

AIDSTAR-One SPOTLIGHT ON PREVENTION

A Holistic Approach to HIV Prevention Programming for Female Sex Workers

Melissa Ditmore, PhD

Sex workers worldwide are a key population in the fight against the HIV pandemic (Pettifor and Rosenberg 2011). Even though we know about high levels of vulnerability to HIV and other sexually transmitted infections (STIs), sex workers nonetheless still face a host of obstacles to accessing good HIV prevention services. These obstacles include severe stigma and discrimination, which create hostile environments in some health care settings, and high numbers of violent events, which is directly linked to vulnerability to HIV.

So it's not surprising that, in many places, rates of HIV among sex workers are very high. For example, a recent study of sex workers in Rwanda found 13 new infections for every 100 person years (Braunstein et al. 2011). Sex workers in Andhra Pradesh, India, have an extremely high HIV prevalence, with an average of 14 percent but ranging as high as 38 percent (Ramesh et al. 2008). One recent study in Miami, Florida, documented HIV prevalence of 21 percent among drug-using sex workers (Suratt and Inciardi 2010). Throughout the world, sex workers bear a disproportionate share of new HIV infections in both generalized and concentrated epidemics (Price and Cates 2011).

Female sex workers (FSWs) are part of the larger community and have families as well as lovers and other sexual partners, all of whom are affected by HIV. In some cases, sex workers may be a bridge population from a concentrated epidemic to a general epidemic because of their widespread contacts. Decisive action

on prevention programming for sex workers is thus imperative—and long overdue.

Not Enough Resources, Not Enough Research

Despite the urgent need, funding for HIV prevention programming for sex workers is lacking (Global Fund for AIDS, Tuberculosis and Malaria [GFATM] 2011; UN General Assembly 2007). For example, GFATM funding for proposals that include prevention activities for sex workers declined from a peak of 67 percent in Round 9 to 53 percent in Round 10, while only 53 percent of funded proposals included stigma prevention or rights promotion activities addressing sex work (GFATM 2011). This is simply not enough.¹

There is also a lack of epidemiological information about sex workers in many places. The report of the UN Secretary General says:

Groups known to be most at risk of infection—such as sex workers, injecting drug users and men who have sex with men—rarely receive targeted services, resulting in ineffective responses. Overt and covert stigmatization and discrimination against these groups is a significant factor impeding data collection and targeted funding and programming (UN General Assembly 2007, 12).

¹ The recent decision to create a reserve within GFATM dedicated to key populations, including sex workers, may improve this deficit (GFATM 2011).

The latest round of GFATM funding may indicate that better information will be available in the future, because it shows an increase in the number of funded proposals that “include elements related to behavior studies” of key populations, including FSWs (GFATM 2011, 16).

Effective Responses

Access to the full range of HIV services—especially prevention services—is integral to a rights- and evidence-based approach to HIV. Those services should include all of the following: STI treatment and care, including anal and oral infections as well as vaginal infections; voluntary and confidential counseling and testing; preventing mother-to-child transmission; and care and treatment.

However, risk and vulnerability to HIV are affected by far more than the obvious routes of sexual transmission. Structural and social factors also contribute to HIV among FSWs and so should be considered in the design and implementation of rights- and evidence-based HIV prevention programming for this population. Evidence has shown that responding to social drivers of HIV is critical to success in HIV prevention with sex workers (Auerbach et al. 2009). Analysis of the effectiveness of 28 HIV prevention interventions for sex workers in Africa, Asia, and Latin America concluded that “structural interventions, policy change or empowerment of sex workers reduce the prevalence of STIs and HIV” (Shahmanesh et al. 2008, 659).

As someone who has worked in HIV prevention efforts with sex workers for years, I can suggest several best practices—structural and programmatic—to recommend to programmers, especially with programs for FSWs:

- Confront stigma and discrimination against sex workers
- Combat violence against sex workers
- Promote an enabling environment for HIV prevention

- Include sex workers at all levels of programming.

Confronting Stigma and Discrimination

Sex workers face stigma and discrimination from many people and institutions. Sallman (2010) found that sex workers in a midwestern U.S. city reported stigmatization leading to discrimination and violence from a wide variety of social actors, including family and local authorities.

Stigmatization and discrimination against sex workers is institutionalized in laws and policies, such as those that criminalize sex work. UN Secretary General Ban Ki-moon has advocated against criminalization of sex work because of the poor health outcomes, particularly related to HIV, that are linked to criminalization (2008).

