

Health and human rights

Public health and the human rights of sex workers

In most countries, sex workers are stigmatised, discriminated against, prosecuted, and harassed. They are often seen as immoral people or as victims of unscrupulous traffickers who exploit the lack of opportunities of deprived inhabitants of mostly poor countries. Unfortunately, public health workers and researchers can share these attitudes. However, what should be addressed are the conditions, rather than the nature, of sex work. We argue that a rights-based approach and a holistic perspective of public health workers, policy makers, and researchers on sex work is crucial for improvement of the health of sex workers.

With the arrival of the HIV epidemic, health and social sciences services were forced to take a closer look at sex work. A review of research between 1990 and 2000 showed that although there has been an increasing critique of the dominance of a deviance perspective over work perspectives, research on prostitution still has many features of stigmatisation.¹ The wrongs associated with sex work are often attributed to the nature of the work instead of to stigma or specific negative circumstances: vulnerable work situations with violent, non-paying clients in unprotected places; and lack of protection by police and legal systems (figure).¹ Underlying much research and many public health interventions is the concern that sex workers are a potential hazard for society, since they are mainly viewed in the context of transmission of HIV infection.² In the case of female sex workers, this approach reinforces the patriarchal attitude of protecting men from HIV infection, whereas women are far more vulnerable to this risk.³ Sex workers have a high risk of being infected with HIV, but scant research is exclusively directed at their protection or is useful for a general understanding of prostitution or for formulating social policy.

Human rights approaches are often lacking in public health interventions for sex workers, as are holistic perspectives in research on prostitution. Lively discussions on the internet (eg, <http://archives.healthdev.net/sex-work>) and at international and regional AIDS conferences indicate

that sex workers' organisations and other public health groups are frustrated about these attitudes. Sex workers lobby for respect for the choices of men and women who sell sex; for sex work to be considered as work, so that standard labour laws can be applied to protect them from abuse and exploitation; for police and legal systems to take sex workers seriously if



Sex workers and allies protest against violence, India

they file a complaint and not to harass them if arrested; for participation of sex workers in policy decisions; and for decriminalisation of sex work in countries where strict prostitution policies add to their difficulties.

A review of international programmes for controlling HIV infection in sex workers' communities showed that regulatory efforts such as mandatory HIV testing and treatment for sexually-transmitted infections (STIs) and detention seem ineffective.⁴ Mandatory testing is against the principles of human rights, and furthermore, these approaches chase sex workers away, when what is needed is cooperation. Another policy, specialised STI facilities, can result in sex workers being stigmatised and marginalised. It can even be counterproductive; in a project in China, special services for sex workers provided police with opportunities to arrest and harass them.⁵ In a project in South Africa, sex workers clearly stated that HIV infection was not the only risk that they faced in their work, and that violence was a bigger issue for them.⁶

In most countries, laws forbid the selling of sex, or the advertising of such services. These restrictive policies criminalise sex workers, making it harder for them to protect their health, since it increases the likelihood

that they will avoid state institutions, including those providing health care. The opposite of these regulatory policies—decriminalisation of prostitution and antidiscriminatory measures—has been effective in parts of Australia and the Netherlands in terms of voluntary and almost universal condom use. Other indications strongly suggest the effectiveness of this approach,⁷ and international organisations such as WHO have been advocating for decriminalisation policies.⁸

What position should public health workers take in this debate? We should respect the choices of adult men and women to be involved in the sex sector and develop interventions to prevent work-related health risks, with a rights-based, participatory approach. Furthermore, we should remember that sex workers' health programmes, including interventions focusing on safer sex, should be for the promotion of health of sex workers and not just a way to slow down the dissemination of HIV.

The authors are editors of *Research for Sex Work Newsletter*.

*Ivan Wolffers, Nel van Beelen
Department of Health Care and Culture, Vrije Universiteit Medical Centre (VUMC), 1081 BT Amsterdam, Netherlands
(e-mail: wolffers.social@med.vu.nl)

- 1 Vanwesenbeeck I. Another decade of social scientific work on sex work: a review of research 1990–2000. *Annu Rev Sex Res* 2001; **12**: 242–89.
- 2 Wawer MJ, Podhisita C, Kanungskasem U, Pramualratana A, McNamara R. Origins and working conditions of female sex workers in urban Thailand: consequences of social context for HIV transmission. *Soc Sci Med* 1996; **42**: 453–62.
- 3 Sacks V. Women and AIDS: an analysis of media misrepresentations. *Soc Sci Med* 1996; **42**: 59–73.
- 4 Day S, Ward H. Sex workers and the control of sexually transmitted disease. *Genitourin Med* 1997; **73**: 161–68.
- 5 Liao S, Schensul J, Wolffers I. Sex-related health risks and implications for interventions with hospitality women in Hainan, China. *AIDS Educ Prev* 2003; **15**: 109–21.
- 6 Nairne D. We want the power; findings from focus group discussions in Hillbrow, Johannesburg. *Res Sex Work* 2000; **3**: 3–5.
- 7 Thompson N. The network effect—why Senegal's bold anti-AIDS program is working. *Boston Globe*, Jan 5, 2003.
- 8 Ahmad K. Call for decriminalisation of prostitution in Asia. *Lancet* 2001; **358**: 643.