



## HIV/AIDS, Gender and Sex Work

The great majority of HIV infections globally are due to sexual transmission. The links between sex work and HIV/AIDS have been a central concern in prevention and care efforts in many countries. In the early years of the epidemic, the concern focused on the role of commercial sex work in HIV transmission. Evidence had shown that preventing transmission among those with high rates of partner exchange is a cost-effective intervention as it can also help avert the spread to members of the wider population. However, there has been a growing recognition that HIV/AIDS initiatives must consider the linkages of the intricate issues underlying sex work beyond the specific commercial sex setting. Thus, it is important to understand the diverse nature of sex work and the attitudes, behaviour patterns and contextual factors involved, as the interplay of these dynamics intensifies the risk of HIV transmission.

### Basic aspects of sex work

- Those engaged in sex work are not homogenous. The term sex work may be used to cover a broad range of transactions and sex workers are not a homogenous group. Men and women, young and old are involved. A broad definition of sex work would be: 'the exchange of money or goods for sexual services, either regularly or occasionally, involving female, male, and transgender adults, young people and children where the sex worker may or may not consciously define such activity as income-generating'. There is a widespread view that occasional engagement in transactional sex, or sexual barter, constitutes 'sex work'. Whilst women and girls remain the largest group involved in sex work, the numbers of boys and men acknowledged to be involved is growing. Although far less numerous, transgender individuals, - both transvestites and trans-sexuals-, are also active in sex work, often because this represents their only option to generate a livelihood.
- There is acute discrimination against those involved in sex work. Those who engage in sex work are generally viewed by society in a discriminatory way. For many, it may be the only employment or survival option. While some may freely choose sex work as their occupation, many more young girls, young boys and women are coerced through violence, trafficking, debt-bondage or the influence of more powerful adults. A wide variety of groups and individuals are directly involved in sex work in commercial sex establishments, or indirectly involved, for example as restaurant servers and escorts.
- Sex work may be formal or informal. In some instances, sex work is only a temporary informal activity. Women and men who have occasional commercial sexual transactions or where sex is exchanged for food, shelter or protection (survival sex) would not consider themselves to be linked with formal sex work. Occasional sex work takes place where sex is exchanged for basic, short-term economic needs and this is less likely to be a formal, full-time occupation. Commercial sex work may be conducted in formally organised settings from sites such as brothels, nightclubs, and massage parlours; or more informally by commercial sex workers who are street-based or self-employed. The context in which the transactions occur have implication for accessing those at risk and for information or behavioural change programmes.

### Key issues and risk factors:

- In several regions, significantly higher rates of sexually transmitted infections (STIs) and HIV infection are found among sex workers and their clients in comparison to other population groups. HIV infection has been found to spread among sex workers before it spreads into the general population.
- Given the role of STIs as a factor in HIV transmission, high rates of STIs among sex workers are indicators of the potential for rapid spread of HIV among sex workers, their clients, families and extended sexual networks.
- High rates of infection among sex workers may not be due to the fact that they have multiple partners but rather due to a combination of factors that compound this risk. These factors include poverty, low educational level and consequent levels of knowledge about HIV/AIDS and prevention means; limited access to healthcare services and prevention commodities, such as condoms; gender inequalities and limited ability to negotiate condom use; social stigma and low social status; drug or substance



abuse and compromised sexual interactions; and lack of protective legislation and policies.

- Data on HIV prevalence rates among sex workers are not available in many countries and nearly all information that is available to UNAIDS has been obtained from studies in urban areas. In almost all countries where such data are available, prevalence rates among sex workers in general are higher than rates among women presenting in antenatal clinics. Table 1 shows most recent prevalence rates in selected countries in Africa, Asia, Latin America, and the Caribbean. Further details on prevalence rates are available in the UNAIDS Report on the Global HIV/AIDS Epidemic 2002.

Median HIV prevalence of female sex workers in major urban areas in selected countries: 1999-2001

Country	Year	median HIV prevalence (percent)
Ecuador	2001	1.1
Bangladesh	2000	20.0
Cambodia	2000	26.3
Guyana	2000	45.0
Kenya	2000	27.0
Lao PDR	2000	1.0
Mali	2000	21.0
Myanmar	2000	38.0
South Africa	2000	50.0
Thailand	2000	6.7
UR Tanzania	2000	3.5
Vietnam	2000	11.0
Angola	1999	19.4
Benin	1999	40.8
Cote d'Ivoire	1999	36.0
Honduras	1999	7.7
Mexico	1999	0.3
Nepal	1999	36.2

Source: UNAIDS Report on the Global HIV/AIDS Epidemic, 2002.

