

SEX WORKERS



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Stigma and discrimination, violence and punitive legal and social environments are key determinants of this increased HIV vulnerability. Punitive environments have been shown to limit the availability, access and uptake of HIV prevention, treatment, care and support for sex workers and their clients.

{ SEX WORKERS

I am a sex worker. I face these issues.



WHY SEX WORKERS ARE BEING LEFT BEHIND

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HIV burden

In low- and middle-income countries, the average HIV prevalence among sex workers is estimated to be approximately 12% (2), with an odds ratio for HIV infection of 13.5 compared to all women aged 15–49. However, considerable variations exist within regions.

In 110 countries where data are available, the HIV prevalence is on average twelve times higher among sex workers than for the general population (15–49 years), with prevalence at least 50-fold higher in four countries.

In Nigeria and Ghana, HIV prevalence among sex workers is 8-fold higher than for the rest of the population.

HIV prevalence among male sex workers, reported from 27 countries, was 14%.

In 110 countries with available data, the prevalence of HIV infection is almost 12 times higher among sex workers than for the population as a whole, with prevalence at least 50-fold higher in four countries (3).

THE TOP 4 REASONS

01

Violence

02

Criminalization

03

Stigma and discrimination

04

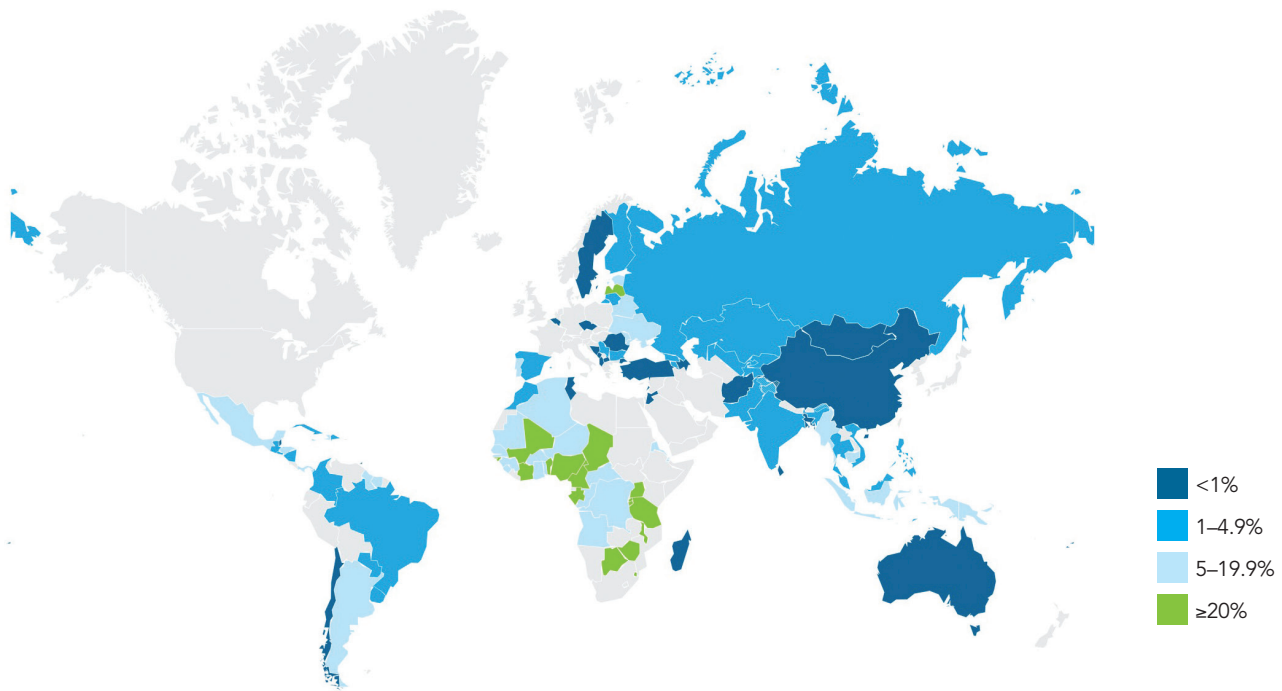
Lack of programmes and funding

HIV prevalence among sex workers

12x

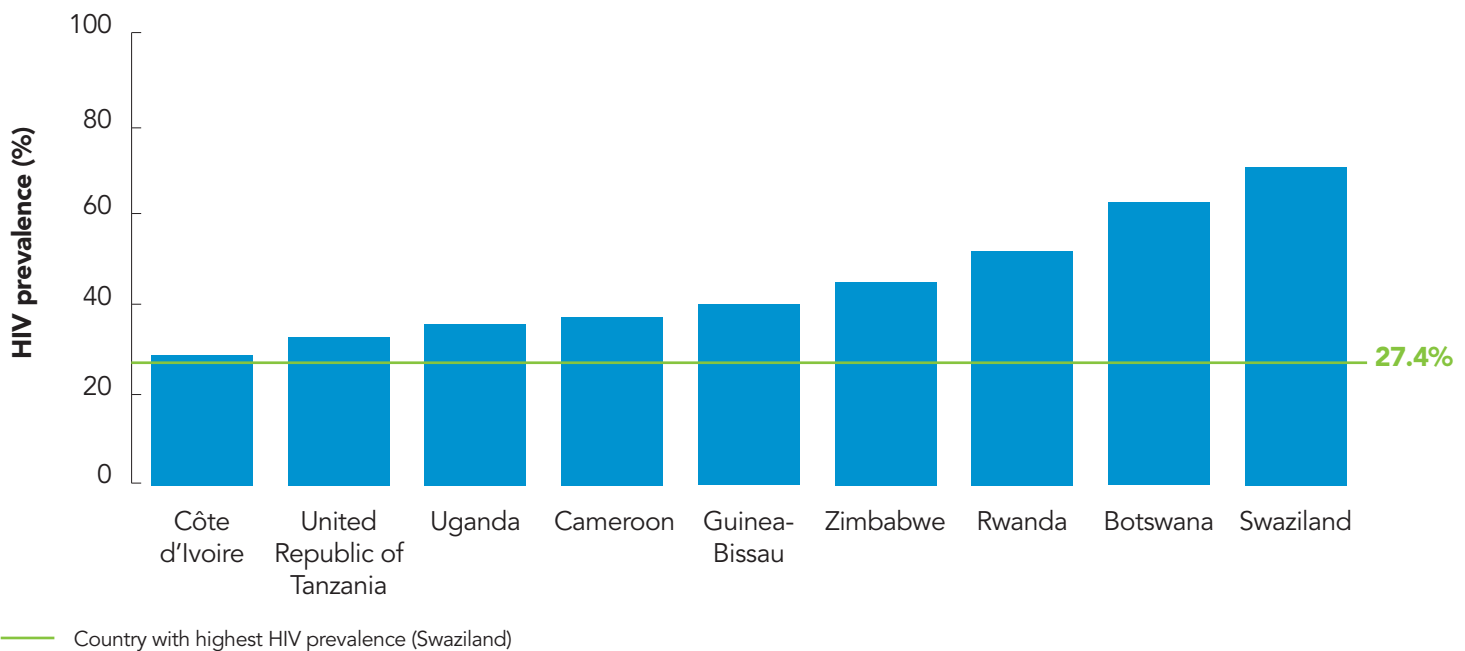
HIV prevalence among the general population

