

**IN THE CONSTITUTIONAL COURT OF SOUTH AFRICA**

CASE: CCT 31/01

In the matter between:

**ELLEN JORDAN**

First Appellant

**LOUISA JOHANNA FRANCINA BROODRYK**

Second Appellant

**CHRISTINE LOUISE JACOBS**

Third Appellant

and

**THE STATE**

Respondent

**SUPPORTING AFFIDAVIT**

I, the undersigned

**ALBERTUS VAN EEDEN**

do hereby make oath and say as follows:-

1. I am the president of Doctors For Life, a non-governmental, non-profit making association of medical doctors in South Africa.

2. I deposed to the affidavit which is annexure 'E' to the affidavit of D'OLIVEIRA in this matter ('my first affidavit'). For the reasons set out below I respectfully submit that I am qualified to express an expert opinion with regard to the issues which are canvassed below.
- 2.1 My knowledge of HIV/AIDS and sexually transmitted infections (STIs) is the result of my medical studies as well as my working with patients suffering from these diseases in the hospitals where I have worked and later in my work as District Surgeon.
- 2.2 I continued gaining experience in HIV/AIDS when I served on the National AIDS Conference of South Africa where I took part in planning a National AIDS Strategy for South Africa.
- 2.3 I gained further experience while developing the Doctors For Life AIDS Home Based Care Program through which we established a system to care for AIDS patients at home. This model was finally selected as "best practice model" by the Department of Health of KZN.
- 2.4 As far as strategies to prevent the spread of HIV/AIDS and STIs are concerned, I gained experience in developing and implementing programs which modify sexual behaviour amongst in-school youth and workers in the industry.
- 2.5 My knowledge of prostitution and drugs was partially obtained from personally counselling and treating prostitutes, their clients and drug addicts etc., and partially from studying the international literature on the subject.
- 2.6 The information contained in this affidavit has been gathered by myself and my associates, by means of research, personal interviews with prostitutes regarding their activities and practical experience and knowledge of people with HIV/AIDS and other STIs.
3. Save where I state otherwise or where the contrary appears from the context, all the facts stated in this affidavit fall within my personal knowledge and are, to the best of my knowledge and belief, both true and correct. Where I rely on facts which are contained in publications, the source is indicated by means of an endnote and I believe those facts to be true and correct by virtue of my expertise and research in the relevant field.
4. I deposed to my first affidavit in September 1997. The purpose of this affidavit is to update some of the information which is contained in my first affidavit in the light of developments which have occurred in the subsequent four years. Save to the extent indicated below, I stand by the contents of my first affidavit in all respects.

## UPDATED STATISTICS REGARDING SEXUALLY TRANSMITTED INFECTIONS

5. In paragraph 8 of my first affidavit, I stated that the current epidemic of sexually transmitted infections (STIs) is unprecedented. The situation regarding STIs has become worse in the four years since I deposed to my first affidavit. I set out below some of the recent statistics.
  6. Every year there are more than 4 million new episodes of STIs in South Africa. This means that one in every ten sexually active persons in South Africa is infected with a STI every year.<sup>i</sup>
  
7. As regards HIV/AIDS, the current position is as follows.
  - 7.1. Currently 20–24% of South Africans are HIV-positive and the infection rate is rising at 2000 a day.<sup>ii</sup>
  - 7.2. By 2005 there will be 6 million people infected with HIV. It is projected that among young HIV infected people, half are expected to die before the age of 35.<sup>iii</sup>
  
  - 7.3. According to Professor Alan Whiteside, head of the Health Economics and HIV/AIDS Research Division of the University of Natal, in the year 2000 there were already 65 500 AIDS orphans in Kwazulu-Natal alone. Within 10 years it will be 500 000.
  
  - 7.4. Up to 50% of the beds in South Africa's large provincial hospitals are occupied by persons with AIDS.
  - 7.5. In July 2000, 5 000 HIV-infected babies were born monthly in South Africa.<sup>iv</sup>
  - 7.6. The average life expectancy in South Africa is fast dropping to 30.<sup>v</sup>
  
  - 7.7. The East London ATICC reported that 50% of tertiary students in South Africa are HIV-positive. In the mining industry about 45% of the workers are HIV-positive.
  
  - 7.8. I annex hereto marked 'AVE1' a table which indicates the number of adults and children estimated to be living with HIV/AIDS at the end of 2000. The table shows that two-thirds of all people with HIV/AIDS are living in sub-Saharan Africa.
  