But criminalization is not the only policy challenge. A modeling assessment of prostitution policies that use moralistic criteria found that this approach promotes stigmatization of sex workers and leads to suboptimal outcomes for their health and well-being (Della Giusta 2010). Stigma and discrimination in health care settings jeopardizes connections with sex workers (Goodyear and Cusick 2007; Lui et al. 2011; Sanders 2007). Indeed, sex workers themselves may internalize social stigmatization (World Bank 2010).

Sex workers who use drugs often face additional stigma. The double stigma of sex work and drug use can lead to social marginalization, further restricting opportunities for employment or housing, and increasing the risk of violence. Clients of sex workers may also use drugs, sometimes complicating safe sex practices.

Combating Violence Against Sex Workers

The link between violence and the transmission of HIV is well established, as is the fact that sex workers are often targeted for violence because they are sex workers (Decker et al. 2010; Katsulis et al. 2010; Lowman 2000; Potterat et al. 2004). HIV prevention for sex workers therefore requires rights-based interventions to reduce

violence from vigilantes, clients, law enforcement, and the general population.

Police treatment of sex workers spans a wide range, from neglect and outright abuse to benevolence. Police may detain and imprison sex workers or may themselves perpetrate violence, including rape, which may have long-ranging effects on the lives of sex workers (Halter 2010). But in some places, protective policies and training for police have benefited sex workers, who receive assistance from the police rather than abuse or imprisonment. Sex workers in Kenya (Odhiambo 2011) and India (Biradovolou et al. 2009) have successfully worked with organizations to change law enforcement practices to address police violence against sex workers as well as police resistance to addressing violence against sex workers.

Antiviolence programs should act to deter violence committed against sex workers and encourage law enforcement to take appropriate action when crimes are committed against sex workers (Okal et al. 2011; Sanders 2007). Even the presence of outreach workers has been reported to prevent violence against sex workers (Janssen et al. 2009).

Promoting an Enabling Environment for HIV Prevention

Sex workers who have greater control over their lives and conditions of work are better able to address risk and vulnerability to HIV (Shahmanesh et al. 2008). Freedom from violence and abuse is a prerequisite for HIV prevention for FSWs. Those who are informed about their rights and the mechanisms to enforce them are empowered to confront abuses and demand those rights.

Also essential to building an enabling environment for sex workers is not just the availability of safe sex commodities but also the skills necessary for their consistent use. Training to negotiate condom use with clients has proven effective (Sarkar et al. 2008). The importance of building this skill cannot be overstated, because only the

people involved—the client and the sex worker—can determine whether a condom is used. Training and techniques for safe sex negotiation and for the practice of nonpenetrative sex acts are effective but underutilized at this time.

Such training is most critical for novice sex workers, who are more likely to contract HIV than experienced sex workers (Sopheab et al. 2008). This is especially important for adolescents. Girls who are sexually active—including girls who sell sex—are more vulnerable to HIV than adult women, compounding the need to promote HIV prevention among adolescent FSWs (Silverman 2011).

New prevention technologies for HIV—such as microbicides—are exciting developments, but it is unclear whether they will be useful for sex workers. As they are developed and before they are marketed to FSWs, it is of the utmost importance to determine whether they are effective and nontoxic for the frequency with which sex workers might need to use them. If new prevention technologies are found to be safe and appropriate in sex work contexts, education about their use should be tailored to FSWs. This may become a critical part of creating an enabling environment for HIV prevention with FSWs.

The Importance of Inclusion

Each of the issues described points to the need to “know your epidemic” and understand the local context. The best way to learn about local issues faced by sex workers is to ask them, as well as to involve them in the design of research activities and in program planning.

One strong example of this kind of inclusive design process was a study that recruited research staff from a local project in Thailand serving people who sell sex to help conceptualize the research and conduct surveys and interviews among sex workers (Guest et al. 2007). This approach was successful in large part because of the meaningful inclusion of sex workers, who freely expressed their thoughts about how to design the

research to meet their needs, as well as a research team that absorbed and adopted those recommendations. All projects working with sex workers, including HIV prevention research and programming, can improve their effectiveness by greater inclusion of sex workers at all levels of design and implementation.

Best Practices in Action: PSI Myanmar's Targeted Outreach Program

Projects that integrate these approaches have experienced unparalleled success in lowering HIV risk among sex workers and their clients, even in difficult environments. One example is PSI Myanmar's Targeted Outreach Program (TOP), a project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID), founded in 2004 that conducts HIV prevention programming with FSWs in 19 cities throughout the country. TOP distributes male and female condoms and personal lubricant using a peer-focused strategy. The project also offers health care focusing on sexual and reproductive health for FSWs.