HIV prevalence among sex workers, 2009–2013



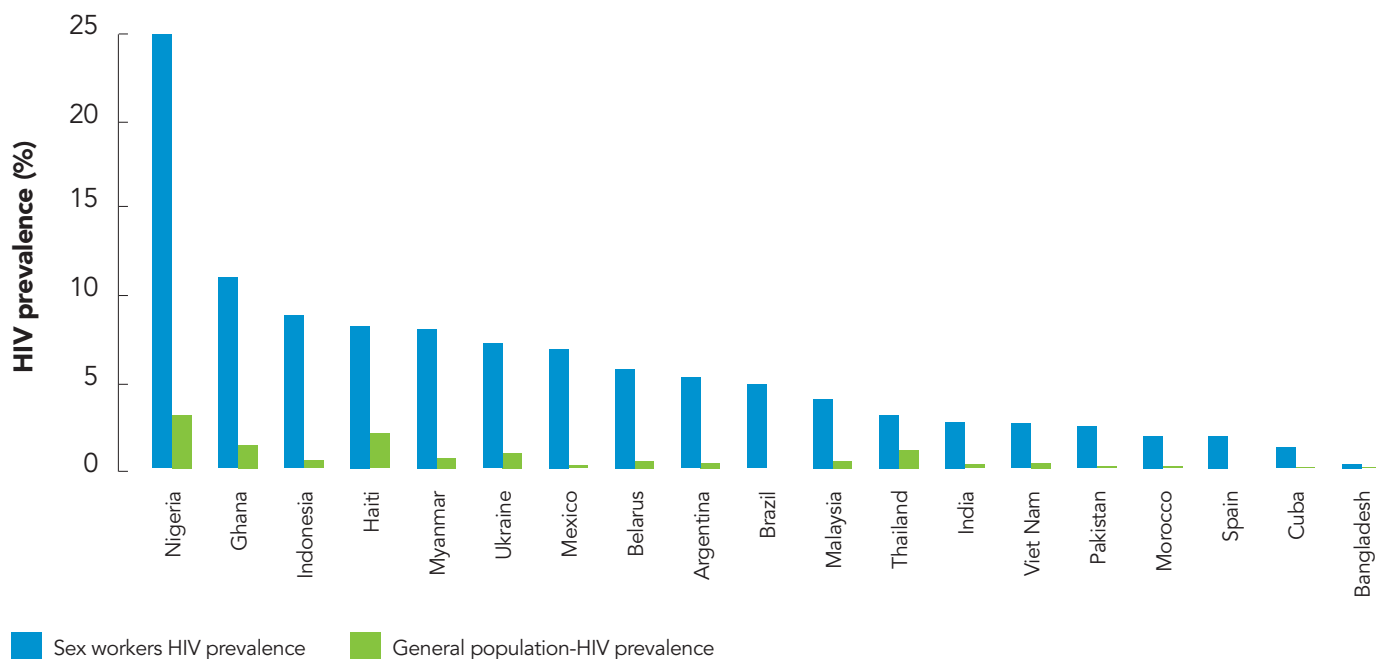
Source: Global AIDS Response Progress Reporting 2014.

Nine reporting countries have a HIV prevalence among sex workers that is higher than the highest national value of HIV prevalence among the general population, 2009–2013



Source: Global AIDS Response Progress Reporting 2014.

HIV prevalence among sex workers for 19 countries that have reported having more than 50 000 sex workers, 2009–2013



Source: Global AIDS Response Progress Reporting 2014.

