

Who works in the sex industry? A profile of female prostitutes in Victoria

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Abstract: *A large-scale survey was conducted to obtain a comprehensive picture of the range of women involved in prostitution in Victoria and to document their concerns about health in relation to sex work. There was considerable diversity in the ages, education levels, family situations and attitudes to sex work among women working mainly in the legal brothels in Victoria. While their practices in client-worker interactions were low-risk for human immunodeficiency virus and other sexually transmitted diseases, many of the women were more at risk from unprotected sex with private partners and some were more at risk from injecting drug use. Most women reported economic reasons for entering the sex industry and cited problems associated with male clients as the worst aspects. Effective health interventions should be devised and aimed at specific sub-populations of these (and other) sex workers. (Aust N Z J Public Health 1996; 20: 431-3)*

MOST public health research in the area of prostitution has focused on the risks of the behaviour of sex workers in populations assumed to be homogeneous. Very few studies have investigated the sociodemographic characteristics of sex workers in any depth. Samples have usually been drawn from populations of street workers, clients attending sexual health or drug treatment clinics, or women arrested for prostitution offences.¹⁻⁵ There are obvious biases inherent in each of these sampling strategies. Health risks associated with prostitution vary in different social, economic, political and legal situations.⁶ It is thus virtually impossible to generalise findings from any one study to a different context.

Since 1986, Victorian legislation has provided for brothel owners to obtain licenses under Town and Country Planning regulations. Owners are required to supply free condoms and to take reasonable steps to ensure that condoms are used and that prostitutes are able to perform their work in a manner that is safe and without risks to health.^{7,8} However, there is virtually no way of checking that these steps are taken. Large numbers of illegal brothels still operate in Victoria, and women and men working as prostitutes on the streets or from private homes or flats are also acting illegally and are therefore subject to police harassment, arrests, detention and fines.

This paper describes a community-initiated study that used a collaborative approach to conduct a large-scale survey of sex workers in Victoria. Findings are reported for female prostitutes only,

since the numbers of male (16) and transsexual (12) respondents were too low for meaningful comparison and could be misleading. A different methodological approach would be necessary for these important subgroups of sex workers.

Method

Staff and volunteers from the Prostitutes' Collective of Victoria worked with a university research team to develop and pilot the method for this study, to conduct the survey and to interpret the findings. During a six-month period in 1994, a self-administered questionnaire was distributed to sex workers in the 63 legal brothels in Victoria and to smaller numbers of street workers and escort workers. Confidentiality, anonymity and voluntary participation were assured. A total of 321 female sex workers completed the questionnaire. The questionnaire covered: demographics, attitudes to sex work, condom use with clients and nonpaying partners, drug use, sexual health, and management of a client with a suspected sexually transmissible disease (STD). As there is no reliable estimate of the number of prostitutes in Victoria, it is not possible to provide a response rate. We believe our sample contains a substantial proportion of the women who work regularly in Victoria's legal brothels, together with a smaller proportion of women working on the streets, privately or in escort services. It is difficult to obtain access to this population, many of whom work irregular and only occasional shifts, many of whom wish to maintain complete privacy, many of whom are likely to distrust researchers or other investigators, and some of whom may be involved in tax evasion, illicit drug use or other illegal activities.

Results

Demographic characteristics of sample

The majority of respondents (87 per cent) were working in a brothel, 12 per cent for an escort agency, 11 per cent privately and 3 per cent on the street (with some women working in more than one situation concurrently). The average age of respondents was 27.5 years (range 18 to 53) and women had started working in the sex industry at an average age of 23 years. Only a quarter had started at under the age of 19 years. More than three-quarters (79 per cent) of the respondents were Australian-born and fewer than 3 per cent were born in Asian countries.

Almost half the respondents (47 per cent) had attended school for under 12 years. The average age at leaving school was 16.2 years. One in three (36

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per cent) of the women had undertaken some post-secondary education and 20 per cent were currently undertaking some study. Almost all (93 per cent) respondents had held other jobs before working in the sex industry. Most of these jobs were clerical or in sales and personal services. Eight per cent of the women had worked as managers or administrators, 12 per cent had held professional jobs, such as teaching and nursing and 16 per cent of the women currently had paid work outside the sex industry. Almost a third (32 per cent) of the women were married or in de facto relationships and 34 per cent were currently supporting between one and four dependent children. Half of the women who were supporting dependent children were sole parents.

Attitudes towards working in the sex industry

The majority of women (86 per cent) gave 'money', 'necessity' or 'could not find work' as their reason for entering the sex industry. Women had worked in the sex industry for an average of 3.6 years (range one month to 23 years). Half the women had worked continuously and half intermittently. About two-thirds (65 per cent) saw themselves staying in sex work for between six months and two years, while 14 per cent saw themselves staying for five years or more, 8 per cent for only a month and 13 per cent did not know. Nearly half the women (45 per cent) said they would change their occupation if they could, 29 per cent said they would not and 26 per cent did not know.

For 76 per cent of the respondents, the best things about sex work related to money. Freedom and a flexible work environment were nominated by 20 per cent and independence by 15 per cent. For nearly half the women (45 per cent), the worst aspects of working in the sex industry were associated with men in general or with difficult, demanding or unpleasant men. Women's responses to open-ended questions included comments about physical and mental stress, low self-esteem and the stigma associated with sex work, the need to conceal their occupation and the effects of sex work on their personal lives. Many expressed a strong desire to change community knowledge and understanding of sex workers.

