Epidemiology

The misconception that sex workers are the driving force of HIV globally has come to the fore in recent years. In order to fully comprehend the problem, it is crucial to understand the differences in various regions of the world. For example, in such areas as Western Europe and North America, the transmission of HIV through paid sex is not seen as a common phenomenon. However, in other regions like Asia, large numbers of sex workers are living with HIV. This has an impact on the overall spread of the AIDS epidemic.¹

The social stigma has created a gap in research that does not allow easy access to female sex workers (FSWs), thus yielding only estimates of how many sex workers are in fact living with HIV. It also discriminates and marginalizes the group in terms of obtaining funding for HIV prevention programmes targeting sex workers. In Sri Lanka, for example, there are an estimated 35,000 to 47,000 sex workers. However Sri Lanka is a low-prevalence country, with an estimated 11,000 HIV/AIDS cases.² But due to stigma and discrimination, which is high in Sri Lanka, there are no official figures of how many FSWs are currently living with HIV.

Figure 1 - Map of HIV prevalence among female sex workers in low-income and middle-income countries, 2007-2011

Varying factors put sex workers at risk of contracting HIV in different countries and regions. Besides the unavailability and limited possibilities of negotiating the use of condoms, a predominant factor has been injecting drug use by sex workers. This combination of
unprotected sex and the use of injecting drugs has fuelled the growth of the HIV epidemic throughout eastern European countries and Asia.\(^3\) Clients of sex workers who have engaged in unprotected sex with an individual who may be HIV positive are then more likely to expose an otherwise low-risk HIV group, such as their steady partners, to infection.\(^4\)

The proliferation of HIV has been seen among male and transgender sex workers (MSWs). In recent years, research has shown that due to stigma, discrimination and gender-based violence (which can include physical, psychological, economic or sexual abuse), these minority groups are at high risk of contracting HIV.\(^5\)

**Human Rights**

Basic human rights principles must be upheld to properly address and reduce HIV transmission. Many sex workers and people who inject drugs (PWID) around the world face abuse by police and denial of access to health care. FSWs and MSWs are viewed as criminals, which leads to further stigmatization and marginalization of these minority groups. Moreover, criminalization of sex workers undermines any progress and efforts made by governments and organizations towards ensuring positive steps for health initiatives to reduce and prevent the spread of HIV. Apart from violating national laws, abuse and discrimination of sex workers violate international laws that many countries are signatories to, including the right to the highest attainable standard of health care, to be free from torture and arbitrary arrest and to non-discrimination, which are some of the most fundamental treaties.\(^6\)

In numerous countries, laws perpetuate the spread of HIV within sex worker populations. Sex workers are harassed, intimidated and physically abused by law enforcement officials when caught carrying condoms. Sex workers in Kenya, the United States, South Africa and Namibia reported on the destruction of condoms by law enforcement officials as part of their routine policing of people who sell sex, which deprives sex workers of their right to practice safe sex. In Namibia, for example, a survey by the Open Society Foundation showed that 50% of sex workers surveyed had been harassed by local officials, with their condoms destroyed. As a result, sex workers engaged in unprotected sex, thus increasing the spread of HIV.\(^7\)

In many countries, sex workers undergo forced screening. For example, since the end of April 2012, Greece has forced sex workers to be tested for HIV by the Centre for Disease Control and Prevention (KEEL). The police uploaded onto its website pictures of 12 sex workers who had tested HIV positive and who were facing charges of intentionally causing bodily harm. These practices are a violation of sex workers’ human rights including their right to privacy.\(^8\) The fight against HIV is negatively impacted by such practices as they are counterproductive in terms of prevention and contribute towards social stigma.
Access to Service & Care

Numerous countries provide access to health care and free antiretroviral treatment. Yet the social stigma that is attached to sex workers and HIV creates a barrier to access these services. The lack of adequate counselling services by outreach workers and government centres and the negative experiences of many sex workers with health care providers have created barriers against access of health care. The lack of adequate counselling services by outreach workers and government centres and the negative experiences of many sex workers with health care providers have created barriers against access of health care.

The criminalization of sex workers increases the spread of HIV due to the lack of protection, restricted access to preventive health care and sexually transmitted infections (STIs) treatment and the increase in stigma. In order to decrease the spread of HIV, countries should stop criminalizing sex workers and allow them access to health care services that are imperative for the prevention of HIV. Germany, for example, has legalized sex work since 2002 under the Prostitution Law, allowing a wide range of fundamental rights to sex workers, such as access to health care insurance, and the right to sue customers who refuse to pay. Information on prevention of HIV, counselling, advocacy for sex workers rights and testing for HIV and other STIs are offered at affordable prices, which in turn decreases the spread of HIV through the sex worker population.

In countries such as South Africa, where HIV prevalence is high, the criminalization of sex workers plays a pivotal role in the spread of the virus. Sex workers do not have access to health care services, clients can become violent and force unprotected sex, there is a widespread practice of inappropriate genital hygiene practices, and police forcefully confiscate and destroy their condoms. These practices and patterns all act as barriers to HIV prevention methods, thus contributing to sex workers and their clients becoming a high-prevalence group.

Funding

The allocation of funds must specifically address the key affected population of sex workers to properly prevent the further spread of HIV. It is essential that sex workers gain greater access to HIV prevention and treatment programmes, which will require greater efforts by governments, civil society, individual members and international organizations.

The degree of support sex workers presently receive is not at all indicative of the extent to which they are affected, and the lack of access to health care further increases the spread of HIV. In most regions, national governments allocate minimal resources to programmes pertaining to HIV prevention among sex workers, thus marginalizing and, in many cases, criminalizing this group.


5. AIDS Data Hub, “Exploring Gender Based Violence among men who have sex with men (MSM), male sex worker (MSW), and transgender (TG) communities in Bangladesh and Papua New Guinea. Results and Recommendations”, 2013, p.6.