  - 7.9. At this stage South Africa has the fastest growing AIDS epidemic in the world. In Kwazulu-Natal, 36,2% of pregnant women are infected with the HI-virus. Figures of pregnant women are usually taken as indicative of

the prevalence of HIV in a particular society. Figures in other provinces are as follows:

- \_ Gauteng - 29,4%
- \_ Mpumalanga - 29,7%
- \_ Free State - 27,9%
- \_ North West - 22,9%
- \_ Eastern Cape - 20,2%.

7.10. I annex hereto marked 'AVE2' a table which indicates that HIV infection rates in South Africa have increased from 0,73% in 1990, to

- \_ 1991 - 1,35%
- \_ 1992 - 2,42%
- \_ 1993 - 4,25%
- \_ 1994 - 7,6%
- \_ 1995 - 10,44%
- \_ 1996 - 14,07%
- \_ 1997 - 16,1%
- \_ 1998 - 22,8%
- \_ 1999 - 22,4%
- \_ 2000 - 24,5%

7.11. With an estimated 4,7 million HIV\_infected people in South Africa, the epidemic will have a major impact on South African society. This impact will become more visible as people progress from an asymptomatic infected state to a symptomatic stage and eventually death.<sup>vi</sup>

8. The HIV/AIDS statistics have a particular poignancy in the context of prostitution. A study conducted in May 2001 by the Medical Research Council<sup>vii</sup> showed that the prevalence of AIDS amongst prostitutes servicing South African truck drivers was:

- \_ Van Reenen - 44%
- \_ Reitz - 42%
- \_ Tugela - 62%
- \_ Warden - 74%
- \_ Newcastle - 64%.

The overall HIV prevalence amongst prostitutes was found to be 56%.<sup>viii</sup> This is considerably higher than the national average, which is in the region of 24%.<sup>ix</sup>

## CONDOMS AND STIs

9. In para 11 of my first affidavit, I indicated that there is little good research evidence to indicate that condoms provide significant protection from any STI's except AIDS. I refer below to some recent research which supports this.
  10. Statistically, the risk of acquiring HIV from a single episode of vaginal intercourse with an infected person if a condom is *not* used is said to be approximately 0,1%.<sup>x</sup> However most STIs are much more infectious than HIV. In fact, the very low infectivity of HIV – even when condoms are not used – partially explains why condoms appear to prevent HIV infection. In this situation, at least a portion of the reported condom “effectiveness” is due to the small chance of contracting HIV during a single act of vaginal intercourse with an infected partner.
    11. An article in the *British Medical Journal* of August 2001 reported on a 28-member panel of the National Institute of Health and Human Services in the USA, which analysed more than 138 peer-reviewed, published studies. The panel concluded that it cannot clearly be stated that latex condoms can effectively reduce the transmission of chlamydia, syphilis, chancroid, trichomoniasis, or genital HPV infection.<sup>xi</sup>
    12. Recently the FDA in America also reverted to calling sex with condoms “less risky” sex instead of “safe” sex, as they used to call it.<sup>xii</sup>
13. HPV is one of the most common STIs worldwide. The infection is spread by skin-to-skin contact and the virus is frequently present throughout the genital region of infected people – including those areas not covered by the condom. Since a condom only covers the penis and the virus often resides in the pubic area or on the scrotum, infection may be transmitted or contracted even when condoms are used consistently and correctly 100 percent of the time. In fact, published studies have failed to demonstrate that the male latex condom protects women from HPV infection. If one takes into consideration that HPV causes cancer of the cervix, and that until recently cervical cancer killed more women in South Africa than AIDS, the health hazards of prostitution to the prostitutes, their clients and the wives of the clients are enormous.
14. Although two different sexually transmitted diseases may be transmitted by the same mechanism (such as infected body fluids, for example), condoms do not provide equal protection to each of them. Highly infectious STIs (diseases with high infectivities) are less “forgiving” of condom failure. Therefore, even one episode of condom breakage or slippage may expose one to a significant risk of contracting a highly infectious STI, such as chlamydia.