Violence

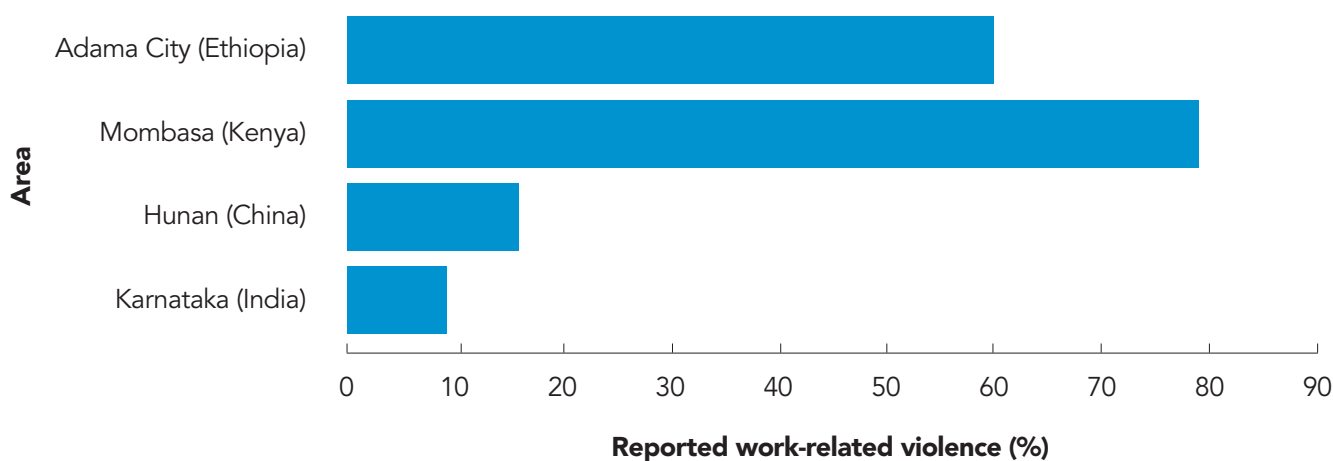
Across the globe, violence perpetrated against sex workers is common and associated with an increased risk of acquiring HIV (4,5). It also deters sex workers from seeking health services. Violence can happen anywhere, including at the workplace, and can be perpetrated by anyone—by law enforcement officials, by intimate partners and clients.

In many settings, law enforcement officers themselves are the perpetrators, making instability and uncertainty the norm for sex workers trying to earn a living. Abusive law enforcement officers, accompanied by violence, extortion, sexual abuse, rape and mandatory testing for HIV and sexually transmitted infections, exacerbate the vulnerability of sex workers. For example, a survey of female sex workers in the Russian Federation found that rape during sex work was reported by two thirds of respondents and sexual coercion by police was reported by more than one third (6).

Extreme sexual violence, including gang rape and forced unprotected sex, has been documented among male, female and transgender sex workers, including while being arrested and in detention (7–10). In Adama, Ethiopia, nearly 60% of female sex workers reported work-related violence (11). In Mombasa, Kenya, this figure was 79%, while 16% of female sex workers in Hunan, China, and 9% in Karnataka, India, reported work-related violence (12,13).

Where sex work is criminalized, violence against sex workers is often not reported or monitored, and legal protection is seldom offered to victims of such violence.

Female sex workers reporting work-related violence (%)



Sources: Mooney A, Kidanu A, Bradley HM et al. Work-related violence and inconsistent condom use with non-paying partners among female sex workers in Adama City, Ethiopia. *BMC Public Health* 2013, 13:771.
Pack AP, L'Engle K, Mwarogo P & N Kingola. Intimate partner violence against female sex workers in Mombasa, Kenya. *Cult Health Sex* 2014; 16(3): 217-230.
Kelvin E, Sun X, Mantell J, Zhou J, Mao J and Peng Y. Vulnerability to sexual violence and participation in sex work among high-end entertainment centre workers in Hunan Province, China *Sexual Health* 2012; 10(5) 391-399.
Deering K, Bhattacharjee P, Mohan H.L., Bradley J, Shannon K, Boily M.C., Ramesh B.M., Isac S, Moses S, Blanchard J. *Sexually Transmitted Diseases*. February 2013; 40(2): 168-174.

Too many countries tolerate violence against women and violence based on sexual orientation and gender identity. The social isolation brought on by the stigma and discrimination against sex workers and the criminalization of sex work create environments in which the repercussions against the perpetrators of violence vary from negligible to non-existent.

The legal status of sex work is a critical factor defining the extent and patterns of human rights violations, including violence against sex workers. Where sex work is criminalized, violence against sex workers is often not reported or monitored, and legal protection is seldom offered to victims of such violence (14).

