

Dispelling myths about sex workers and HIV



Published Online
July 22, 2014
[http://dx.doi.org/10.1016/S0140-6736\(14\)60980-6](http://dx.doi.org/10.1016/S0140-6736(14)60980-6)

Sex work might or might not be the oldest profession, but it has existed for millennia across all continents and cultures. Nevertheless, myths about sex work and sex workers persist (panel). These myths can denigrate, devalue, and marginalise sex workers. Some widely held and unsupported views hinder HIV responses, driving sex workers away from already scarce HIV prevention and treatment services. Here, we aim to dispel the most harmful of these myths with evidence-based literature.

The first myth is that all sex workers are women. Although most of the world's sex workers are women, sex workers can be male or transgender people.¹⁻³ As for women, a wide range of typologies and working environments for male sex workers exist, who can be homosexual, bisexual, or heterosexual. Transgender sex workers have heightened HIV risk and vulnerability, and often require different services from other sex workers.^{3,4} The second myth is that all sex workers are single. Many sex workers report intimate, stable, non-paying partnerships worldwide, and many are married.⁵ Women, men, and transgender people who sell sex do so for many reasons, including to support their intimate partners, children, and broader network of family and friends.

The third myth is that most sex workers do not want children and try to avoid pregnancy. In a study of street-based female sex workers in Moscow, Russia, more than 80% were mothers, of whom more than 95% reported selling sex to support their children.⁶ In Burkina Faso, Togo, and Swaziland, more than half of sex workers were reported to have at least one child.⁷ In Iringa, Tanzania, the status of being a mother was especially important to sex workers because they lacked the status of being a wife.⁸ A danger of the so-called low fertility myth is the denial of prevention of mother-to-child transmission services for HIV-positive pregnant sex workers—often on the grounds that unmarried or undeserving women should not receive them.

Fourth, all sex workers are imagined to be trafficked or coerced. Most sex workers are not trafficked. Human trafficking is specifically defined under international law. Many, but not all, Member States of the UN have ratified the convention.⁹ According to the Palermo Protocol,¹⁰ three conditions must exist for a person to be regarded as trafficked: act by a third party (ie, recruitment),

means (ie, through force or deception), and purpose (ie, for forced labour). In the case of minors, only the first and third conditions need to be met. Most human trafficking is for labour exploitation.¹¹ Of an estimated worldwide total of 21 million trafficked people, roughly 4.5 million (22%) are victims of forced sexual exploitation, compared with 68% for labour exploitation.^{12,13} The authors of a study in Cambodia reported that only 3.8% of sex workers were trafficked.¹⁴

The fifth myth is that sex workers do not and will not use condoms with clients. Sex—whether paid for or not—does not cause HIV infection. Penetrative sex is an HIV infection risk for sex workers and their clients when condoms are not used. However, in many settings, poor availability of condoms and water-based lubricants, police harassment and arrest of sex workers for carrying condoms, the use of condoms as evidence of sex work, and clients' absence of knowledge about condoms and preference for sex without condoms are barriers to consistent condom use.¹⁵ When sex workers are taught how to use condoms and negotiate condom use with clients, they can consistently use them and experience significant reductions in HIV incidence. For example, 30 min, single-session behavioural interventions promoting condom use negotiation skills among female sex workers in Mexico successfully reduced HIV and sexually transmitted infection incidence by more than half.^{16,17}

Sixth, sex work is illegal and therefore programmes cannot possibly be implemented. Sex work is legal or regulated in some regions; in others, it is criminalised. In some regions, the exchange of sex for money is legal, but surrounding activities, such as solicitation

Panel: Eight myths about sex workers and HIV

- All sex workers are women
- All sex workers are single
- Most sex workers do not want children and try to avoid pregnancy
- All sex workers are trafficked or coerced
- Sex workers do not and will not use condoms with clients
- Sex work is illegal and therefore programmes cannot possibly be implemented
- Sex work is not work
- Laws against selling sex, buying sex, or owning a brothel prevent trafficking and reduce sex work



Sex worker receives a female condom at a clinic visit for a HIV test in Sonagachi, Kolkata, India, where the Durber Mahila Sammanay Committee runs an HIV prevention programme

in public, are illegal. In most jurisdictions where sex work is criminalised, sex workers are subject to penalty; in others (eg, Sweden), the client is. Illegality of sex work creates barriers to sex workers seeking HIV prevention and care due to fear of authorities and concerns about confidentiality.¹⁸ Services specifically designed for and with sex workers can overcome some of these concerns. Several successful interventions with strengthened community-led support and cohesive social environments are associated with sex workers' willingness to engage in HIV prevention and care.¹⁹ Sex worker HIV prevention interventions can be successfully taken to scale, despite unfavourable laws and regulations.^{20,21}

The seventh myth is that sex work is not work. By definition, sex work requires consent. Sexual exploitation, sexual violence, and human trafficking include coercion, deceit, absence of consent, and loss of agency. Sex work is a contractual arrangement in which sexual services are negotiated through economic exchange. Under the International Labour Office's new international labour standard,²² sex workers have the same entitlements as all other informal workers. In Brazil, sex workers can register their occupation and have the same rights as other workers (eg, pensions).