15. It is further important to note that a prostitute becomes *infective* (i.e. is able to infect clients) minutes after having been infected with gonorrhoea.
16. Condoms are notorious for being a poor form of contraception. A study in Pennsylvania found that, during a period of one year, 25% of patients using condoms still conceived.<sup>xiii</sup> The failure rate of condoms to prevent pregnancy varies for different age groups and different population groups. In England, condom failure was the most commonly given reason for requesting abortions.
17. In para 11 of my first affidavit, I indicated that condoms had a 20% failure rate in protecting against HIV/AIDS. Recent research suggests that the overall failure rate of condoms to protect against HIV/AIDS is in the region of 15%.<sup>xiv</sup>
18. A study of married couples in which one partner was HIV\_positive and where condoms were correctly and consistently used, showed that 17% of all previously uninfected partners became HIV-positive within 18 months.<sup>xv</sup>
  
19. Past experience has shown that Africa – including South Africa – is often used as a dumping ground where condom makers have been dumping substandard condoms that leak, are brittle and are ill-fitting. With some batches as many as 48 out of 200 test batches broke. Recently some condoms were found to have sand in the foil packets.
20. The logistics of providing condoms for the general South African public has failed in the past. In 1998 KZN, the province worst hit by the AIDS epidemic, ran out of condoms because the Health Department forgot to order more. A consequent investigation into the distribution chain found boxes of condoms that had been left for months in overheated storerooms.<sup>xvi</sup>
  
21. Although the condom breakage and slippage rate for one act of intercourse is low, (2-4% for most users) after 100 episodes of intercourse with a 3 percent breakage and slippage rate, 95 percent of individuals will have experienced at least one condom break or slip. (Partial slippage, where the condom slips but does not come completely off the penis also occurs, but is not included in the figures). The cumulative effect of condom breakage and slippage means that sexually active condom users – even those who use condoms consistently and correctly – face a substantial and increasing risk of pregnancy and/or STIs when condoms are used for extended periods of time.

## **PROSTITUTES AND CONDOM USAGE**

22. In para 12 of my first affidavit, I indicated that condom usage amongst prostitutes was low. I refer below to some recent evidence which supports this.
23. Mountains of evidence across the world indicates that prostitutes are notorious for not using condoms or practising safe sex.<sup>xvii</sup> A typical example is

a study of 3 297 prostitutes in mainland China, which found that 13% of prostitutes always used condoms, 6,7% used them often, 14,6% used them rarely and 65,5% had never used them.

24. A Dutch study amongst prostitutes revealed the following results. Of the 193 women interviewed, 136 worked as prostitutes and had an average of 115 customers per month. Of the 157 men interviewed, 99 of them had visited an average of 8 prostitutes in the past 4 months. This study revealed that these prostitutes had unprotected vaginal intercourse with an estimated average of 160 persons in 4 months.<sup>xviii</sup>
25. In a study done by the University of Natal amongst truck drivers, it was found that most truckers (70%) always have penetrative sex and 71% of them never use a condom. The few who do use condoms, do so irregularly and never with their wives. Reasons given for not using condoms included: *~ I don't think that I'm making love genuinely. I don't like it. I like flesh in flesh. I want to feel the taste of what I'm doing. I am afraid. I nearly left it in my wife's vagina.* This was despite the fact that 74% of drivers have heard about AIDS and that 77% of them associate it with a disease that is incurable.
26. A study by the Medical Research Council in May 2001 indicates that condom use in South Africa is still low amongst prostitutes and truck drivers and that 29% of truck drivers had never used a condom with prostitutes.<sup>xix</sup>
27. The United Nations recently warned that the bulk of evidence from a number of trials showed that the spermicide nonoxinol-9, which some prostitutes use as a spermicide together with condoms, can be harmful. It can promote skin breakdown and increases the risk of contracting AIDS.<sup>xx</sup>
28. Decriminalising prostitution does nothing to help the situation. Experience in Australian states where prostitution has been decriminalised shows that, once prostitution is decriminalised, the competition for clients gets more intense. Consequently, in order to get an edge above their competitors, prostitutes are more likely to offer sex without condoms to their clients. Experience in New Zealand was to the same effect. Legalising prostitution created a “buyer’s market” rather than a “seller’s market”. Consequently prostitutes desperate for cash would then be more likely to succumb to offers of more money for unsafe practices. Prostitutes in a “seller’s market” can be more demanding about their customers whereas prostitutes in a “buyer’s market” (particularly prostitutes with a drug habit) are less likely to be so particular.
29. It is therefore not surprising that there has been no measurable improvement in STI rates in NSW or Victoria as a result of brothel decriminalisation, and some surveys showed an increase after legalisation. The numbers of people infected with STIs are still high and cases of some strains have increased dramatically since the laws governing brothels were changed. (I consider the position in Australia in more detail below.)