Addressing and reducing violence against sex workers has the potential to reduce HIV transmission. Modelling estimates in two different epidemic contexts—Kenya and Ukraine—show that a reduction of approximately 25% in HIV infections among sex workers may be achieved when physical or sexual violence is reduced (15).

Criminalization

The criminalization of sex work impedes evidence-informed HIV responses for sex workers. The threat of detention and laws that equate carrying condoms with evidence of sex work are serious barriers to the availability and uptake of HIV prevention programmes and services for sex workers.

Fear of arrest and/or police-led sexual and other physical violence forces sex workers to remain mobile in order to avoid detection by the authorities.

There is strong evidence that the criminalization of sex work increases vulnerability to HIV and other sexually transmitted infections (16–18). Punitive laws are not an effective response to the public health challenge of HIV.

In Kenya, police use the possession of condoms as evidence of sex work, leading to the arrest of the individual and confiscation of their condoms (19). A group of sex workers in Zimbabwe reported that relations with police were difficult and that police were confiscating their condoms, thus placing them at risk as they struggle to earn a living (20). In the Russian Federation, 80% of sex workers and in the United States 48% of sex workers said that the police had taken their condoms and, in Namibia, 50% of sex workers said that the police had destroyed their condoms and 7% subsequently had unprotected sex (17). In China, widespread violations of sex worker rights have been documented. A 2013 report estimates that some 15 000 sex workers are detained in so-called custody and education centres (21).

Unfortunately, countries are still considering or have adopted laws criminalizing various aspects of sex work. A recent change in the law criminalizing sex work in Fiji has led to round-ups, detentions, beatings and torture. Sex work has been driven underground, functionally isolating sex workers from each other and from government-supported HIV prevention services (22).

Similarly, a new law in Cambodia nominally aimed at combating human trafficking and sexual exploitation has negatively affected sex workers. Police have used the law to close brothels, effectively shifting sex workers to less regulated entertainment venues and street sites. Female sex workers report that this displacement has resulted in a diminished ability to negotiate condom use, while also exposing them to further violence and reducing their access to services (23).

The global report for the International Conference on Population and Development Beyond 2014, launched in February 2014 by the United Nations Secretary-General, calls on States to “decriminalize adult, voluntary sex work to recognize the right of sex workers to work without coercion, violence or risk of arrest” (24).

Removing punitive laws associated with sex work can help to create empowering environments that allow sex workers to access HIV and other health services, to report violence and abuse (including by police and third parties) and to take steps to mitigate the impact of HIV (18).

There is strong evidence that the criminalization of sex work increases vulnerability to HIV and other sexually transmitted infections.

Stigma and discrimination

Discrimination towards sex workers is nearly universal. In addition to the criminalization of sex work, entrenched social stigma means that sex workers often avoid accessing health services and conceal their occupation from health-care providers.

Sex workers of all genders struggle to meet their own health and well-being needs and face significant legal and institutional discrimination. Health service providers often neglect their duty to provide care when seeing sex workers. Similarly, police and other law enforcement officials often violate the human rights of sex workers rather than promote and protect them.

In four African countries—Kenya, South Africa, Uganda and Zimbabwe—sex workers felt that stigma was very high, with stigma towards male sex workers who have sex with men exacerbated owing to homophobia. In these countries, many sex workers do not wish to disclose their occupation to health-care providers and, generally, stigma and discrimination were considered a major barrier in their willingness or desire to test for HIV (25). Female sex workers in Saint Petersburg, the Russian Federation, found that stigma from health-care providers towards sex workers living with HIV had a greater impact than the stigma owing to sex work alone. Experiencing HIV-related stigma prevented female sex workers from seeking HIV testing (26).

Male sex workers in Viet Nam reported experiencing stigma in health-care settings if they revealed their occupation (27). Social and cultural isolation combined with stigma and discrimination further reduces sex worker access to social and health services.

