

THEMATIC DISCUSSION PAPER:

Sexual and Reproductive Health and Rights (SRHR) - Including Condom Programming -

This paper is the product of discussions of the *Thematic Task Team on Sexual and Reproductive Health and Rights including Condom Programming* in preparation for the 1st Asia and the Pacific Regional Consultation on HIV and Sex Work, 12 – 15 October 2010 in Pattaya, Thailand (contact: linde@unfpa.org).

1. INTRODUCTION

According to the independent Commission on AIDS in Asia Report, the majority of people living with HIV are male clients of sex workers¹. The report highlights that most new HIV infections in Asia and the Pacific will result from unprotected paid sex with female, male and transgender sex workers. HIV infections among sex workers and their clients are already increasing at an alarming rate, and there is an urgent need to improve both the effectiveness and coverage of programs.

Evidence suggests that HIV interventions in the sex industry are more effective when sex workers themselves have direct ownership in designing, implementing and monitoring of programs. This entails moving beyond standard HIV prevention programmes and addressing the overall health – including sexual and reproductive health - and well being needs of sex workers and their clients while, at the same time, respecting fundamental human rights. Sex workers must be recognized as agents of change rather than as “vectors” of infection and this requires a paradigm shift in the way sex workers are viewed and engaged in the response.

2. PRIORITY ISSUES

2.1. Core commitment to rights as a principle of SRHR programming

A human rights based approach should be applied to any HIV program targeting sex workers and their clients. The illegality of sex work in most countries in the region creates an environment that facilitates harassment and hinders the delivery of prevention and care. Programs must build the capacity of sex workers to engage in advocacy with policy makers to ensure protection of their fundamental rights to safe work, fair wages, reasonable working hours, quality health and social security services.

The practice of mandatory or coercive STI and HIV testing and lack of confidentiality in programs targeting sex workers in some countries violates human rights. Sex workers in different countries are required to carry a health card, which provides law enforcement officers with additional ‘justification’ to harass and abuse them. Such approaches often make sex workers feel they are being targeted and punished and do not facilitate a sense of empowerment or partnership. The ethical principles of voluntarism and confidentiality should be incorporated into the design, implementation and monitoring and evaluation of all sexual and reproductive health and HIV programs.

¹ Commission on AIDS in Asia (2008) pg 85. *Redefining AIDS in Asia; Crafting an Effective Response*.

2.2. Attitudes as barriers to sex workers' access to SRHR

One of the major barriers faced by sex workers is stigma and discrimination related to sex work and toward sex workers with HIV. Sex workers often face additional stigma and discrimination related to drug use, migrant status, homosexuality and transgender status.

Health service providers' attitudes are a major barrier to provision of quality sexual and reproductive health services across the region. Judgmental attitudes result in either poor service or refusal of services. Partly as a result of these negative attitudes, most sex workers only seek healthcare when they are symptomatic, and this can often lead to longer term reproductive health problems and increased vulnerability to HIV infection. When they do seek healthcare, they often self-medicate or seek private health services of lesser quality.

Sex workers mention clients' attitudes towards condom use and violence towards sex workers as an obstacle to their health and safety². Clients often seek sex without a condom, placing themselves and the sex worker at risk of contracting an STI or becoming infected with HIV. Clients may not be aware of the risks of unprotected sex, or may not wish to take responsibility. Sex workers sometimes face violence or threats of violence if they refuse to have unprotected sex with a client.

2.3. Sexual and reproductive health services to address the needs of sex workers

There are limited health services provided for sex workers, and existing services largely focus on HIV prevention. There are major gaps in provision of sexual and reproductive health services for female sex workers, while male and transgender sex workers are often ignored.

There is a need for improved STI management services. As many STIs are asymptomatic, both sex workers and providers often do not recognize the need for examination and treatment. Many providers are not able, or are unwilling, to diagnose oral and ano-rectal STIs in female, male and transgender sex workers. Sex workers are not receiving adequate counselling on which specific services they are able to provide while under treatment for various STIs.

