

Protecting the health of sex workers: will the real agenda please stand up

Nikki Jeal, Chris Salisbury

Interest in the health of women selling sex began in earnest towards the end of the 20th century with the advent of HIV. Although heterosexual transmission of HIV failed to reach the magnitude of problem that industrialised countries initially feared, research funded to assess HIV risk in sex workers revealed the significant risks to health experienced by this group. This set the scene for the now substantial body of research highlighting the extremely poor health and barriers to healthcare access experienced by many sex workers. Increased awareness of these unmet health needs has led to pressure on governments and authorities to improve conditions and healthcare for these women.

Response to this pressure has been variable, but the focus has tended to be on the law rather than healthcare. Many governments maintain that their focus on prostitution is to promote the well-being of the women involved. However, much of their effort is actually invested in attempts to enforce a reduction in the numbers of women selling sex at the expense of safety and health. This fails to take account of the fact that good healthcare services are likely to have the greatest potential for reducing the numbers of women in prostitution. As life options are limited by poor physical and/or mental health, maintaining good health is central to ensuring that women are able to exit prostitution when they consider it their best option.

Women selling sex often fall into multiple groups who are known to experience poor health. These include injecting drug users, the homeless and prisoners. As a result, sex workers present multiple concurrent health and social needs which existing services struggle to meet. Negotiation of multiple services is difficult. It places the responsibility for coordination of health and social care with the sex workers themselves. Mainstream service providers whose services are underused by sex workers wrongly

assume that sex workers are using other services instead. A widely employed solution is to rely on the voluntary sector to act on behalf of sex workers to overcome the difficulties involved in accessing multiple mainstream services. However, this is merely papering over the cracks. Multiple and concurrent health needs require a coordinated multi-agency approach.

All women selling sex share the same core health needs in order to minimise the risks relating to their work.¹ These include reliable contraception to reduce the risks of unplanned pregnancy; condoms and vaccination to reduce the risks of genital and bloodborne infection; and protection from violence. However, not all sex workers will have the same general health needs, as these are influenced by the sector in which they work and the country in which they live.

In industrialised countries, street sector sex workers face the poorest health and greatest risks.² Women working in this sector face health risks relating to buying and injecting drugs in addition to the risks associated with selling sex and their often unstable social backgrounds.³ This combination results in poor general and mental health in addition to the sexual health and safety risks associated with selling sex. In this setting it is the intravenous drug use rather than sexual activity that is the main driver of HIV and other bloodborne virus infections. The health of migrant as opposed to trafficked sex workers will be influenced by their country of origin as well as the sector in which they work. In resource-poor countries where HIV is endemic and access to treatment is limited, the risk of acquiring this infection represents the greatest risk associated with selling sex. However, background poverty and deprivation will also make significant contributions to general ill health in these settings.

In higher income countries where well-developed mainstream health services are widely available, appropriate use of mainstream services by sex workers still tends to be poor.⁴ Barriers to healthcare access have been shown to include organisational factors such as rigid service organisation, appointment times and staff attitudes.⁵ At an individual level, the stigma associated with sex work may discourage access or

disclosure of sex work,⁶ resulting in sex workers not getting the core healthcare they really need. For drug-dependent sex workers, unpredictable service attendance makes ongoing care challenging, while the paper by Darling *et al* in this issue of *PMJ* highlights the issues faced by migrant sex workers who may not be able to negotiate the bureaucracy or have sufficient command of language to enable service access.⁷ Social background may also contribute to poor healthcare access—for example, homelessness may mean an inability to receive appointment letters and test results while controlling partners may forbid healthcare access at all.

Outreach services are recommended as a means of overcoming these barriers. They deliver sex worker-focused services, often in partnership with the voluntary sector, and bring together a range of relevant agencies. Outreach services tend to adopt a more flexible approach with opening hours that take account of sex worker lifestyle pressures. Additionally, services are often delivered by individuals with a special interest in supporting sex workers and who develop a personal relationship and a level of trust with them. Trust is important in enabling full disclosure of risk-taking and health needs as well as intimate examinations. Sex workers need to feel respected and not judged in order to engage with health services and receive optimum and appropriate healthcare.