The final myth is that laws against selling sex, buying sex, or owning a brothel prevent trafficking and reduce sex work. No evidence suggests that criminalisation of

sex work (such as Sweden's approach that criminalises the buying of and profiting from sex, and the renting of housing to sex workers) reduces sex work. Rather, criminalisation of clients may be an important factor in displacing sex workers to less visible areas or venues.²³⁻²⁵ If criminalisation reduced sex work or its demand, an increase in sex work following their removal might be expected. However, the number of sex workers in New Zealand did not increase after decriminalisation of sex work in 2003.²⁶

Moreover, no evidence suggests that criminalisation of sex work reduces trafficking for sexual exploitation. The claim by some politicians that Sweden's approach reduces trafficking is unsubstantiated.²⁵ In fact, two evaluations reported that Sweden's laws were a barrier to the prosecution of trafficking because clients who had previously assisted victims by alerting authorities now feared self-incrimination.^{23,27} Half of sex workers in a Swedish study said that getting help was more difficult after criminalisation.²⁸ Antitrafficking advocates contend that criminalisation "drives the sex industry even more underground, which results in... significantly lower chances of identifying individuals who have been trafficked."²⁹

An evidence-based approach to the literature calls for these myths to be dispelled, which is the first step towards a world where all sex workers—female, male, and transgender—can live without fear, harassment, arrest, stigma, and violence. In doing so, all sex workers could live with dignity and respect, and openly seek HIV prevention and treatment. Whether or not countries achieve an AIDS-free generation will depend to a large extent on their decision to embrace a rights-based approach to HIV prevention and treatment, which includes the recognition that sex workers' rights are human rights.

**Steffanie A Strathdee, Anna-Louise Crago, Jenny Butler, Linda-Gail Bekker, Chris Beyrer*

Department of Medicine, University of California San Diego, La Jolla, CA 92093, USA (SAS); Anthropology, University of Toronto, Toronto, ON, Canada (A-LC); United Nations Population Fund, NY, USA (JB); Desmond Tutu HIV Research Centre, University of Cape Town, Cape Town, South Africa (L-GB); and Center for Public Health and Human Rights, Johns Hopkins University, Baltimore, MD, USA (CB)
sstrathdee@ucsd.edu

We declare no competing interests. The UN Population Fund has generously supported the modelling, literature, and comprehensive reviews, review meeting in London, and administrative aspects of this Series. The Bill & Melinda Gates Foundation has supported the costing and additional administrative expenses for this work.

