I wasted time trying to talk to someone, it didn't work.

Most sex workers also felt they had to pay for private healthcare insurance, which was an extra burden on their monthly expenses.

Most women who have children decide to pay [for private healthcare] because it's not worth waiting. That's another burden for us, and even with the health

²² The official recognition of sex work as an economic activity in Brazil has allowed some workers to obtain retirement and other benefits if they register and contributed to the social security system as self-employed. It did not, however, create a regulatory policy that could completely guarantee sex workers' full labour rights, which would depend on its approval in the Brazilian Congress.

insurance you also need to pay for a dentist, and if you don't have the insurance, you need to pay for everything, for dentists, paediatricians, everything you pay and you spend that money and don't have the right to get a painkiller from a public pharmacy. You spend it twice, you spend it on the consultation, you spend it on medication. If you wait [for public healthcare], you die waiting, here the health system is terrible. (Leticia)

Many reported paying for COVID tests, or simply not taking the test when they had symptoms, given the difficulty and risks encountered in taking a free test offered by the public health system. As Emilia shared:

I went there [to the local GP] to take the COVID test, they said 'wait for one, two hours', I said 'no, ma'am, if I stay in this room for two hours, waiting with all these other people and I don't have COVID, I'll get it'. I left and I paid for the test in a lab, about an hour later I already had the result. I paid R\$190, then people said at the time, 'it's expensive and I am not taking the test', but it will be expensive if I die, the money will go away, I won't be here anymore to spend it. Everything in Ribeirão you have to pay, the health system is bad.

Working Hours and Precarious Working Conditions

With the decrease in their income and an increase in their living costs, sex workers needed to work longer hours. Most of our research participants had to work at least 10–12 hours a day, from Monday to Saturday, and some started working every day. Despite working longer shifts, most were unable to earn the minimum necessary to pay their bills, or even to buy food for themselves and their families, as was the case for Bianca:

Now I work around 12 hours a day, every day. Before the pandemic, I worked less; I would arrive here around 9:30 a.m., stop for lunch at noon, go back to work only at 3:00 p.m., and then at 7:00 p.m. I would go back home. We have to work a lot now, and I can't even earn what I used to [pre-pandemic]. The pandemic has made our work much worse; it is not easy. I started drinking a lot. I feel sick from all the drinking I do while working. Because we also make money on the drinks that our clients buy at the bar, for example, we earn R\$5 in commission. If you take a drink of R\$10, I get R\$5 in commission. It is a way to try to make more money. We get desperate, we need to pay our bills, and the money I make is not even enough to pay for my lunch and dinner.

In addition to longer working hours, the pandemic intensified competition between sex workers for clients, as demand for their service decreased and the number of workers on the street increased. As Bruna told us, 'the situation is way worse, the demand for services has dropped and a lot of women are coming

from other cities to work here. Some days, there are so many women here that they can't even all fit on the street'.

To exacerbate their already precarious working conditions during the pandemic, sex workers also experienced constant fear due to the growing number of deaths caused by COVID-19. The possibility of being infected (and then infecting their loved ones) became an additional fear to those with which they already had to deal.

Before, we were always tense, from the fear of violence. Today we work tense as well, but now fearing violence and COVID. I'm afraid of being here, working, exposing myself every day, and suddenly getting COVID and passing it on to someone at home. My mother has high blood pressure, which makes me worry even more. My whole family is there in Goiânia, I'm the only one here. When I went there, I took a COVID test, because I work in a place like that, I don't know the clients, if they look after themselves or not, and I can pass it on to the people I love the most. In my head, I think I caught COVID like four times. Once I went out with a client on a Tuesday, he was supposed to come back again on Friday, I called him to confirm, he said, 'I won't come, I'm in the hospital, I have COVID'. I turned off the phone and already started feeling short of breath. I felt weak, all in less than an hour, I felt all the symptoms. I called my mom, I was going back home on the weekend, I said I can't go there because I have COVID. I hadn't even taken the test! I went to the hospital, paid R\$195.00, but it came back negative. (Daniela)

Our research participants also expressed concerns about the safety measures at the workplace when interacting with clients. According to them, the actual physical spaces of their workplaces, such as the hotels and nightclub in the city centre, are clean environments with good air circulation. However, many complained that clients did not respect COVID-19 health protocols, especially the use of masks. Some said that they only provided services when clients wore a mask, yet clients often took off their mask during service. Some workers observed that few clients demanded the use of a mask:

There are clients who don't accept if you're wearing a mask, they don't even stop to talk to you, they go straight through. There are few customers who arrive here saying 'put on a mask, please?', or 'can we do it wearing a mask?', and we say, of course, this is even better. So, there are some who accept [wearing a mask], others who don't. There are those who still want us to kiss them. We say we can't kiss, explain about the pandemic, we can't do this, we can't do that, need to wear a mask, but when it gets to the room, they start doing the opposite, there are some who still try forcing us to [kiss]. But many times, you do not want to miss the service, so you will have to do it without a mask on, because [of] the money. If there are people [sex workers] there not wearing a mask, and you wear it all day, you won't get any work. (Marcia)

Well-being, Violence, and Stigma

The loss of income, fear of COVID-19, and uncertainty regarding the future also affected the mental health of our research participants. As stated by Camila:

[The pandemic] changed our psychological situation, we are all depressed. It messed with our pockets [income], and it messed with our mental health. We are not formally employed, we do this here [sex work] in order to make a living, we have no rights to just take time off, sick leave, etc. I try to leave work, go to my house, and forget about work, this helps me, psychologically. But now, with the pandemic, it affected our earnings, you get worried if you will be able to pay your bills. Before the pandemic we were worried about HIV, syphilis, hepatitis; we took care of ourselves with condoms etc., but this disease [COVID] has no way out for us, there is not something you can completely protect yourself from, it's in the air. Many of us had some money saved in the bank, and we hoped the pandemic was going to be a quick thing and things would go back to normal soon, we didn't think it would extend until now. The pandemic demonstrated the reality of our industry, that it's an unstable, insecure, unfriendly job; it messes with our psychological health, and these situations make us develop a series of [mental] diseases, anxiety.