Some studies have shown higher rates of cervical cancer in sex workers; thus screening to prevent cervical cancer should be included as part of a minimum package of services for sex workers.

High rates of abortion in sex workers indicate that sex workers are generally not receiving adequate contraceptive services³. Providers should offer sex workers advice on the range of contraceptive methods available, including back-up methods such as emergency contraception. At the same time, there should not be a presumption that sex workers, especially HIV positive sex workers, who become pregnant necessarily opt for an abortion.

Sexual and reproductive health services for sex workers should be tailored to their needs and delivered in a supportive and non-judgmental manner. A comprehensive rights-based package of

²Lowe D. (2002), *Documenting the Experiences of Sex Workers*. Draft report to the POLICY Project. Accessed through: <http://plone.nswp.org/resources/content/documenting-the-experiences-of-sex-workers-draft-report-to-the-policy-project/view>. See also recommendations from the Sex Worker Community Forum, 8 August 2009, at ICAAP in Bali, Indonesia which highlight the need for client education in relation to HIV.

³Morineau G, Neilsen G, Sopheab H, Chansy P, Mustikawati DE. *Falling through the cracks: addressing the reproductive health needs of female sex workers*. IXth International Conference on AIDS in Asia and the Pacific, 9-13 August 2009, Bali, Indonesia (TuSY07).

services for female, male and transgender sex workers should be developed and implemented in partnership with sex workers and should include at a minimum:

- Sex worker-driven prevention efforts including peer education and access to male and female condoms and water-based lubricants;
- A comprehensive package of sex worker-friendly health information and services including STI management, VCT, and reproductive health (including contraception, maternal health care, abortion and post abortion care, and cervical cancer prevention);
- Appropriate counselling and services for HIV-positive sex workers on contraception and pregnancy, including antenatal care, prevention of parent-to-child transmission, and ARV treatment, care and support;
- Services that address the sexual health needs of transgender sex workers, including hormone treatment.
- Access to a range of related services including harm reduction (clean needles and syringes), drug and alcohol programs, mental health and social support services, including sex worker community groups.

Services for sex workers need to be accessible (appropriate locations and timings), acceptable, and affordable to all sex workers. Sexual and reproductive health services should be closely linked to peer education programs and other interventions to ensure that they are promoted. Specific outreach should take place to reach non-brothel based sex workers, minority sex workers and other more vulnerable sex workers including younger sex workers.

Complementary programs must be established for clients of sex workers to promote safer sexual practices and reduction of gender based violence⁴.

2.4. Condom Access Programming

Access to good quality condoms and water-based lubricants is essential for HIV prevention. Policy and programs must be focused on making condoms accessible and affordable to all sex workers and their clients. Laws, regulations and practices that penalize possession of condoms should be changed. Cultural and other barriers that limit access to and use of condoms by sex workers and their clients need to be addressed.

While many countries have put in place condom distribution programs, there remains a problem of lack of supply. Failure to include sex worker organizations and sex workers in the design, implementation and evaluation of these programmes further results in lack of access and use of the condoms that are available. In addition, condom distribution programs often include only male condoms, and this may serve as a barrier to use them because of an often unequal power relationship between sex workers and their clients.

In Cambodia and Thailand, 100% Condom Use Programs (CUP), which aim to increase condom use to 100% of the time, in 100% of risky sexual relations, in 100% of sexual acts taking place within sex entertainment establishments, have been successful in reducing new HIV and STI infections⁵. However, sex workers have raised human rights concerns and criticized the program

⁴ According to the Commission on AIDS in Asia, HIV prevention programmes are more successful “when interventions also target the clients of sex workers” (p. 201).

⁵ WHO (2004). *Experiences of 100% Condom Use Programme in Selected Countries of Asia*.

http://www.wpro.who.int/NR/rdonlyres/CDB9792C-3815-44CD-A285-6D28BA88298E/0/100_condom_program_experience.pdf

for not including sex workers, leading to compulsory testing, deprivation of income and health care, and police harassment.