Lack of programmes and funding

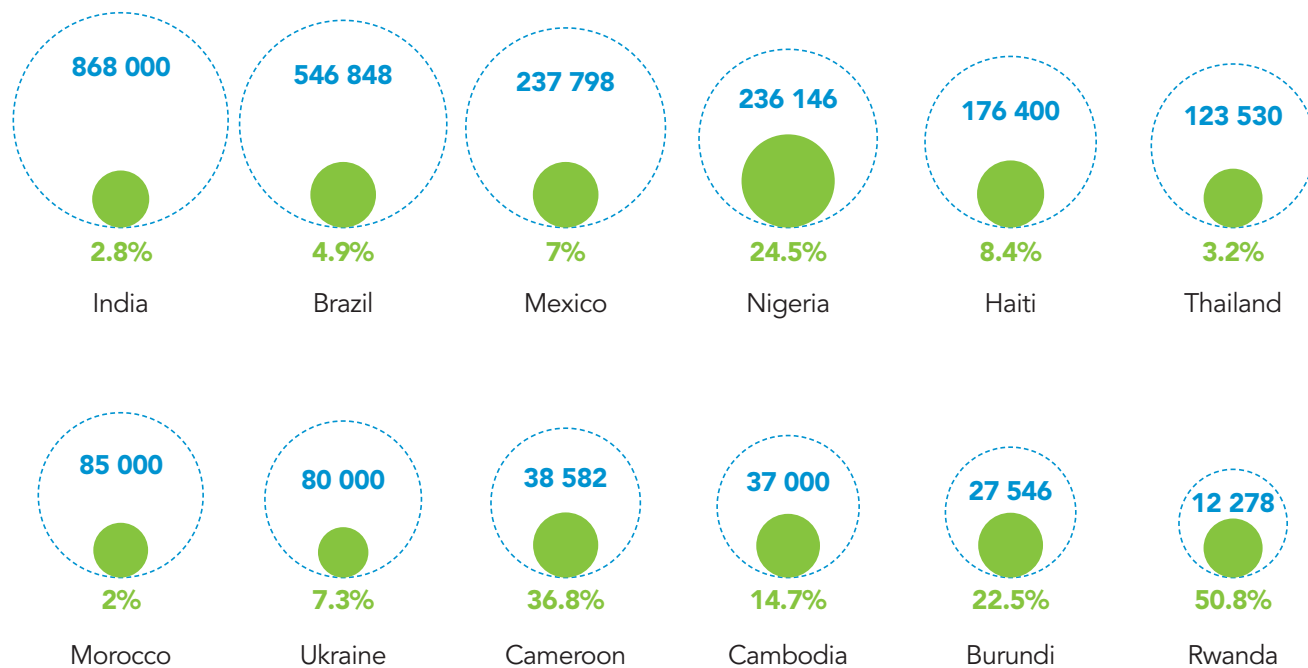
Only about one third of countries report having risk reduction programmes for sex workers, but they tend to vary in quality and reach. The remaining two thirds of countries expect sex workers to obtain services through general health-care settings, where they may not be, or feel, welcome.

In only a very few countries, notably in Asia and in sub-Saharan Africa, has there been a nationwide scale-up of HIV programmes specifically for sex workers. Most programmes across sub-Saharan Africa have a limited scale, scope and coverage. For example, a review of 54 projects found that most included small, local-level efforts that provided condoms and occasionally included HIV testing (28). HIV care and treatment as well as CD4 cell count was infrequently offered. The situation is even graver for male and transgender sex workers, as well as for male clients of sex workers (1).

Discrimination towards sex workers is nearly universal.

Ample data are available demonstrating the effectiveness of community-based prevention and treatment programmes for sex workers in western Africa. Yet, few countries have scaling up their programmes (29). The time for scale up is overdue.