Several sex workers reported cases of depression and panic attacks that they or their dependents experienced. Some were diagnosed with psychological disorders and were prescribed medication, while others mentioned increased consumption of alcohol and drugs by clients and themselves.

I stayed at home for a month without being able to go out, I was suffering from depression, wanting to die, crying all the time. My dream is to be a singer, but how am I going to pursue my dream with this pandemic? When will this ever end anyway? Will I be alive? Will I get out of this? There are a lot of people that we know who died in this pandemic. The husband of a 35-year-old friend of mine died from COVID, we would never imagine he could die from it. Everyone is depressed, people committing suicide, hanging themselves. I even got scared of killing myself because there was a moment when I got so desperate that I looked for a knife and I kept looking for a knife that could end my life. Look how crazy, our heads are not good at the moment. (Paula)

The workers also described facing daily urban violence (such as robberies and assaults on the streets), violence from the police, and violence from clients (rape, assaults, not getting paid for the service, refusal to wear masks). During the research, two trans sex workers were murdered by clients. Managers of the hotels where they work or colleagues often provide protection. Harassment by the military police and municipal guard has decreased since the installation of security cameras in the city centre, but the workers reported that the military police acted brutally during the lockdown and did not show up or provide help when

sex workers called to report violence from clients. As Daiana and Rebeca told us:

In the beginning of the pandemic, the police harassed us a lot, they sent us away whenever we came here to work. I have been arrested when I tried to work. You risk arrest and you risk getting this disease [COVID]. The police have a lot of prejudice against us, they treat us like shit. The police are more focused on trafficking crime, robberies, so they don't care about us. When we call the police, they answer and ask if we're a call girl, if we say yes, they don't even show up; and when they do, they beat us. I don't feel cared [for] and protected by anybody. I have to protect myself. There's no security because they don't see it [sex work] as a profession. (Daiana)

I don't call the police. I've worked with sex since I was 13 and if there's a problem, I try to leave as soon as possible, because the police will show up and probably beat you as well. You need to solve your problem in the bedroom. If the guy is crazy, I try to make him think I am crazy as well, as they say, you have to be worse than him. Just like yesterday, I got a client who said 'oh I spent four years in jail', I said 'that's all? I did five'. I lied, I'm scared to death of these banditry things, but you have to pass as tough, otherwise the guy will step on you. I work in the night, to ensure my safety I've been calling CPFL [light company] to put lights on some poles around here, because the streets are very dark, no one cares about fixing the lights here, and the lights help to keep us safe. (Rebeca)

Sex workers also often talked about public prejudice and discrimination they suffered on a daily basis, as well as their lack of rights, which together damaged their well-being:

People are very judgmental. Sometimes, there are people who walk past us and they look at us as if we were the worst being in the world. It's an old profession [sex work], whether they like it or not, but people have a big prejudice, they think that the woman who works with sex is the sick one, HIV positive. There should be less prejudice against women, all women, call girls and trans women, we should be able to arrive at a place and be treated respectfully. This is a problem at the hospital, for instance, many of us don't go to the hospital because of the prejudice we face there. When you go to the hospital and try to speak about a sensitive issue quietly to a nurse or to doctor, they just start shouting out loud 'ah but how did the condom break?'. Then you look at their face thinking 'if I knew how it broke, my dear, I wouldn't let it so I wouldn't have to be here, being humiliated'. (Miriam)

The government should pay more attention to us as well, give us labour rights, they should regularise our profession. Nobody cares about a puta [sex worker]. Nobody cares if someone hit her or if someone does something bad to her. Nobody cares if they have a family or not. We have no rights then, and we need them, the pandemic proved that. (Ana)

Conclusion

Reflecting on their individual and collective experiences during the COVID-19 pandemic, the 25 women internal migrant sex workers in this research illustrate how the pandemic and policies imposed to try to control it severely impacted all aspects of their lives, their affective and work relationships, as well as their income, safety, and physical and mental health. Many sex workers in Brazil face multiple forms of exclusion and risks to health and well-being, including low and insecure earnings, violence, and STIs. However, our data demonstrate the disturbing levels of violence and precariousness suffered by these internal migrant sex workers during the pandemic, as well as the lack of effective policies aimed at protecting their health and well-being. Their migrancy further exacerbated their already precarious situations. Their low income, additionally affected by lack of demand for work during the pandemic, needed to provide both for their dependants (children and elderly parents) in their city of origin and for themselves in Ribeirão Preto. Travel restrictions and fear of infecting their relatives also did not allow them to visit their families for more than a year, which severely affected their mental health. This is aggravated by the stigmatisation faced by sex workers in Brazil combined with the lack of legal regulation of sex work as a profession, as well as access to labour and social security rights. The latter are, therefore, key to public policies aimed at securing rights and protections for this group. Public policies on mental health and social assistance aimed at sex workers and their dependants could also help to alleviate everyday challenges they face. Given the level of violence suffered by this group, training for police officers on respecting the human rights of sex workers, and persons who are LGBTIQI+, would also be important steps towards tackling the everyday discrimination experienced by women internal migrant sex workers in Brazil.

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