

Vulnerable groups: Sex workers

The most common risk behaviour for HIV across the Asian continent is the trading of sex for money. Substantial proportions of men in many countries regularly buy sex, and thousands of women (and men) make a living by supplying the demand. A special group among the sex workers, are the hijras.

Targeted interventions with sex workers have been successful in lowering HIV prevalence among sex workers and hence among their clients and their families. However, such interventions carry an inherent risk of stigma and discrimination. In addition, the environment of sex work has to be taken into account as this may hinder or enable safer sex behaviour.

In most countries in Asia, women operate out of brothels. This trade is controlled by brothel owners, pimps and madams. Most clients negotiate with one of these people before having sex with one of the women from the brothel. There is usually also a thriving freelance sex trade where women work in the street selling sex directly or through a pimp.

Sex work involves many more people than sex workers. It supports local economies and the people who work in them, wherever it takes place. This includes the owners and staff of hotels, clubs, bars, brothels and escort agencies that employ sex workers, local shops and food sellers, taxi drivers, pimps, police, drug dealers and criminal elements who feed off the trade. Any intervention has to take these people and their motivation for change into account.

Sex workers are at great risk of contracting and transmitting HIV and other STIs if they do not use condoms. However, many clients of sex workers do not want to use condoms and for various reasons sex workers are unable to insist.

Why is HIV/AIDS a problem for sex workers?

Numbers of clients: Unprotected sexual intercourse is a major risk factor for the transmission of HIV/AIDS. Due to the number of sexual contacts a sex worker has, there is an increased likelihood of getting infected by a client if they are not practising safer sex (i.e. using condoms). In turn they then can pass it on to other clients, their sexual partners and eventually their children

Inability to insist on condom use:

Many women work as sex workers because of poverty so that they can provide the basic necessities for their families. They often have little power to insist clients use condoms as the client may refuse to wear a condom and if they insist they will lose the business.

Violence: Sex workers who insist on condom use may face violence from clients and/or brothel owners/pimps.

Youth: Young women who are sold into sex work also have little power to insist on condom use and/or are marketed as 'unsoiled goods'.

Trafficking: The trafficking of women across borders and from remote areas means they may not speak the local language and safer sex messages in that language may not be understood by them.

Injecting drug use: Women who work as sex workers may also be injecting drugs and may contract HIV from sharing needles and syringes even if they use condoms in their work.

Insufficient condoms: Sex workers may not have access to sufficient numbers of condoms.

Lack of health care: Sex workers may not have access to health care to get treatment for STIs which increase their risk of contracting HIV/AIDS.

Work options: sex workers may have no work options other than sex work, they may also not have access to land ownership or use, money or credit

What can programs do to stop the spread of HIV/AIDS among sex workers?

- Accept the reality that reducing the number of clients a sex worker sees is an unrealistic strategy for most sex workers
- Use peer educators to get the message across: educate sex workers who will be acceptable to other sex workers
- Involve sex workers in the design of programmes and IEC materials
- Target owners and managers of brothels, bars etc. to support safer sex practices
- Target clients of sex workers and educate them on the risks of unprotected sex
- Assure a consistent and adequate supply of condoms: there is no point in encouraging sex workers and clients to use condoms if there are none available
- Discuss injecting drug use and provide information on safer drug use including needle and syringe programmes, cleaning techniques, substitution programmes etc.
- Provide links with health care facilities and encourage regular STI check-ups for sex workers with guaranteed confidentiality
- Provide counselling and HIV testing (VCT services) for those sex workers who request it

An enabling environment

An enabling environment is where sex workers can live and work in ways that facilitate protective behaviour, including safe sex and accessing STI treatment. At work this means having access to condoms, supportive management (of brothels) proper lighting, sanitation and security. It also means clients who know

they will be expected to use condoms. Outside work it can mean access to primary health care, adequate housing, credit facilities, education and freedom from various abuses. Enabling environments can be stimulated by interventions such as:

- Actions that aim to make commercial sex workplaces safer and increase sex workers control
- Actions that reduce violence and corruption and support the human rights of sex workers
- Liaison with police and other influential authorities

(Adapted from Manual for reducing drug related harm in Asia, The Centre for Harm Reduction, Melbourne, Australia, 2003)