

Advancing the Sexual and Reproductive Health and Human Rights of Sex Workers Living With HIV

***A POLICY BRIEFING**



Peer educators programme for sex workers in Thailand.
Here a peer educator visiting a brothel in Pattaya,
Thailand. 2009. Credits: UNAIDS

*Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV: A Guidance Package*¹ is a detailed and comprehensive report that describes the key areas of policy and practice change needed to advance the sexual and reproductive health and human rights of people living with HIV.

In order to examine issues that affect specific populations key-population specific Policy Briefings to compliment the Guidance Package have been created. Five key populations affected by HIV have been selected: men who have sex with men; sex workers; injecting drug users; prisoners and migrant populations. This Policy Briefing focuses on sex workers living with HIV and aims to provide advice and support to those advocating for the sexual and reproductive health (SRH) and human rights of sex workers at a national and international level.

WHY FOCUS ON SEX WORKERS LIVING WITH HIV

Although HIV-positive sex workers are often referred to as a key population, sex work is in fact a job and not an identity. It is both the buying and selling of unsafe sex that is central to the HIV pandemic. While sex workers are overwhelmingly female, there are also large numbers of men and transgenders who sell sex. In some countries sex work and drug use are linked and in most countries where certain aspects of the sex trade are criminalised many sex workers end up in prison. Many sex workers also migrate for work. In this sense, sex work can be seen as an occupation that cuts across numerous issues for the key populations.

While overall numbers of sex workers living with HIV are likely to be lower in most cases than in other key populations, commercial sex accounts for far more “risk acts” and has the potential to account for far greater numbers of new infections.² For sex workers, access to sexual and reproductive health services is essential not only for their own wellbeing, but is essential in terms of overall HIV prevention programme effectiveness.

There are many innovative and effective HIV and STI services for sex workers, but because the primary goal of most of these services is to stop clients acquiring HIV from sex workers, they rarely provide a full range of SRH and HIV treatment services for sex workers.

Not revealing their occupation is a strategy sex workers often use to avoid discrimination in clinical settings and this can lead to inadequate diagnosis or treatment. Self-medication may be common, with the public health system often being the last resort. Similarly HIV-positive sex workers often feel the need to hide their HIV status for fear of recriminations.

Sex workers face criminalisation or other legal controls that affect their work and their life. Direct criminal laws regulating sex work exist in many countries. In countries where these laws do not exist, there are still strong legal and social regimes that are used to control sex workers. Compulsory HIV and STI testing is a common way of controlling sex workers that often leads them

to shun health services for fear of losing their incomes, and having to experience their human rights violated. In fact sex workers living with HIV in many countries have identified the very HIV services set up to control HIV in commercial sex as the site of the most severe discrimination against them.

HOW THIS POLICY BRIEFING WAS DEVELOPED

This policy briefing was produced by the Networks of Sex Work Projects (NSWP) in partnership with GNP+, and is based on consultations with sex workers living with HIV conducted by the Asia Pacific Network of Sex Workers (APNSW) and discussions with individual HIV-positive sex workers in other regions.

GENDER-RELATED SERVICE AND ADVOCACY NEEDS OF HIV-POSITIVE SEX WORKERS LIVING WITH HIV

Because sex workers need to access STI services regularly, the best model for them to receive SRH services would be for services to be integrated with primary and reproductive health services. HIV-positive female sex workers need access to non-discriminatory contraception, maternal health services and access to safe abortion services.

Sex workers living with HIV who become pregnant need to be given a full range of options and not coerced to have terminations. Many sex workers report that it is assumed that any pregnancy they have must be unwanted. Pressure on HIV-positive sex workers to have terminations is reported in most countries. Due to this focus, most HIV-positive pregnant women do not get

the full range of options explained to them, and if they decide to continue with the pregnancy, often receive sub-optimal care.

Treatment, including PMTCT, needs to be made available to pregnant HIV-positive sex workers and proper treatment and care plans need to be put in place for both mother and child. Female sex workers need to be given accurate and honest information about breast feeding and other infant feeding options, recognising their roles as working mothers.