Effective and sustainable approaches to condom programming and sex work need to utilize a rights-based and participatory approach and address the power differentials which often exist between sex workers and clients, police, government officials, health authorities, and entertainment establishment (brothels and others) owners.

3. ACTIONS

Short term actions:

- Support governments to take responsibility to make condoms (including female condoms) and water-based lubricants available, accessible, and affordable to all sex workers and their clients.
- Make a comprehensive rights-based package of sexual and reproductive health services available to all sex workers. These services should be accessible, acceptable and affordable. Lessons can be learnt from experiences of successful programmes such as TOP:
 - While sex work is illegal in Myanmar and sex workers are regularly arrested and harassed, the Targeted Outreach Program (TOP), initiated by PSI, in Myanmar has been successful in implementing and rapidly scaling up their sexual health intervention for female sex workers and men having sex with men to a total of 18 cities and towns since 2004. TOP combines four components: 1) peer outreach activities, 2) Drop in Centres, 3) Clinical services (for STI management and other), and 4) HIV care and support, with community mobilization and ownership as core strategy⁶.
- Address stigma and discrimination against sex workers by health and social service providers, including through pre-service training of nurses and doctors.
- Support sex workers to organize themselves and build their capacity, self-esteem, and solidarity. Involve female, male and transgender sex workers as partners in programming, implementation, and monitoring and evaluation of all programmes addressing HIV and sex work. Lessons can be learnt from the following good practices:
 - Avahan, the India AIDS Initiatives launched by the Bill and Melinda Gates Foundation, demonstrates that sex work interventions including peer education and provision of STI services can be successfully and rapidly scaled up through community (including sex worker) involvement and advocacy to create an enabling environment, a well-defined package of interventions, enhanced capacity, a robust monitoring system, and adequate funding.
 - Sonagachi project in India has effectively raised condom use among sex workers and clients and decreased STIs in a sustained fashion by empowering sex workers. The project started in the early nineties and management has since been taken over by the sex worker organization Durbar (also known as the sex workers collective DMSC). Durbar represents 65,000 female, male and transgender sex workers.
- Implement comprehensive programs that target clients of sex workers, through mass media campaigns, condom social marketing, targeted behaviour change communication activities along transportation routes and other work places of potential clients and access to voluntary counselling and testing and STI services tailored to men. These programs should be funded

⁶ Jana S., Lyttleton C., Mehrotra S. (2009). *It's a Program not a Project: Community-Lead Process the Key to Success*. Review of the PSI Targeted Outreach Program.

through allocations for general programmes addressing sexual and reproductive health and HIV related prevention and services.

Long term actions:

- Advocate for development or revision of laws and policies to enable sex workers to use condoms and have access to sexual and reproductive health services.

4. ADDITIONAL ISSUES (that were discussed but not further prioritized in this paper)

- Sexual and reproductive health and rights, including HIV prevention, of intimate partners of sex workers. Studies show that a significant number of sex workers have unprotected sex with their intimate partners.
- Sexual and reproductive health and rights, including HIV prevention, of intimate partners of clients of sex workers.
- Socio- cultural and religious barriers (especially Islamic and Catholic) to accessing condoms for sex workers and their clients.
- Police and other law enforcement officers' attitudes and behaviour towards sex workers carrying condoms. [see the Thematic Discussion Paper on *Creating an Enabling Environment*]

5. MORE INFORMATION & EVIDENCE

Some relevant reading, in addition to documents already cited in the footnotes of this paper:

- Center for Advocacy on Stigma and Marginalisation (CASAM) (2008). *Rights-Based Sex Worker Empowerment Guidelines: An Alternative HIV/AIDS Intervention Approach to the 100% Condom Use Programme*. <http://sangram.org/Download/D3.pdf>
- NGO Delegation Annual Report to the UNAIDS Programming Coordination Board (June 2010), *Stigma and Discrimination: Hindering Effective HIV Responses*. http://unaidspcbngo.org/wp-content/uploads/2010/05/2010_NGO_Report_Final_website.pdf
- Avahan: www.gatesfoundation.org/avahan
- Durbar (or DMSC): <http://www.durbar.org/>