TOP must contend with an exceptionally difficult context for HIV prevention. Infrastructure is poor in Myanmar, and the nation lacks skilled personnel; political conflict persistently flares up in some parts of the country, which impedes local HIV prevention efforts (HIV and AIDS Data Hub for Asia-Pacific 2010). According to the results of the 2009 HIV Sentinel Sero-surveillance in Myanmar, HIV prevalence among FSWs in Myanmar is 18 percent, with some overlap expected with drug using populations (National AIDS Programme, Department of Health, Ministry of Health 2010). PSI estimates that HIV prevalence among FSWs who participate in TOP has declined from 33.5 percent in 2006 to 11.2 in 2009—a time period during which PSI estimates they reached approximately 70 percent of Myanmar's FSWs, thus contributing to the observed decline (TOP, PSI Myanmar, and USAID 2011).

Improvements on this scale require strong coverage, repeat contact, and reiteration of HIV prevention mes-

sages; it is impossible to change behavior on a large scale with single or sporadic contact. Building coverage gradually since it launched in one city, TOP reached over three-quarters of the estimated 60,000 FSWs throughout Myanmar last year. In 2010, TOP made repeated contact with 47,215 individual sex workers a total of 196,500 times, about quarterly on average (TOP, PSI Myanmar, and USAID 2011).

Comprehensive, Inclusive Programming that Addresses Structural Drivers of HIV

TOP achieved such success because it recognizes that the risks and vulnerabilities of FSWs to HIV are not related solely to sexual activity but also to social drivers (Auerbach et al. 2009), including how communities treat them. To address these drivers, TOP uses a cross-cutting approach to policy on stigma and discrimination and community mobilization for sustained positive effects on health. TOP advocates for policies promoting the use of condoms by, for example, discouraging police harassment of people who carry condoms, and by expanding access to condoms. In addition to addressing social drivers of HIV, TOP provides a wide variety of direct services.

TOP's integrated strategic approach to HIV prevention offers clinical services, including follow-up counseling, voluntary and confidential counseling and testing, treatment for tuberculosis, reproductive health services, STI treatment and control, and antiretroviral therapy for HIV infection. Peer outreach activities include education and communication, materials distribution, and community building. Peer outreach workers also invite potential clients to TOP's drop-in centers, which offer a place for community building, peer support groups, training and educational activities, entertainment, and self-care, including bathing and sleeping. These centers are vital to TOP's program; in the first few months of 2011, 43,320 FSWs registered to participate in center-based activities (TOP, PSI Myanmar, and USAID 2011). TOP also provides services for people who are HIV-positive, including a buddies program, and sponsors Myanmar's national network of HIV-positive people.

An important aspect of TOP's programming is training for its health care providers, including efforts to combat stigmatization, as judgmental attitudes on the part of providers can alienate sex workers and drive them away from health care and other essential services (Goodyear and Cusick 2007; Lui et al. 2011; Sanders 2007).

TOP's success is in part a result of the high level of coverage and quality of services offered. But these depend on the organization's understanding of the larger context of the lives of FSWs and situations in society beyond their sexual activity, which is achieved by including FSWs in both the design and implementation of programming. One way TOP does this is by hiring FSWs as staff, allowing these women to bring their experiences and contacts to inform programming decisions and build clientele.

There are other advantages to having FSWs on staff. Some women who sell sex do so covertly (Hoefinger 2011; van Blerk 2011) to avoid abuse and discrimination. They may be difficult to identify or contact, but they need the same HIV prevention materials and services as other FSWs. Staff who are or have been FSWs are the people best placed to reach such hidden populations.

A Holistic Approach

Because recent epidemiology shows that rates among sex workers continue to rise, now is the time to develop holistic, effective, and efficient programming. For HIV prevention programs working with sex workers, the TOP model is worth considering for adaptation because of its dual focus on behavioral methodologies, including condom distribution and peer intervention, and its ability to address structural factors, such as promoting an enabling environment for HIV prevention. This represents a holistic approach to prevention programming for a timeless profession.

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About the Author

Melissa Ditmore is the author of *Prostitution and Sex Work* (ABC-Clio 2011) and co-editor of *Sex Work Matters* (Zed Books 2010); she is also the editor of the *Encyclopedia of Prostitution and Sex Work* (Greenwood 2006). She is a research consultant who has worked for Aids Fonds Netherlands, the Asian Development Bank, and community-based organizations, including the Thai Treatment Action Group and the Urban Justice Center. She holds a doctoral degree in sociology.

Dr. Ditmore can be reached at mhd-aidstar@taumail.com.

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