Estimated population size of sex workers, with the estimated proportion who are HIV-positive, in selected countries, 2009–2013



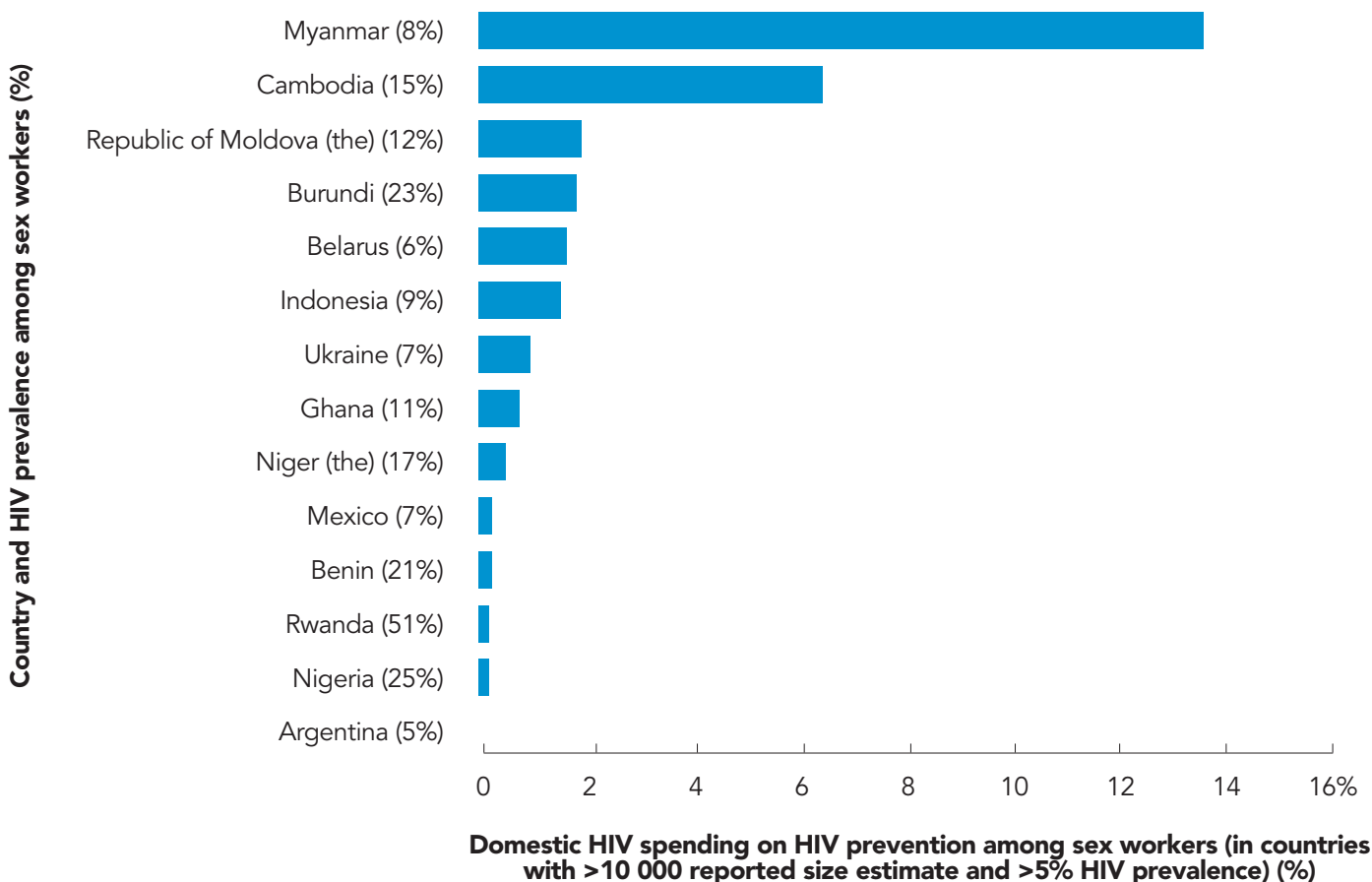
Source: Global AIDS Response Progress Reporting 2014.