Transgender and male sex workers cannot effectively use SRH services that are aimed primarily at women and heterosexual men. Apart from discrimination, the main issue is usually inadequate testing for rectal STIs. The Network of Sex Work Projects has argued that in many places integrating services for HIV-positive and HIV-negative men, women and transgenders can reduce discrimination and enrich the processes of education, community development and peer reinforcement that underpin improved health for marginalised communities. Adequate training of staff to do rectal examinations for all people who have receptive anal sex, regardless of gender or sexual orientation is needed. Staff need to be particularly aware of the heightened risk of anal cancer among HIV-positive MSM and transgenders. Sex workers who provide anal sex also need access to services that provide proper diagnosis and treatment for rectal STIs and screening for rectal cancers.

Transgender sex workers also need access to specialist services including proper prescription and monitoring of hormones, including any possible interactions with ARV or STI treatment. They also need HIV and SRH services that can address their sexual health needs following sex reassignment surgery or castration.

Erectile dysfunction is reported as a common issue for HIV-positive men. For HIV-positive male sex workers, and HIV-positive transgender sex workers who sell insertive sex, this can lead to an inability to work and consequent loss of earnings. Many male sex workers self-medicate with available erectile dysfunction medications and treatments or improvise by using cockrings or rubber bands which can be damaging. Male sex workers who work in dance bars and shows may be required

to keep erections for hours at a time. Information and support for HIV-positive male or transgender sex workers using or in need of these treatments needs to be made available.

Health care staff providing ARVs for sex workers need to be particularly aware of the potential for severe STIs to reoccur in sex workers and recognise this as Immune Reconstitution Inflammatory Syndrome (which is when previously dormant infections can flare up when the immune system starts to rebuild after commencing ARVs) rather than treatment failure.

AGE-SPECIFIC ISSUES, INCLUDING YOUTH-SPECIFIC ISSUES

In most societies sex workers earning potential is higher when they are younger, and their earning capacity diminishes over time. As populations of people living with HIV receiving ARV treatment get older, and as symptoms of premature aging increase, there will need to be specific programmes established to deal with the needs of aging sex workers living with HIV.

Rather than providing untargeted or compulsory exit and retraining services, HIV programmes should look at the needs of those whose earnings are diminishing and those who are unable or unwilling to continue to work due to HIV and related health issues. Older sex workers living with HIV may need programmes to replace their sex work earnings. This does not necessarily mean removal from the sex industry. There are numerous non-sex work jobs within the sex industry for which they could be retrained. This would mean keeping them with friends and within community support networks.

In the course of their service delivery, HIV and SRH services encounter people who are under the legal age of consent working in the sex industry. Services need to be prepared to meet the needs of this group by having service and referral plans that will not result in the young person being further discriminated against or legally

penalised. HIV-positive people under the age of 16 years may need referral to specialist services. People need to be aware that in many places legal reporting of under-age sex is treated as abuse and may require reporting.

Anecdotal evidence about SRH workers suggests that women and men known to be sex workers can be alienated by even well meaning staff who make assumptions about the SRH needs of sex workers. A typical example would be assuming that a pregnant sex worker is uncertain of the identity of her baby's father, or that sex workers require contraception to prevent all conception. HIV-positive sex workers need access to family planning information and to effective dual prevention contraceptives.

For underage people found in the sex industry, appropriate referrals to non-discriminatory services (including law enforcement) need to be in place. A priority would be to get them back to school, and this may well entail advocacy to address discrimination.

Children of sex workers are a group of young people who do have special needs. Children of HIV-positive sex workers, whether they are HIV-positive or HIV-negative, often face particular stigma and discrimination in government services, including access to education, healthcare and identity documents. Children of sex workers may be caught up in "rescue" operations and punitive raids on brothels.

