Sex Workers Need Public Health Too

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The position of sex workers in society ranges across a wide spectrum. At one end of the spectrum there are slaves and the victims of inhumane traffickers. On the other end sex workers can enjoy a high position in society and are celebrated in the highest art forms such as in paintings or like in the opera la Traviata by Giuseppe Verdi. However, Eduard Manet’s painting of Olympia of 1863 brought some realism into this glamorous stereotypical portrayal by painting an image of a woman with a black cat—symbolizing promiscuity.1 This image of glamor lived on into the 20th century in films like Pretty Woman with its totally unrealistic Cinderella ending.

While the sex industry is present in every country, the reality for many sex workers is far from glamorous. A sex worker is defined by the World Health Organization as a “person who engages in sex work, or exchanges sex for money, which includes many practices and occurs in a variety of settings.” These may include workers who work full time in registered premises, to part time and casual workers working in informal locations.2

The sex work industry is a challenge for public health as we aim to provide “health for all,” regardless of their personal circumstances. Many persons who engage in commercial sex work come from disadvantaged backgrounds of poverty, members of minority groups, or the mentally ill. The use of drugs, alcohol, and tobacco is higher than in the general population. The range of sexually transmitted diseases faced by sex workers reflects the population in which they work, but at a higher prevalence.3 In addition, they often face other communicable diseases, conditions associated with lower socioeconomic status, and of course the ever-present risk of violence.

In 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.4 Other than that, they are also at risk of contracting HIV infection, other sexually transmitted infections (STIs), complications of STIs (eg, pelvic inflammatory disease), hepatitis A, B, and C, tuberculosis, contraceptive needs, unplanned pregnancy and unsafe abortion, drug use, alcohol dependence, tobacco use, and physical violence (especially rape).5,6 They also face mental health disorders (depression, suicidality, post-traumatic stress disorder).7 There is also the risk that some sex workers are forced into the industry by human traffickers.

A study of female sex workers in Human Province, China found a prevalence of syphilis of 8.8%.8 Herpes 2 infection is found in the majority of sex workers in targeted population surveys in Asia.9,10 To minimize risk to the workers and to reduce transmission rates, it is important that public health services are able to provide education, prevention, and treatment services. This is made more difficult in situations where sex work is illegal and forced into locations that are difficult for health services to access.

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6.3 Sources of information about SRH and sex

Sources of information about SRH

University respondents registered the highest proportion in terms of obtaining information about SRH (Table 6.6). Internet, friends/peers and teachers were popular sources of information about SRH in all the three groups. The high proportion of university respondents searching for information on the Internet indicated higher level of curiosity on SRH related matters as well as accessibility to Internet facility in the institution of higher learning.

Table 6.6: Sources of information about SRH

<table>
<thead>
<tr>
<th>No</th>
<th>School (%)</th>
<th>University (%)</th>
<th>Non-studying (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Teacher (68.4)</td>
<td>Internet (89.7)</td>
<td>Internet (83.4)</td>
</tr>
<tr>
<td>2</td>
<td>Friend/peer (64.0)</td>
<td>Teacher (85.0)</td>
<td>Friend/peer (81.4)</td>
</tr>
<tr>
<td>3</td>
<td>Internet (56.2)</td>
<td>Friend/peer (84.4)</td>
<td>Teacher (75.3)</td>
</tr>
<tr>
<td>4</td>
<td>Handphone (39.2)</td>
<td>Printed materials (74.4)</td>
<td>Printed materials (70.1)</td>
</tr>
<tr>
<td>5</td>
<td>Relative (36.1)</td>
<td>Radio/TV (56.7)</td>
<td>Handphone &amp; doctor (64.8)</td>
</tr>
</tbody>
</table>

Sources of information about sex

Friends/peers topped the list of sources of information about sex for all the three groups of respondents. Overall, the proportion of school respondents seeking information about sex was much lower compared with the university and non-studying groups. One other common source of information about sex was the handphone/iPad comprising slightly more than 50 percent of the school respondents, more than 60 percent of the university and more than 70 percent for non-studying respondents. Search engines such as Google and Yahoo were used by about 72 percent of the respondents in the university and non-studying group (Table 6.7).