Moreover, very few countries sufficiently invest in HIV programmes for sex workers specifically. Estimates suggest that only 14% of all funding for HIV services for sex workers and their clients comes from public, domestic sources in low- and middle-income countries (3). Even countries that report investing in HIV prevention for sex workers may not allocate funds for evidence-informed interventions.

Supporting sex workers to organize, establish alliances and collectives and use their expertise to deliver services themselves is an essential component in delivering sex work services. Community empowerment is more than a set of activities; it is an approach that should be integrated into all aspects of health and HIV programming. It is the cornerstone of a human rights-based approach to HIV and sex work.

However, around the world, whether in high-, low- or middle-income countries, sex worker organizations suffer from a lack of funding, which is, in some places, compounded by authorities who deny sex workers official registration owing to a refusal to recognize sex work as an occupation (30).

Reported domestic HIV spending on HIV prevention among sex workers in selected countries



Source: Global AIDS Response Progress Reporting 2014.

Studies have now shown that sex worker-led, community-based services can have a real and lasting impact on the health and social outcomes of sex workers, including by reducing their vulnerability to HIV (31).

In Kenya, the Bar Hostess Empowerment Programme developed a set of activities to train local sex workers as paralegals, which included learning about local and national laws and educating other sex workers about their rights. The result was a strong and empowered sex worker network that is resilient and can benefit from community-led services.

Similarly, VAMP, a sex worker organization in southern India, trained sex workers to support community members facing financial difficulties to access non-stigmatizing, subsidized health care. This is accomplished by negotiating access to a range of government service providers as well providing direct financial support (16).

Health-care professionals should work with sex workers, including community gatekeepers, to create a supportive local environment that encourages condom use in sex work establishments (32,33).

CLOSING THE GAP

Often in the face of enormous adversity, sex workers in partnership with others have led the development of effective, evidence-informed services that help to reduce their vulnerability to HIV and mitigate the hostile environments that perpetuate their vulnerability.

The guidelines developed by the World Health Organization, the United Nations Population Fund, UNAIDS and the Global Network of Sex Work Projects on the prevention and treatment of HIV and sexually transmitted infections among sex workers in low- and middle-income countries provide comprehensive recommendations for all countries, including working towards decriminalization, taking action to reduce stigma and discrimination, addressing violence against sex workers and providing improved access to health services (16).

Where capacity of sex worker communities is strengthened and where they are given the opportunity to design, plan and implement services for themselves, sex workers have shown that they are strong, capable allies in the HIV response.

In order to address the high burden of HIV among sex workers, the following are needed:

- Human rights violations perpetrated against sex workers robustly and routinely challenged whenever and wherever they occur.
- Sex workers empowered to challenge human rights abuses.
- Know your rights and legal literacy programmes, as well as legal services, implemented.
- Sex work decriminalized and punitive laws that make it a crime to carry condoms ended.

Health-care professionals should work with sex workers, including community gatekeepers, to create a supportive local environment that encourages condom use in sex work establishments.

HOW TO CLOSE THE GAP

01

Address violence

02

Decriminalize sex work

03

Empower sex work communities

04

Scale up and fund health and social services for sex workers

- Government ministries, the police, health authorities and community and religious leaders actively engaged in order to ensure that they protect the health and safety of all of their citizens, including sex workers.
- Sensitive, rights-based and evidence-informed health and social care services that meet the needs and circumstances of sex workers are implemented.
- Communities empowered to counter and reduce the harm related to stigma and discrimination.
- Comprehensive, available and accessible packages of health and social care services that meet the expressed needs of sex workers scaled up.
- The inclusion of all sex workers in the design of programmes intended for them, in particular migrants and people living with HIV, as well as people who sell sexual services but who do not identify as sex workers.
- Evidence-informed, quality services for sex workers funded to scale.
- Direct funding for rights-based, evidence-informed community services, rather than services that are driven by morality or a punitive approach.

Where capacity is built among sex workers and where they are given the opportunity to design, plan and implement services for themselves, sex workers have shown that they are strong, capable allies in the HIV response.

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