

Health care for sex workers should go beyond STD care

By: Priscilla Alexander

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Almost all discussions of health and sex work focus on sexually transmitted diseases, until recently almost exclusively in terms of the risk of sex workers infecting others. Only in the last few years have discussants occasionally talked in terms of how to help sex workers protect themselves from STDs. This change in view does not go far enough: health care for sex workers should be more than concern for their reproductive system.

The call for papers to which this article is a response is entitled 'STD services for sex workers at all cost?', as though that was the only important issue. The author asks whether STD services should be designed specifically for sex workers, whether they should be located within sex work districts or establishments, or outside of them, and whether syndromic treatment directed by algorithms and/or mass treatment with antibiotics is the best way to address the issue of sex work and STDs. The author is concerned about how to get sex workers to present themselves to STD services often enough (to protect the proverbial client and the general population, perhaps, because it is too late to protect the sex worker). Unfortunately, the answer to all of these questions is really 'no', because the issue is not STDs, it is health. That is, health care for sex workers must consider the entire spectrum of the occupational safety and health context of prostitution and related sex work, not just what happens to the sexual and reproductive system. There is little published data on the general health and/or occupational health hazards of sex workers, although many have looked at the epidemiology of HIV and/or STDs among sex workers, and a few writers have looked at mental health issues, violence, and occupational safety and health in relation to HIV/AIDS prevention. Only a small number have looked at broader occupational safety and health issues.¹ In the absence of formal research, the sources of primary information about sex workers' health concerns include conversations and anecdotes, rarely published, and published memoirs, interviews, and sex workers' rights anthologies. However, it is important to understand that health, per se, is not a major topic of discussion among sex workers. Rather, it is the effect of the laws and policies that segregate them from the rest of

society and the need to change the legal and social context within which sex work takes place. Nonetheless, it is possible to identify some health issues that do concern sex workers.

- **Health issues**

Perhaps the most important issue is violence and the threat of violence, which is encouraged by the illegality of sex work in most countries and the resistance of law enforcement agencies in all countries to take seriously sex workers' reports of being raped, or to seriously investigate murder when the victim is a sex worker. It is essential to not underestimate the impact of police on sex workers' lives. Even in countries where prostitution, per se, is not illegal, prostitutes and other sex workers are often arrested under laws dealing with vagrancy, loitering, public health, and public order, and no matter where prostitutes work, they tell stories of police raids.

A second major issue is emotional stress and depression, associated with managing stigma and living with the fear of violence and arrest, which in turn affect the use of drugs and alcohol to manage stress. Both of those health hazards would be significantly reduced by the decriminalisation of all aspects of sex work and the development of occupational safety and health (OSHA) regulations governing the working conditions in managed sex work (e.g., brothels, strip clubs, massage parlours, night-clubs, tea houses, etc.) The enforcement of laws against sexual assault, kidnapping, extortion, and similar offences, is necessary to deal with cases of coercion and violence.

Other health hazards, such as repetitive stress injuries (e.g., to the wrist and shoulder from hand stimulation of the client, jaw pain from performing fellatio), bladder and kidney infections, and sexually transmitted diseases can be prevented with OSHA regulations², proper training, and the use of barriers for wet sex (i.e., sex involving contact between mucous membranes and bodily fluids). However, an almost invisible health hazard has to do with the reluctance of sex workers to inform health care providers of their work, for fear of being treated with contempt.

- **Sex workers' health care**

Health care for sex workers must consider the entire body, not simply the sexual and reproductive systems. In addition, health care providers who work with sex workers must accept them without moral judgements, must consider their sexual labour as work, not pathology, and must recognise the importance of and the right to safe working conditions.

They must recognise the legitimacy of sex workers' relationships, and not assume that spouses and lovers are stereotypically violent 'pimps' (anyone who receives an income from sex workers is defined by law as a pimp).

Obviously, it is at least theoretically easier to provide good health care and other services for sex workers in wealthy, industrialised countries than in poor countries struggling with structural adjustment and other financial crises. However, it is a mistake to think that because there is not much money, it is better to focus on the health problem framed by outsiders - sexually transmitted diseases - because it will only perpetuate the stigma and shame that has caused such programmes to fail in the past. The emphasis must be on primary care, nutrition, and physical safety, and only then on how to prevent STDs.

- **Recommendations**

The question of location and hours of operation must always be decided on the basis of local conditions. Any clinic that is based in one location in a city where sex workers work in various locations will pose problems of transportation and convenience. For example, since sex workers' working hours tend to be afternoons, evenings, and late at night, morning clinics are not likely to be well attended. It may be that the best location is one in which the clinic will be less noticeable to police, for example as a clinic in a hospital or other facility that has lots of doctors' offices and/or social service agencies. On the other hand, a sex workers' community centre, which provides legal services, child care, self-defence classes, a credit union, collective bargaining, and other support services might be the best place to house a clinic.

Even a poor clinic can arrange for experienced sex workers to run classes for newer workers on how to prevent violence, how to use your body in such a way as to minimise the risk of muscular aches and pains, how to establish control in a sex work transaction, how to negotiate with clients and with bosses, etc. Sex workers often have extensive counselling skills, developed in their work with clients, which can be easily transferred to the health care setting.

Hire retiring sex workers to staff the support services part of a clinic, which both provides them with training to make the transition to formal sector employment and enables the clinic to provide the support services. If a city has a university, graduate students in social work, economic development, and law, can intern with the clinic, providing the services that support good health, as well as training sex workers to provide those services. Establish alliances with the Peace Corps, from the United States, and similar programmes from other donor countries,

to provide community development workers who can teach important skills to sex workers.

Ultimately, the only way to ensure that health care is provided in a way that is acceptable to sex workers is to involve them in the design, implementation, and evaluation of the programme. But not in a token manner. Form a managing board more than half of the members of which are sex workers, whether they call themselves prostitutes, dealers, working women, ladies of the evening, hustlers, drag queens, hospitality workers, entertainers, dancers, strippers, or people who have fun with foreigners. Hire sex workers on the same economic basis as other workers (i.e., not just for stipends or for the profits realised from social marketing of condoms). Not only can they be trained as medical assistants and counsellors; they often have managerial and organising skills that are invaluable in any workplace.

Notes

1. For a list of the articles and books relevant to this paper, please contact the author by mail or e-mail.
2. To date, only one country, Australia, has developed OSHA regulations.

*Priscilla Alexander
North American Task Force on Prostitution
United States*