SPECIFIC NEEDS FOR SEX WORKERS AS A GROUP

Female, male and transgender sex workers can come from all walks of life, but in developing countries, they are more likely to come from poor and marginalised communities and already face considerable discrimination and stigma. The added stigma associated with selling sex, "the whore stigma," and being HIV-positive can lead to discrimination and rights violations in most aspects of everyday life.

The very real perception that sex workers will face discrimination in health services and that health service workers may report them to law enforcement or force them into rehabilitation services is enough to keep many sex workers away from health services. As well as making sure SRH services for sex workers offer a non-judgemental service that protects the rights of sex workers, SRH services also need to promote this fact so sex workers living with HIV.

Governments and non-government service providers must ensure that responsibility is taken for ensuring that treatment, care and support programmes are accessible to sex workers. In some places this may be best achieved through dedicated services to self identified sex workers. In others, more innovative ways of delivering HIV services to marginalised people with HIV are the key to reaching sex workers within communities where openness is intrinsically risky.

Laws and policies aimed at preventing people living with HIV from selling sex stigmatise and alienate sex workers. Criminalising one of the partners in a consensual unprotected sex act shifts responsibility from clients. Criminalising mitigates against HIV prevention messages and sex workers' access to services. Sex workers who want to stop selling sex after an HIV-positive diagnosis rarely receive appropriate services. Usually any services available are punitive forms of 'rehabilitation' rather than effective retraining and support linked to treatment and care.

Because of the illegal nature of sex work in many countries, sex workers are often arrested and held in police stations, prisons and compulsory "rehabilitation centres." Treatment and care services are often discontinued or seriously interrupted when HIV-positive sex workers are arrested or otherwise detained.

The anti-trafficking discourse has been extremely harmful to sex workers, and has led to many human rights violations and in many cases a scaling-down of HIV services for sex workers. While there are sex workers who work at various levels of coercion, including those involved in sex work through deception; the best way to address this is through the protection of labour and human rights laws and mechanisms rather than punitive

approaches that further stigmatise and alienate sex workers, including those living with HIV. Fear of being reported to authorities and “rescued” or deported leads many sex workers, including those living with HIV, to shun health services and accept labour and human rights abuses.

LEGAL ADVOCACY ISSUES

- Repeal laws that criminalise the sale or purchase of sex.
- Repeal laws that criminalise people living with HIV and prevent them from fully enjoying their sexual and reproductive health and rights.
- Stop HIV programmes for sex workers that are based on compulsory STI or HIV testing.
- Stop HIV programmes for sex workers that require registration by the state or by non-governmental organisations.
- Ensure that laws and programmes aimed at stopping human trafficking do not criminalise or further marginalise sex workers.
- Repeal funding policies which restrict HIV work, and promote stigma and discrimination against sex workers such as the PEPFAR “Prostitution Loyalty Oath”.

RECOMMENDATIONS FOR SEXUAL AND REPRODUCTIVE HEALTH AND HIV PROGRAMME MANAGERS AND POLICY MAKERS

There are concerns about access to treatment and access to the circumstances in which treatment can be effective for people living with HIV who sell sex. The double stigma of sex work and HIV-positive status, possibly combined with stigmas around homosexuality, transgenderism, nationality or ethnicity, undermine the potential for medication and prevention technologies to

impact positively on the health of sex workers and their clients.

It is crucial that policy makers recognise that a mix of different factors combine to limit sex workers living with HIV access to care and treatment, and these vary in different settings. Many of these issues can only be addressed by long term strategies to reduce poverty, stigma and discrimination. Issues that are directly related to service provision, such as staff attitudes or clinic opening hours can be addressed immediately.

Because limiting STIs and HIV among sex workers is key to containing HIV epidemics, there are many examples of innovative and effective delivery of STI diagnosis and treatment services that are funded to be free or affordable to the user. Some of these sexual health services are integrated with reproductive health services, primary health care and treatment for HIV, TB and/or malaria. However, broad integration is probably the exception, perhaps because the benefits to sex workers of preventable infections are secondary to the public health goal of preventing clients from acquiring HIV from sex workers. STI services that offer an expanded range of medical services are most likely to incorporate reproductive and maternal health services. Reporting of non-HIV or STI sexual and reproductive health services are routinely less detailed than for services whose outcomes relate more directly to transmissible disease. Sex workers see this as evidence that they are considered primarily as potential vectors of infection.