30. It is wishful thinking to believe that legalising prostitution will be a ‘magic wand’ that will solve all these problems regarding condom usage. Few studies have proved beyond doubt that exposing prostitutes to safe sex education or condom education and enforcing such practices have been responsible for dropping STI and HIV/AIDS rates. But even if that were the case, to do it with a small group of prostitutes is one thing. To repeat the exercise successfully on a national scale with tens of thousands of prostitutes is something totally different and something that has never been proven to be successful. On top of that, there is even less evidence to prove that such an effort is sustainable over a long period.
31. In short, the experience in other countries shows that legalising prostitution does not lead to better safe sex practices. Even if condoms were 100 percent effective when used correctly, the existing rates of inconsistent and incorrect use are sufficiently high to place sexually active individuals with multiple partners at a significant risk.

#### **THE EFFECT OF PROSTITUTION ON THE PROSTITUTE HERSELF**

32. In para 16 of my first affidavit, I stated that most people with practical or theoretical knowledge of prostitution agree that the "profession" is profoundly harmful to the women involved, in a mental as well as a physical sense. I will elaborate on this below by referring to a number of recent studies which show clearly that prostitutes are exposed to considerable harm. In doing so, I adopt the contents of the relevant studies as my own and request that they be read as if incorporated herein.
33. I annex hereto the following documents from Dr Melissa Farley:
  - 33.1. ‘AVE3’ is an affidavit of Dr Melissa Farley;
  - 33.2. ‘AVE4’ is the curriculum vitae of Dr Melissa Farley;
  - 33.3. ‘AVE5’ is an affidavit of Dr Melissa Farley to which is annexed a copy of her article ‘**Prostitution in Five Countries: Violence and Post-traumatic Stress Disorder**’.
  - 33.4. ‘AVE6’ is an affidavit of Dr Melissa Farley to which is annexed a copy of her article ‘**Prostitution: a review of the medical and social science literature**’.

33.5. 'AVE7' is an affidavit of Dr Melissa Farley to which is annexed a copy of her article '**Prostitution, Violence and Posttraumatic Stress Disorder**'.

34. I draw particular attention to the following aspects of Dr Farley's research.

34.1. Dr Farley describes prostitution as follows:

'Prostitution is an institution which causes immense harm to women and men and children in it, and prostitution also erodes the humanity of perpetrators of prostitution.... In whatever context it occurs, prostitution is the hiring of humans to act like sexualized puppets. Prostitution always includes the dehumanization, objectification and fetishization of women and children. Prostitution formalizes women's subordination by gender, race and class.' (paras 7-10 of Annexure 'AVE3').

34.2. In the course of her research, Dr Farley interviewed 854 prostitutes in various countries – including South Africa. She concluded that a 68% of these 854 prostitutes suffered from post-traumatic stress disorder ('PTSD'). Dr Farley states as follows:

'This prevalence of PTSD amongst those in prostitution – 68% -- is similar to rates of PTSD among battered women seeking shelter, among rape victims seeking treatment, and among survivors of state-sponsored torture. The experience of prostitution has been described as battering, rape, and torture, by a majority of those in it.' (para 12 of Annexure 'AVE3').

34.3. Dr Farley states further as follows:

'In my review of the medical and social science literature, and on the basis of my 7 years of research in this field, I conclude that:

- \_ 70%-95% experience physical assault in prostitution
- \_ 60%-75% were raped in prostitution
- \_ 60%-90% of those in prostitution were sexually assaulted as children
- \_ 100% experienced sexual harassment in prostitution.'

(para 137-10 of Annexure 'AVE3').

- 34.4. An important aspect of Dr Farley's research addresses the question whether the legalisation of prostitution would improve the working conditions of prostitutes. In this regard, Dr Farley's conclusions are to the following effect:

'When we asked those prostituted in South Africa and Zambia if they thought that legalizing prostitution would make them physically safer, a majority (62% in South Africa and 73% in Zambia) told us "no". They tended to view prostitution as an activity which always involved physical and sexual assault – whether its status was legal or not.' (para 22 of Annexure 'AVE3').