Health

Almost all respondents reported always using condoms for vaginal and anal intercourse with clients but less than half reported always using condoms with their nonpaying partners (Table 1). Most women (79 per cent) reported having regular sexual health checks (at least every two months) and 59 per cent had check-ups about every four weeks. Most women (85 per cent) reported that they usually or always inspected clients for STDs and 74 per cent felt confident that they would recognise the symptoms of most STDs. Most women (85 per cent) said they would refuse service, insist on condoms or provide limited services to clients whom they suspected of having an STD and women often advised such clients to seek medical attention. None of the women reported having been infected with HIV and

Table 1: Percentages of female sex workers using condoms for vaginal and anal intercourse with clients and with nonpaying partners

Behaviour	Clients	Nonpaying partners
<i>Vaginal intercourse</i>	<i>n=295</i>	<i>n=274</i>
Always	99	40
Usually	0	14
Sometimes	0	14
Rarely	0	4
Never	0	29
<i>Anal intercourse</i>	<i>n=79</i>	<i>n=94</i>
Always	99	45
Usually	0	6
Sometimes	0	12
Rarely	0	1
Never	0	36

Note:

(a) Percentages in text and tables are rounded to the nearest whole number

23 per cent reported having had an STD while being a sex worker.

Almost a third of the women (30 per cent) reported that they had been injecting drug users at some time and half of these women (47 of 91) reported that they had injected drugs in the last six months. Almost two-thirds (63 per cent) of the women smoked cigarettes and 91 per cent of these women smoked daily; 40 per cent used marijuana and half of these women used it more than every other day. Two-thirds (66 per cent) reported use of alcohol only once or twice a week and only seven women said they used it daily.

Discussion

The study found considerable diversity in the ages, education levels, family situations and attitudes to sex work among female sex workers in Victoria. They are in many ways like other Australian women working in a range of other jobs. Women work in the sex industry to support themselves, their children and their own studies. The proportion of women in our sample who were married or in de facto relationships was much lower than in the general population, in which about two-thirds of women in this age group would be married or in de facto relationships.⁹ The stress and stigma associated with sex work are likely to take a heavy toll on marriage and personal relationships.

In spite of the stress and public disapproval experienced by sex workers, not all of the women wanted to change their occupation. Women who want to continue working as prostitutes need to have a safe working environment and to be supported in safe-sex practices. Effective health interventions should be devised and aimed at specific subpopulations of these (and other) sex workers. Such interventions must address the diversity of women who work in the sex industry. At the same time, women wishing to leave the industry need encouragement, support and retraining. Women feel they will be discriminated against if they admit to past employment in the sex industry. Therefore they cannot produce references from previous

employers nor explain how they have been earning their living in recent years. They also suffer from low self-esteem because of the stigma associated with sex work.

While this is one of the largest studies of sex workers ever undertaken in a single location, we recognise the limitations of our sampling strategy. A number of methodological approaches is required to investigate and address the health and safety needs of the more vulnerable women we believe to be working in the Victorian sex industry—particularly street workers and women who are younger, homeless or drug-dependent.

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A scale to measure attitudes toward community medicine

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Abstract: *A questionnaire to measure attitudes toward community medicine held by general practitioners was designed, and a 35-item scale with a Likert response format was constructed. The Attitudes Toward Community Medicine scale consists of six subscales relating to key areas of community medicine. The final scale is valid and reliable for group comparisons, with alpha coefficients ranging from $\alpha=0.54$ to $\alpha=0.84$. The instrument may be used to evaluate the effectiveness of community medicine teaching, to describe differences in beliefs of practitioners and to estimate changes in attitudes over time. (Aust N Z J Public Health 1996; 20: 433–5)*

IT is important to measure the attitudes of doctors towards community medicine both because their opinions are one of the factors likely to influence their behaviour and because it may be possible to foster attitudes during undergraduate training.^{1–3} The development of an instrument to measure the attitudes of doctors to community medicine provides an outcome measure by which one can evaluate the effects of educational innovations that might influence doctors' attitudes, and assess and compare the attitudes of doctors. While scales have been developed to measure physicians' beliefs about social issues in medicine (ATSIM), there is no instrument to date measuring attitudes to community medicine.⁴

Our aim was to develop a valid and reliable scale to measure general practitioners' attitudes towards community medicine.

Method

After an extensive literature review, the appropriate content areas of community medicine were obtained from semi-structured interviews with six general practitioners, six experts in the field of community medicine and two in the area of behavioural science. The elicited responses reflected six content areas on which questionnaire items could be based. It was agreed that a doctor who is favourably oriented towards community medicine should have positive attitudes towards the following areas:

Health care: a community-oriented health care system in which the doctor plays an integral role in delivering health care in an equitable manner;

Identification: understanding the importance of identifying the health care needs of individuals and groups in society;

Holistic care: viewing patients in their entirety by understanding the effects of multiple variables on health and disease;

Prevention: acknowledging the primacy of, and responsibility for, health maintenance and prevention of illness at individual and population levels;

Collaboration: recognising the importance of a team approach to care;

Evaluation: critical analysis and evaluation of health care interventions and the delivery of care.

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