Fundamental tensions underpin reproductive health issues for sex workers. Family planning typically addresses women in their role as mothers and family members, while sex work is usually perceived as incompatible with motherhood and family life. This can further fuel negative attitudes to sex work and adversely influence service delivery. Attitudes of health workers are consistently reported by sex workers as a significant barrier to accessing services, along with cost and convenience.

In some places there are adequate services for the general population, but they are not accessible for sex workers because of discrimination against sex workers and other very poor or marginalised women. It could also be

because they are too expensive or too distant. In many places, there are no accessible or affordable SRH services for most of the female population. In others, sex workers access to free services depends on registering, often with police. These systems often fail to enlist most women and transgenders who sell sex.

Women who sell sex and are HIV-positive are at even greater risk of marginalisation by health service providers. Lack of confidentiality in health services can mean that accessing any kind of SRH service is potentially dangerous for people who sell sex living with HIV.

ISSUES AND RECOMMENDATIONS FOR HIV CARE WORKERS (IN SRH AND HIV SETTINGS)

Stigma and discrimination characterise much of the lives of sex workers and this is particularly so in clinical settings. Sex workers of all genders and ages from all countries report bad treatment by health care staff. Lack of confidentiality, poor record keeping, verbal abuse, misinformation and discrimination are all frequently reported. It is a concern that this applies in services operated by non-governmental organisations that are specifically aimed at increasing sex workers access to SRH as well as in public facilities. This is routinely worse for non-nationals, ethnic minorities, people living with HIV and drug users for whom contact with services may lead to racial abuse, deportation, arrest, confiscation of their children or forced ‘rehabilitation’.

Sex workers around the world report various types of discrimination in access to ARV treatment in both government and non-governmental organisation treatment programmes. In resource poor settings where there are limited places for ARV treatment, HIV-positive sex workers often report extreme difficulty in accessing treatment. This can be due to discriminatory attitudes of staff. It can also be due to the non recognition of sex work as work. In many countries, health services are provided in the area of legal residence and moving to sell sex often leads sex workers to be ineligible for health

care in general and at government provided HIV services in particular. International migrants also face difficulties in accessing health services. In many countries they may face deportation or other penalties if they are found to be working as sex workers, and additional penalties (legal or illegal) may apply to those migrants who are HIV-positive.

- Provide appropriate reproductive health and gynaecological care services for all women and paediatric care for infants found to be HIV-positive.
- Provide appropriate and non-discriminatory diagnosis and treatment for rectal STIs and other rectal conditions.
- Make provision for sex workers to obtain HIV and SRH services regardless of internal or external migration status.
- Make vaginal and anal PAP smears available for people living with HIV of all genders.
- Work with sex worker organisations to address service inequities faced by HIV-positive sex workers, especially in provision of ARVs.

RECOMMENDATION FOR COMMUNITY AND CIVIL SOCIETY ORGANIZATIONS AND NETWORKS OF PEOPLE LIVING WITH HIV

Sex workers of all genders who are HIV-positive need to be welcomed as partners in promoting the reproductive health and rights of all people with HIV. It needs to be recognised within networks that people who sell sex for a living have multiple identities and need to be consulted about structures within organisations and networks.

As well as networks of people living with HIV (PLHIV) reaching out and adapting so as to encourage involvement of sex workers, sex worker organisations and projects, which often seem focussed on HIV prevention activities need to reach out to and advocate for the needs of sex workers living with HIV. Community organisations and networks of other key

populations need to recognise that sex work is an occupation and that members of their community sell sex for a living. Breaking down stigma against sex workers in MSM, transgender, injecting drug user, migrant and prisoner-related organisations is essential if the SRH needs of all those who sell sex, especially those who sell sex with HIV, are to be realised.