'Legalization or decriminalization of prostitution would normalize prostitution. We do not think that legalization of prostitution would improve the lives of women in prostitution – in fact, according to some of our interviewees, legalization made their lives worse. Legalization of prostitution puts the state in the role of the pimp, and in the role of ensuring that customers are provided with people who are HIV- and STD-free.' (Annexure 'AVE5')

'Decriminalization of prostitution has been promoted by the commercial sex industry as a means of removing the social stigma associated with prostitution. The likely result of decriminalization would be to make men's access to women and children in prostitution far easier than when prostitution is illegal. Decriminalization would normalize commercial sex but it would not reduce the trauma and the humiliation of being prostituted. Respondents in South Africa and Zambia were asked whether they thought that they would be safer from sexual and physical assault if prostitution were legal. A significant majority (68%) said "no".... The implication was that regardless of the legal status of prostitution, those in it knew that they would continue to experience violence.' (Annexure 'AVE6' page 50).

35. I annex hereto marked 'AVE8' a statement of Prof Dr Sven-Axle Monsoon concerning the issue of legalising prostitution in South Africa. The statement summarises some empirical findings from a Swedish study of prostitutes leaving the sex trade. Prof Dr Sven-Axle Monsoon concludes as follows:

'These findings clearly show the detrimental effects of prostitution to women's health and well-being; they also indicate the enormous human and social costs associated with rehabilitation from a life in prostitution. It is my contention that these findings should be considered a serious argument against all efforts to legalize prostitution. Instead, they should be used as an incentive to develop strategies to prevent women (and men) from ever entering the sex trade.'

36. It is a fact that prostitution and drug abuse frequently co-exist.<sup>xxi</sup>
- 36.1. According to a document by The Australian Institute of Criminology, prostitution itself is stressful enough to indicate a need for powerful drugs.<sup>xxii</sup>
- 36.2. In some cases, prostitution is used by prostitutes to fund their addiction. In other cases prostitutes use drugs to help them to cope with their work. Chichello and other psychologists found that prostitutes have to switch off or emotionally distance themselves from their customers. The continual switching off leads to self-alienation, depression, poor self-esteem and depression. According to Tony Chichello, senior clinical psychologist at the Royal Perth Hospital, this forms the root of drug abuse of many prostitutes. About half the women prostitutes on the streets in Sweden are abusers of drugs and alcohol.<sup>xxiii</sup> Some studies also indicate that drugs are used to relieve their tiredness so that they may have more clients in a night.
37. It is also relevant to note that the connection between prostitution and sexual abuse during childhood has become increasingly clear in recent years.  
<sup>xxiv , xxv , xxvi , xxvii , xxviii , xxix , xxx , xxxi , xxxii</sup> The Council for Prostitution Alternatives Portland, Oregon Annual Report in 1991 stated that “85% of prostitute/clients reported a history of sexual abuse in childhood; 70% reported incest.”

## THE EXPERIENCE IN OTHER COUNTRIES

38. In support of the matters canvassed above and in my first affidavit, I will refer to some studies which have been done in other countries. In doing so, I adopt the contents of the relevant studies as my own and request the contents to be read as if incorporated herein.

### ***Australia***

39. I annex hereto marked ‘AVE9’ a statement of Dr David Phillips, the National President of Festival of Light. The document was made available to me by Dr Phillips, and provides an insight into the Australian experience of prostitution. I draw particular attention to the following aspects of Dr Phillips’s statement.

39.1. Dr Phillips indicates that prostitution is associated with a number of problems, including the following:

- \_ ‘Public nuisance – from street prostitutes who accost passing men, and “gutter crawlers” who accost passing women, and nosy, abusive, urinating clients near brothels;
- \_ The spread of sexually transmitted diseases to prostitutes, clients and their partners;
- \_ Serious depression and drug addiction in prostitutes;
- \_ Violence by customers and boyfriends (actually pimps) of prostitutes;
- \_ Child sexual abuse (a significant percentage of customers prefer very young prostitutes;
- \_ Other crimes such as trafficking in drugs, weapons and stolen goods, often conducted as a sideline by bikie gangs and other groups who dominate the closely-linked sex and drug trades.’

39.2. Dr Phillips provides an overview of Australian states, which have decriminalised prostitution. He indicates, for example, that Victoria legalised brothels in the mid-1980s, and that New South Wales decriminalised brothels by a regulation system in 1995. Dr Phillips indicates that ‘legalising brothels has resulted in more, not less, exploitation of prostitutes’, and that the legalisation of brothels has resulted in an *increase* in the above-mentioned problems associated with prostitution. Dr Phillips summarises the situation as follows:

‘Legalising/decriminalising brothels has led to a boom in prostitution of all kinds – particularly in street and escort prostitution which are said to be most dangerous for prostitutes. And despite government health and safety programs, the boom has led to increased pressure on [prostitutes] to forgo the use of condoms. There has been no measurable improvement in STD rates in NSW [i.e. New South Wales] or Victoria as a result of brothel decriminalisation or legalisation. A survey by the NSW Council of Churches in 1998 found that some sexually transmitted diseases had increased following passage of the new law in 1995. The Council of Churches also found that violence against prostitutes, particularly Asian women, continued unabated.’