#### Gender Aspects of HIV/AIDS and Sex Work

Gender norms, the increased risk of violence, stigma and discrimination, poor work environments, and lack of legislative frameworks all play a critical role in intensifying vulnerability to HIV infection for those engaged in sex work.

- Sex workers are generally perceived as defying acceptable social norms and roles for women and men. Women who ask for compensation for sex break traditional norms expected of women in many societies, and those who engage in transactional sex are still labelled as prostitutes. Expressions of female sexuality are expected to be restricted to marriage or legal unions and to observe traditional notions of femininity, such as passivity, virginity and sexual innocence, which are dissonant in sex work. Men who have sex with men do not exemplify masculinity and face high levels of stigma and vulnerability especially where homosexuality is illegal. Deeply entrenched social standards marginalise sex workers and seriously limit their access to quality health services, particularly STI management, an essential component in HIV prevention.
- Sex workers frequently lack the personal or social status to negotiate safe sexual practices, being under the threat of violence or loss of clients. Studies show a correlation between income level and HIV prevalence among sex workers possibly due to the inability of poorer sex workers to negotiate condom use (David 1997). Condom use is less regular with the intimate partners of sex workers than with their clients thus even where barrier methods are used sex workers and their intimate partners may remain at risk.



- Men who sell sex are often victims of multiple discrimination that may hinder their ability to access prevention resources (UNAIDS 1999). They face aggression from other men, clients, and law enforcers and have to work underground.
- Because sex workers are often outside the protection of the law they are particularly vulnerable to coercion and rape. Social stigma and discrimination against sex workers create an environment that perpetuates a culture of violence. Their basic human rights to protection and redress are commonly disregarded; they are more often penalised and regarded as criminals. They are often targets of harassment, extortion, and deportation from within their own networks of clients, pimps, regular partners and law enforcers.
- Sex workers frequently work in abusive conditions that endanger their physical safety and health and are outside the protection of the law. More countries are now reviewing their legislative frameworks, in view of the increased public health awareness of the need to reach sex workers with health information and HIV prevention and services. However, even where sex work is legal and licensed, the diagnosis of an STI may cause a sex worker to lose their licence and with it the means of supporting themselves. As a result sex workers may avoid health care facilities and go underground to escape rules and restrictions that threaten their welfare (d’Cruz-Grote 1996). Because sex work is illegal in many countries, sex workers are outside the scope of national HIV/AIDS programmes.

### Key Actions Required

HIV prevention programmes among sex workers have reported success in reducing HIV and STI incidence. Various countries, such as, Cote d’Ivoire, Benin, Bangladesh, the Philippines, India, Dominican Republic, Nicaragua, Thailand, South Africa, and Ukraine, have provided evidence that targeted, comprehensive HIV prevention programmes combining STI treatment, condom promotion and provision, and prevention education interventions delivered through outreach, peer education, and sex worker empowerment approaches have made sex work safer.

Interventions designed to prevent HIV infection among sex workers must take into account the context in which sex workers are working, and the specific practices of individual sex workers (Center for Health and Gender Equity 1999). Prevention interventions often include distribution or promotion of condoms; provision of health services, especially to treat STIs; discussion groups or classroom-based HIV and sexual health education; networking to promote better laws, working conditions and health services for sex workers; dissemination of information through printed materials and street theatre; and economic development programmes for sex workers seeking other types of employment (UNAIDS 1999; UNAIDS 2000).

Innovative HIV prevention programmes for sex workers have included the following:

- Interventions taking place in a variety of settings, including bars, clubs, brothels, the street, truckstops, and prisons (UNAIDS 2000).
- Targeted interventions that also deal with drug addiction (DeCarlo, Alexander and Hsu 1996).
- Interventions directed towards the male clients of female sex workers (Leonard, Ndiaye et al. 2000).
- Emphasis on the power of sex workers to help stop the spread of HIV through the promotion of condom use with clients (Day 2000).
- Engagement of sex workers in policy and programme development and implementation as part of the overall empowerment-building process and for greater programme effectiveness (UNAIDS 2000).



## Resources and References

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