- Community organisations and networks need to reflect on which of their programmes and policies promote direct or indirect stigmatisation of sex workers.
- PLHIV Networks need to openly promote programmes and support for sex workers and seek sex workers' input into policies and programmes that affect them.
- Networks and programmes for women living with HIV need to reflect on programmes and policies that stigmatise female sex workers. Programmes and statements that portray wives and partners of HIV-positive men as innocent victims can lead to stigmatisation and marginalisation of HIV-positive sex workers.
- Women living with HIV organisations and networks should open themselves to membership for female identified HIV-positive transgenders.

SEX WORKERS LIVING WITH HIV NEED:

- Accurate information about HIV, treatment options, and welfare and care issues;
- Accurate information about contraception including any interactions between hormonal contraceptives and ARVs;
- Access to treatment including PMTCT;
- Access to PAP smears for detecting vaginal and rectal cancers and pre-cancers;
- Access to housing, nutrition and livelihood;
- Accurate information about the consequences of working in the sex industry, such as legal persecution and potential threats to the person's health by aspects of sex work such as stress and exposure to opportunistic infection;
- Help with planning who to disclose an HIV-positive status and how, and safeguarding confidentiality;
- Ongoing counselling which addresses sex work issues on the sex worker's own terms;
- Advocacy against discrimination or persecution;

- Support to address special needs such as dealing with drug use, immigration status other illnesses or domestic violence.

CONCLUSIONS

The issues that sex workers living with HIV face in terms of access to SRH services are complex. In order to improve the sexual and reproductive health of sex workers living with HIV it is important that policy makers, service providers, PLHIV groups and sex worker organizations work together to address the multiple layers of stigma and discrimination that restrict sex workers' sexual and reproductive health and rights.

RESOURCES

Sex workers Networks

Network of Sex Work Projects www.nswp.org

Asia Pacific Network of Sex Workers www.apnsw.org

International Committee for the Rights of Sex workers in Europe www.sexworkereurope.org

RedTraSex- Latin America and the Caribbean www.redtralsex.org.ar

SWAN Network Central and Eastern Europe, CIS and South-East Europe <http://swannet.org>

RESOURCES ON HIV, SEX WORK AND MIGRATION

TAMPEP <http://tampep.eu/index.asp>

Videos by sex workers on human rights and health
www.sexworkerspresent.blip.tv

Monitoring the AIDS Pandemic Network (The MAP Network), MAP Report 2005: Sex Work and HIV/AIDS in Asia. www.mapnetwork.org/docs/MAP_SW%20in%20Asia%20Final%2004July05_en.pdf

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¹ GNP+, ICW, EngenderHealth, IPPF, UNAIDS. Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV: A Guidance Package. 2009. Amsterdam, GNP+. www.gnpplus.net/resources/sexual-and-reproductive-health-and-rights/item/16-srhr-guidance-package (accessed Sept 2010).

² MAP Report: Sex Work and HIV in Asia, 2005

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About the Global Network of Sex Work Projects (NSWP)

The Global Network of Sex Work Projects exists to uphold the voice of sex workers globally and connect regional networks advocating for the rights of female, male and transgender sex workers. It advocates for rights based health and social services, freedom from abuse and discrimination, and self determination for sex workers.

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About the Global Network of People living with HIV (GNP+):

GNP+ is the global network for and by people living with HIV. GNP+ advocates to improve the quality of life of people living with HIV (PLHIV). As a network of networks, GNP+ is driven by the needs of PLHIV worldwide and its work is guided by the Global Advocacy Agenda, determined by and for PLHIV, through the implementation of the GNP+ platforms of action: Positive Health, Dignity and Prevention; Human Rights; Sexual and Reproductive Health and Rights of people living with HIV; and Empowerment.

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Sexworkers protest in New York during the United Nations General Assembly Special Session. Credits: APNSW/M. Ditmore