39.3. Dr Phillips draws the following conclusion:

‘Laws against the trade of prostitution should remain enforceable in South Africa because of the damage prostitution does to those involved and to the wider society. South Africa should learn from the mistakes made elsewhere. Those governments which have decriminalised or legalised the sex trade have created a prostitution boom which has led to more exploitation than before.’

## **Sweden**

40. I annex hereto marked ‘AVE10’ an English summary of a document prepared by the Swedish Commission dealing with prostitution (Betankande av 1993 års Prostitutionsutredning). The document summarises the harmful effects of prostitution as follows:

‘The general consensus among those with practical or theoretical knowledge of prostitution is that it is harmful, often profoundly harmful, to the women concerned, in a mental, physical and social sense....

The vendors of sexual services are extensively afflicted with poor health and are also frequently injured as a result of assault and other abuses. Almost without exception they develop mental disorders. Many of them abuse alcohol and narcotic drugs.... Prostitutes are often exposed to various crimes such as assault, rape and theft, but they themselves commit crimes to no small extent. The women’s next-of-kin, and above all their children, are variously affected, directly and indirectly, by the injuries sustained by the women in the course of prostitution....

Prostitution is also harmful to the community at large. The ability of men to purchase sexual access to women in order to gratify their own sexual needs runs contrary to the conviction of universal human equality and to the pursuit of full equality between men and women. Prostitution transmits an unacceptable view of human beings and stands in the way of individual development. Its negative social effects include the costs of the diseases and injuries which prostitution gives rise to and of the criminal behaviour which is a part or consequence of prostitution.’ (pages 25-26)

***United States of America***

41. I annex hereto marked 'AVE11' a statement of Dr Patricia Murphy regarding prostitution in America. I draw particular attention to the following aspects of Dr Murphy's statement.

41.1. Dr Murphy states that she regards prostitution 'as a matter of violence against women and not legitimate work, but rather, sexual slavery' (para 10).

41.2. Dr Murphy points out that she has observed both legal and illegal prostitution in the United States (para 11). She is accordingly well placed to comment on the effect of decriminalization on the practice of prostitution. In this regard she states as follows:

'Recently the Federal Bureau of Investigation reported that although the Mustang Ranch is 15 minutes away from Reno, Nevada by freeway, Reno had the highest rape rate of any city in the United States for its size. The point is that legalising prostitution and creating a form of legalized rape of "disposable" women does not stop the rape of women not used in prostitution' (para 14)

'I have discovered that women used in prostitution, legal or illegal, are subject to beatings, rape, harassment, kidnapping, suicide and murder. Legalizing prostitution does not solve these problems since systems of prostitution mean that women are circulated through legal and illegal brothels, dance halls, hotels and escort services in order to keep customers by offering them new women. Systems of prostitution can circulate women throughout the world in all systems of prostitution, legal or illegal. For example, women working in legal brothels in Nevada often take customers on "sex tours" of the illegal prostitution systems of San Francisco, California.' (para 16)

41.3. Dr Murphy concludes as follows:

'In my opinion, legalizing prostitution does not solve the problem of prostitution. This option appears to offer a neat and popular solution, but the issues of prostitution are directly tied to the abuse and violence

against women and girls and the world-wide economic inequality of women. Until these issues are addressed, no system of prostitution will stop prostitution. If the government of South Africa chooses to legalize prostitution, then it should also implement a workers' compensation system for women injured by prostitution. This should include compensation for psychological and physical injury and any disease which may occur during prostitution. Vocational rehabilitation counseling, education and job training should be offered to any woman wanting to leave prostitution. The women should also be eligible for housing assistance for themselves and their children. If the desire is to abolish prostitution, then an economic, educational, job training and housing plan for all women (in prostitution or not), should be created in order to bring economic equality for all the citizens of the Republic of South Africa.' (para 24)

## **DEPONENT**

The Deponent has acknowledged that he knows and understands the contents of this affidavit/declaration, which was signed and sworn to/declared before me at ..... on this the .... day of ..... 2001, the regulations contained in Government Notice No R1258 of 21 July 1972 (as amended) having been complied with.

COMMISSIONER OF OATHS

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**i.SOURCES**

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