Although outreach services are a good start, use of mainstream services is still necessary. The limited opening hours and range of clinical services available in the outreach setting mean that attendance at mainstream services will be required for more complex morbidity. Additionally, it is important for sex workers to have experience and understanding of mainstream services so that they can successfully maintain their health if they should exit prostitution. If mainstream service use is to be encouraged, then mainstream services need a better appreciation of how to manage the complexity of sex workers' access issues and health needs. This may not be a simple matter as these frequently cross traditional service boundaries. Service development should ideally be underpinned by a health needs assessment in order to accurately reflect the often unique needs in each sex worker population. A 'one size fits all' approach will not work.

Authorities wishing to see a long-term rather than a short-term reduction in the numbers of women selling sex would do well to invest generally limited resources

University of Bristol, Centre for Academic Primary Care, Bristol, UK

Correspondence to Dr Nikki Jeal, University of Bristol, Centre for Academic Primary Care, Bristol, BS8 2PS, UK; nikki.jeal@bris.ac.uk

in enabling mainstream health and social care providers to work together seamlessly rather than arresting sex workers or, as increasingly advocated,^{8 9} their clients. The criminal justice approach merely forces sex workers into more remote and dangerous places away from healthcare and support services.¹⁰ Marginalised women are more likely to feel able to re-engage within a society that has respected and supported them in protecting their most valuable asset—their health. Outreach services have played a major role in significantly improving healthcare for sex workers over the last 20 years. However, mainstream approaches to healthcare for this group appear to be depressingly similar to previous centuries.

Contributors Both authors made substantial contribution to conception and design, drafting the article, revising it critically for important intellectual content and final approval of the version to be published.

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

To cite Jeal N, Salisbury C. *Postgrad Med J* 2013;**89**:369–370.

Received 7 December 2012

Revised 27 May 2013

Accepted 3 June 2013



► <http://dx.doi.org/10.1136/postgradmedj-2012-131001>

Postgrad Med J 2013;**89**:369–370.
doi:10.1136/postgradmedj-2012-131336

REFERENCES

- 1 Jeal N, Salisbury C. Health needs and service use of parlour-based prostitutes compared with street-based prostitutes: a cross sectional survey. *Br J Obstet Gynaecol* 2007;**114**:875–81.
- 2 Church S, Henderson M, Barnard M, *et al*. Violence by clients towards female prostitutes in different

work settings: questionnaire survey. *BMJ* 2001;**322**:524–5.

- 3 Jeal N, Salisbury C. A health needs assessment of street-based prostitutes: a cross sectional survey. *J Public Health* 2004;**26**:147–51.
- 4 Kurtz S, Surrat H, Kiley M, *et al*. Barriers to health and social services for street-based sex workers. *J Health Care Poor Underserved* 2005;**16**:345–61.
- 5 Jeal N, Salisbury C. Self-reported experiences of health services among female street-based prostitutes: a cross sectional survey. *Br J Gen Pract* 2004;**54**:515–19.
- 6 Lazarus L, Deering K, Nabess R, *et al*. Occupational stigma as a primary barrier to health care for street-based sex workers in Canada. *Cult Health Sex* 2012;**14**:139–50.
- 7 Darling KEA, Gloor E, Ansermet-Pagot A, *et al*. Suboptimal access to primary healthcare among street-based sex workers in southwest Switzerland. *Postgrad Med J* 2013;**89**:371–5.
- 8 Bindel J, Brown L, Easton H, *et al*. *Breaking down the barriers: a study of how women exit prostitution*. London: Eaves, 2012.
- 9 European Women's Lobby. Together for a Europe free from prostitution, 2012. <http://www.womenlobby.org/spip.php?rubrique217&lang=en>
- 10 Goodyear MCL. Protection of sex workers. *BMJ* 2007;**334**:52–3.



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Postgrad Med J 2013 89: 369-370

doi: 10.1136/postgradmedj-2012-131336

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