- 1 Harcourt C, Donovan B. The many faces of sex work. *Sex Trans Infect* 2005; **81**: 201–16.
- 2 Baral SD, Friedman MR, Geibel S, et al. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. *Lancet* 2014; published online July 22. [http://dx.doi.org/10.1016/S0140-6736\(14\)60801-1](http://dx.doi.org/10.1016/S0140-6736(14)60801-1).
- 3 Poteat T, Wirtz AL, Radix A, et al. HIV risk and preventive interventions in transgender women sex workers. *Lancet* 2014; published online July 22. [http://dx.doi.org/10.1016/S0140-6736\(14\)60833-3](http://dx.doi.org/10.1016/S0140-6736(14)60833-3).
- 4 Nemoto T, Luke D, Mamo L, Ching A, Patria J. HIV risk behaviours among male-to-female transgenders in comparison with homosexual or bisexual males and heterosexual females. *AIDS Care* 1999; **11**: 297–312.
- 5 Ulibarri MD, Strathdee SA, Lozada R, et al. Condom use among female sex workers and their non-commercial partners: effects of a sexual risk intervention in two Mexican cities. *Int J STD AIDS* 2012; **23**: 229–34.
- 6 Stachowiak JA, Sherman S, Konakova A, et al. Health risks and power among female sex workers in Moscow. *SIECUS Rep* 2005; **33**: 18–25.
- 7 Baral S, Grosso A, Minisi Z, et al. Examining prevalence of HIV infection and risk factors among female sex workers (FSW) and men who have sex with men (MSM) in Swaziland. Washington, DC: USAID, 2013.
- 8 Beckham SW. Like any other woman? Pregnancy, motherhood, and HIV among sex workers in Southern Tanzania. Baltimore, MD, USA: Johns Hopkins University, 2013.
- 9 UN. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=XVIII-12-a&chapter=18&lang=en (accessed June 20, 2014).
- 10 United Nations Office on Drugs and Crime. United Nations Convention Against Transnational Organized Crime and the protocols thereto. New York: United Nations Office on Drugs and Crime, 2014.
- 11 The Global Alliance Against Traffic in Women. Moving beyond “supply and demand” catchphrases: assessing the uses and limitations of demand-based approaches in anti-trafficking. Bangkok: The Global Alliance Against Traffic in Women, 2011.
- 12 International Labour Organization. ILO 2012 global estimate of forced labour: executive summary. Geneva: International Labour Organization, 2012.
- 13 International Labour Organization. 21 million people are now victims of forced labour, ILO says. June 1, 2012. http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_181961/lang-en/index.htm (accessed June 20, 2014).
- 14 Steinfatt TM, Baker S. Measuring the extent of sex trafficking in Cambodia—2008. Thailand: UN InterAgency Project on Human Trafficking, 2008.
- 15 UNAIDS. UNAIDS guidance note on HIV and sex work. Geneva: UNAIDS, 2012.
- 16 Patterson TL, Mausbach B, Lozada R, et al. Efficacy of a brief behavioral intervention to promote condom use among female sex workers in Tijuana and Ciudad Juarez, Mexico. *Am J Public Health* 2008; **98**: 2051–57.
- 17 Strathdee SA, Abramovitz D, Lozada R, et al. Reductions in HIV/STI incidence and sharing of injection equipment among female sex workers who inject drugs: results from a randomized controlled trial. *PLoS One* 2013; **8**: e65812.
- 18 Kerrigan D, Moreno L, Rosario S, et al. Environmental-structural interventions to reduce HIV/STI risk among female sex workers in the Dominican Republic. *Am J Public Health* 2006; **96**: 120–25.
- 19 Kerrigan DL, Fonner VA, Stromdahl S, Kennedy CE. Community empowerment among female sex workers is an effective HIV prevention intervention: a systematic review of the peer-reviewed evidence from low- and middle-income countries. *AIDS Behav* 2013; **17**: 1926–40.
- 20 Ghose T, Swendeman DT, George SM. The role of brothels in reducing HIV risk in Sonagachi, India. *Qual Health Res* 2011; **21**: 587–600.
- 21 Alary M, Mukenge-Tshibaka L, Bernier F, et al. Decline in the prevalence of HIV and sexually transmitted diseases among female sex workers in Cotonou, Benin, 1993–1999. *AIDS* 2002; **16**: 463–70.
- 22 International Labour Office. Recommendation concerning HIV and AIDS and the world of work, 2010 (no. 200). Geneva: International Labour Office, 2010.
- 23 Rikspolisstyrelsen. Lag (1998:408) om förbud mot köp av sexuella tjänster. Metodutveckling avseende åtgärder mot prostitution. Av Nord, Anders och Rosenberg, Tomas. Polismyndigheten i Skåne. ALM 429-14044/99. 2001. POB -429-4616/99 (in Swedish).
- 24 Socialstyrelsen. Kännedom om prostitution 1998–1999. Stockholm: Socialstyrelsen, 2000 (in Swedish).
- 25 Dodillet S, Östergren P. The Swedish Sex Purchase Act: claimed success and documented effects. Decriminalizing prostitution and beyond: practical experiences and challenges; The Hague, The Netherlands; March 3–4, 2011.
- 26 Abel G. Report of the Prostitution Law Review Committee on the operation of the Prostitution Reform Act 2003. Wellington: Ministry of Justice, 2008.
- 27 Stridbeck U. Purchasing sexual services in Sweden and The Netherlands: legal regulation and experiences. Oslo: Norwegian Ministry of Justice and the Police, 2004.
- 28 Riksförbundet för homosexuellas, bisexuellas och transpersoners rättigheter. Osynliga synliga aktörer. Hbt-personer med erfarenhet av att sälja och/eller köpa sexuella tjänster. Stockholm: Riksförbundet för homosexuellas, bisexuellas och transpersoners rättigheter, 2011 (in Swedish).
- 29 La Strada International. Ahead of the vote in the European Parliament on the Report of the Committee on Women’s Rights and Gender Equality on sexual exploitation and prostitution and its impact on gender equality (2013/2103(INI)). Amsterdam: La Strada International, 2014.