

THE INSIGHT

The Experience of Specific Populations

Sex Workers

Because women involved in street prostitution are stigmatized by society, they cannot count on basic rights such as confidentiality, health care, protection by the police or access to other services. In relation to HIV and AIDS, sex workers are usually viewed as vectors of transmission rather than people in need of treatment/support. The well-being of women involved in street prostitution depends as much on access to adequate legal and social counseling and education resources as it does on safety tips and health care.

Current Epidemiology

There is considerable variation in the practices of sex workers and the conditions affecting their health and safety. Studies of HIV infection among sex workers often draw on samples that are not necessarily representative of all types of sex workers. As a result, it is difficult to generalize about the risks to the health of sex workers, including the risk of HIV infection, from one locale to another. Nevertheless, recent reviews of the literature offer the following observations

- The prevalence of HIV infection among female sex workers who do not use drugs is lower than the prevalence of HIV infection among male sex workers and among sex workers who use drugs.
- Risks to health and safety, including risk of HIV infection, vary with the type of sex worker: street prostitutes, escorts or prostitutes who work indoors (often in so-called brothels), and women who work in bars or saunas and provide sexual services, usually on a part-time basis. Street prostitutes have tended to be overrepresented in studies of sex workers, so that one must be cautious in generalizing on the basis of such studies about the risks to the health of other types of sex workers.
- There is a high rate of condom use with clients among female sex workers who do not use drugs. This practice, already established before the onset of the HIV epidemic, has contributed to relatively low rates of HIV infection among these sex workers. However, factors such as inexperience on the streets, threats of violence, economic pressure, and drug use can affect sex workers' ability to refuse clients who do not wish to use a condom. In addition, familiarity with regular clients, which can blur the lines between commercial sex and private sex, can lead to inconsistent condom use.

- There is a much lower rate of condom use with personal partners among female sex workers. There are a number of reasons for this: condoms are associated with "work" and are a barrier to intimacy; condoms represent a breach of trust in the relationship; the woman may be attempting to become pregnant; there may be a threat of violence in the relationship. As a result, sex workers may be more at risk in their private lives than through their work.
- Poverty, socioeconomic discrimination based on gender and race, a history of sexual abuse, homelessness, lack of education, and drug use are factors in people's decisions to provide sexual services and in people's risk of HIV infection in providing such services. For example, that single mothers tend to work the streets at the end of the month, when their income from social assistance has run out. In Toronto, the disproportionate number of street prostitutes who are black is thought to be an effect of racial discrimination and lack of employment for blacks. A study of male sex workers in Vancouver found that, relative to other gay and bisexual men, male sex workers were significantly more likely to be younger, non-white, less educated, live in unstable housing, have a low income, and report non-consensual sex, sex at a younger age, and drug use. An investigation into the determinants of trading sex for drugs among 6004 drug users in the United States found that trading sex for drugs was significantly associated (in order of decreasing statistical strength) with being female, homelessness, lack of employment, and crack cocaine use.

Patterns of Stigma and Discrimination

Sex workers live and work in an environment that stigmatizes and marginalizes them in many ways. Personal and public disapproval of sex work is expressed in the attitudes of communities, politicians, and service providers, in local by-laws and police surveillance, and in the criminal status of prostitution. Many sex workers are further marginalized by involvement with the street, poverty, race, alcohol and drug use, and, as with bisexual or transgendered sex workers, sexual identity.

Street prostitutes are often the most marginalized of sex workers. Street prostitution is illegal, whereas escort services are not - a discriminatory feature of the law that has an adverse effect on poorer sex workers. Street prostitutes are more vulnerable to harassment, and are more likely than other types of sex workers to be arrested for soliciting and imprisoned.

The HIV epidemic has heightened and exposed the vulnerability of sex workers to discriminatory attitudes, attention, and regulation. Sex workers have been characterized as "vectors of transmission," a phrase that ignores the fact that many sex workers use condoms more consistently than other populations, that they frequently exercise more responsibility than their clients, and that they are generally at a higher risk of infection from their clients than vice versa. Research on sex workers has focused more on their working lives than their private lives, even though many sex workers may be more at risk in the latter than the former. Certain countries, such as the United States, have introduced regulatory regimes comprised of mandatory HIV testing and detention, overemphasizing,

disproportionately, the role that sex workers play in HIV transmission. Confidentiality of HIV status is often breached, particularly for street prostitutes. Word of HIV status is spread not only by other prostitutes, but also by public officials the prospect of criminalizing HIV transmission is ominous for sex workers:

As a sex worker, you could be blamed as an easy scapegoat for someone else's unsafe behavior. You're an easily identifiable target and the potential for this is really high.

Impact of Stigma and Discrimination

Such attitudes, laws, and policies regarding sex work affect the health, well-being and safety of sex workers, particularly street prostitutes, and increase their vulnerability to HIV infection. Sex workers are often disinclined to access health and social services on account of the stigma associated with their occupation. By-laws regulating their activity, along with police surveillance, may push them into less safe neighborhoods, away from drop-in centres, and beyond the range of outreach workers. Consequently, as one person in the workshop on discrimination and HIV and AIDS reported, sex workers are driven away from needle exchanges and other services aimed at protecting their health. The illegal status of their activity can prevent sex workers from prosecuting abusive clients and protecting themselves from HIV infection:

The criminalization of sex for money means that hookers who are subject to abuse from their customers are less able to report their abusers. It also makes it difficult for them to insist on condom use with their customers, and thus increases their chances of becoming infected. In conversations I had with a number of women who were raped by their customers, without condoms, they said that because their work is illegal they are not willing to prosecute these men. Instead, they maintain a "bad date" list and disseminate it to other hookers.

Decriminalization and Protection from Discrimination: Key to Effective HIV Prevention

According to a recent review of international policies and programs, there have been three strategies to control HIV infection among sex workers: regulating sex workers by mandatory HIV testing, treatment, and in some cases detention; providing accessible and appropriate services for sex workers through targeted programs and specialist clinics; and enhancing the ability of sex workers to safeguard their health and improve their position in the industry. The review observes that there is no evidence that the first strategy, regulation, has prevented HIV transmission:

Indeed, it has been argued that repression exacerbates the problem since sex workers are further marginalized from health services in the attempt to evade state restrictions on their work.

Decriminalization and anti-discriminatory measures, on the other hand, have been effective in reducing the risk of sexually transmitted diseases and HIV infection:

Decriminalization of prostitution and anti-discriminatory measures has been associated with low levels of infection and almost universal condom use. In New South Wales, Australia, and in the Netherlands, legal and social changes appear to have paved the way for more effective health interventions within the sex industry.

This data concludes that a combination of the second and third strategies is required:

Targeted programmes are important in the short term for those with higher prevalence of infection, including groups of prostitutes. Specialist health care is an important occupational service for sex workers, regardless of the relative prevalence of infection. However, targeted control programmes and specialist health services can only complement, not replace more broadly based interventions to the sex industry as a whole and a general health infrastructure.

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